CTMUHB Public Board

Thu 27 November 2025, 10:00 - 13:00

In Person, The Hub, Royal Glamorgan Hospital, Llantrisant

Agenda

10:00 - 10:05
5 min

1. PRELIMINARY MATTERS

1.1. Welcome & Introductions

Information *Jonathan Morgan, Health Board Chair*

1.2. Apologies for Absence

Information *Jonathan Morgan, Health Board Chair*

1.3. Declarations of Interest

Information *Jonathan Morgan, Health Board Chair*

10:05 - 10:05
0 min

2. CONSENT AGENDA BUSINESS

Information *Jonathan Morgan, Health Board Chair*

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

10:05 - 10:15
10 min

3. STAFF AND SERVICE USER EXPERIENCE

3.1. Shared Listening & Learning Story - Learning that has been undertaken following stories received at Board over the last 12-18 months

Discussion *Becky Gammon, Deputy Director of Nursing*

3.1 Patient stories overview UHB 27 November 2025.pdf (8 pages)

10:15 - 10:25
10 min

4. SETTING THE SCENE

4.1. Chairs Report

Discussion *Jonathan Morgan, Health Board Chair*

4.1 Chairs Report to Board UHB 27 Nov 2025.pdf (7 pages)

4.2. Chief Executives Report

Discussion *Paul Mears, Chief Executive*

4.2a CEO Board Update Report UHB 27 November 2025.pdf (8 pages)
4.2b Annual Letter 2024-25 - Cwm Taf Morgannwg University Health Board.pdf (10 pages)

10:25 - 11:15
50 min

5. BOARD GOVERNANCE ARRANGEMENTS

5.1. Action Log

Discussion *Jonathan Morgan, Health Board Chair*

5.1 Board Action Log UHB 27 November 2025.pdf (4 pages)

5.2. Matters Arising not Contained within the Action Log

Discussion *Jonathan Morgan, Health Board Chair*

5.3. Board Assurance Framework

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

5.3a BAF Cover Paper November 2025 UHB 27 November 2025.pdf (4 pages)
5.3b Appendix 1 -BAF Report - November 2025 UHB 27 November 2025.pdf (67 pages)

5.4. Board Committee and Advisory Group Highlight Reports

Discussion *Committee Chairs*

5.4.1. Quality, Safety & Experience Committee 23 September 2025

Discussion *Carolyn Donoghue, Independent Member. Committee Chair*

5.4.1 QSEC Highlight Report to Board UHB 27 November 2025.pdf (11 pages)

5.4.2. Strategic Development Committee 1 October 2025

Discussion *Kath Palmer, Vice Chair*

5.4.2 SDC Committee Highlight Report 11025 - HB 271125 track.pdf (8 pages)

5.4.3. Stakeholder Reference Group 15 October 2025

Decision *Paul Deenik, Associate Board Member/Chair of the Stakeholder Reference Group*

5.4.3 SRG Chairs Highlight Report 15 Oct 2025 UHB 27 November 2025.pdf (8 pages)

5.4.4. Operational Delivery Committee 28 October 2025

Discussion *Rachel Rowlands, Independent Member/Committee Chair*

5.4.4 ODC Highlight Report 28.10.2025 UHB 27 November 2025.pdf (10 pages)

5.4.5. Clinical Advisory Group Highlight Report

Discussion *Dom Hurford, Executive Medical Director*

5.4.5 Clinical Advisory Group Highlight Report UHB 29 November 2025.pdf (6 pages)

5.5. Executive Director of Public Health Annual Report

Discussion *Philip Daniels, Executive Director of Public Health*

5.5a DPH Annual Report Nov 25 UHB 27 November 2025.pdf (5 pages)
5.5b Director of Public Health Report 2024 - 2025 (English).pdf (23 pages)

11:15 - 12:15
60 min

6. DELIVERING OUR PLAN

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

Discussion *Claire Thompson, Executive Director of Strategy & Transformation*

6.1 HB Integrated Performance Dashboard uhb 27 November 2025.pdf (40 pages)

6.2. Month 7 Financial Performance Report

Discussion *Sally May, Executive Director of Finance*

6.2 M7 Finance Report UHB 27 November 2025.pdf (27 pages)

6.3. Integrated Medium Term Plan 2025-2028 – Quarter Two Review

Discussion *Claire Thompson, Executive Director of Strategy & Transformation*

6.3a IMTP 25-25 Q2 review UHB 27 November 2025.pdf (9 pages)
6.3b Appendix 1 IMTP Enabling Actions qtr 2.pdf (8 pages)

6.4. Capital Programme Update 2025/26

Discussion *Sally May, Executive Director of Finance*

Elements of this report will also be discussed in closed session

6.4 Capital Update UHB 27 November 2025.pdf (16 pages)

6.5. Welsh Language Standards Annual Performance Report 2024/25

Discussion *Ben Screen, Welsh Language Lead*

6.5a Welsh Language Standards Performance UHB 27 November 2025.pdf (4 pages)
6.5b WL Standards Annual Performance Report 2024 25 UHB 27 November 2025.pdf (40 pages)
6.5c b Adroddiad Perfformiad Blynyddol Safonau'r Gymraeg 2024 25 BIP CTM.pdf (39 pages)

12:15 - 12:50
35 min

7. STRATEGIC PLANNING

7.1. CTMUHB Planning Together Winter Preparedness Operational Plan 2025/2026

Discussion *Gethin Hughes, Chief Operating Officer*

7.1 Planning Together - Winter Plan 2025 UHB 27 November 2025 v2.pdf (47 pages)

7.2. Llantrisant Health Park – Outline Business Case, Phase 2 – Regional Arthroplasty Facility

Decision *Gethin Hughes, Chief Operating Officer/Deputy CEO*

7.2a LHP OBC2 UHB 27 November 2025.pdf (6 pages)
7.2b DRAFT LHP OBC - Phase 2 Orthopaedic Hub v1.1.pdf (133 pages)

12:50 - 12:55
5 min

8. CONSENT AGENDA

8.1. FOR APPROVAL

8.1.1. Unconfirmed Minutes of the meeting held on 25 September 2025

Decision *Jonathan Morgan, Health Board Chair*

8.1.1 Unconfirmed Minutes Public Board 25 September 2025 UHB 27 November 2025.pdf (23 pages)

8.1.2. Unconfirmed Minutes of the In Committee meeting held on 25 September 2025

Decision *Jonathan Morgan, Health Board Chair*

8.1.2 Unconfirmed Minutes In Committee Board 25 September 2025 UHB 27 November 2025.pdf (4 pages)

8.1.3. Minutes of the In Committee Board held on 31 July 2025

Decision *Jonathan Morgan, Health Board Chair*

8.1.3 Confirmed In Committee Board Minutes 31 July 2025 UHB 27 November 2025.pdf (3 pages)

8.1.4. All Wales IPFR Policy (2025)

Decision *Philip Daniels, Executive Director of Public Health*

- 8.1.4a IPFR policy update UHB 27 November 2025.pdf (7 pages)
- 8.1.4b Appendix 1 NHS Wales IPFR Policy QSEC 23 Sept 2025.pdf (30 pages)

8.1.5. All Wales Prior Approval Policy (2025)

Decision *Philip Daniels, Executive Director of Public Health*

- 8.1.5a AW Prior Approval Policy UHB 27 November 2025.pdf (5 pages)
- 8.1.5b Appendix 1 - NHS Wales Prior Approval Policy - FINAL July 2025.pdf (9 pages)

8.1.6. Annual Equality Report 2024/2025

Decision *Hywel Daniel, Executive Director for People*

- 8.1.6a AER Cover Report Final UHB 27 November 2025.pdf (6 pages)
- 8.1.6b Annual Equality Report 24-25 UHB 27 November 2025.pdf (19 pages)

8.1.7. 5-year Diabetes Strategic Plan

Decision *Claire Thompson, Executive Director of Strategy & Transformation*

- 8.1.7a 5yr Diabetes Strategic Action Plan UHB 27 November 2025.pdf (5 pages)
- 8.1.7b Appendix 1 Diabetes Strategy UHB 27 November 2025.pdf (26 pages)

8.1.8. Amendments to CTMUHB Standing Orders (Schedule 4.1 – Standing Orders for the NHS Wales Joint Commissioning Committee)

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

- 8.1.8a Amendment to SO's - JCC Committee Schedule 4.1 - HB 27.11.2025.pdf (4 pages)
- 8.1.8b Appendix 1 - WG Correspondence 141025 - Amendment to JCC SOs.pdf (4 pages)

8.1.9. Safeguarding Annual Report 24/25

Decision *Richard Hughes, Interim Executive Director of Nursing*

- 8.1.9a Safeguarding Annual Report Cover Paper UHB 27 November 2025.pdf (5 pages)

8.2. FOR NOTING

8.2.1. Non-Routine Board Business (Forward Plan)

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

- 8.2.1 Non Routine Board Business Forward Plan 2025 UHB 27 November 2025.pdf (3 pages)

8.2.2. Annual Cycle of Business

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

- 8.2.2 CTMUHB Board Cycle of Business 2025 UHB 27 November 2025.pdf (4 pages)

8.2.3. Board Committee and Advisory Group Highlight Reports

Information *Committee Chairs*

- 8.2.3a Board Committee and Advisory Group Highlight Reports UHB 27 November 2025.pdf (4 pages)
- 8.2.3b App 1 Highlight Report Local Partnership Forum 30.09.25 UHB 271125.pdf (7 pages)
- 8.2.3c App 2 RTSC Committee Highlight Report 23 Oct 25 UHB 27 Nov 25.pdf (4 pages)

8.2.4. CTM Clinical Learning Academy Annual Report 24/25

Information *Richard Hughes, Interim Executive Director of Nursing*

- 8.2.4a CTM Clinical Learning Academy Annual Report 24-25 UHB 271125.pdf (5 pages)

8.2.5. Regional Partnership (RP) Update September 2025

Information *Claire Thompson, Executive Director of Strategy & Transformation*

8.2.5 RPB Update UHB 27 November 2025.pdf (11 pages)

8.2.6. Public Services Board 6 Monthly Report

Information *Philip Daniels, Executive Director of Public Health*

8.2.6 PSB Update UHB 27 November 2025.pdf (4 pages)

8.2.7. Annual presentation of Nurse Staffing Levels

Information *Becky Gammon, Deputy Director of Nursing*

8.2.7a NSA Nov 2025 Annual Assurance UHB 27 November 2025.pdf (7 pages)
8.2.7b Annual Presentation Board Nov V3 Approved.pdf (3 pages)
8.2.7c Appendix 1 - Summary of Nurse Staffing Levels Final.pdf (3 pages)

12:55 - 13:00
5 min

9. CLOSE OUT BUSINESS

9.1. Any Other Business

Information *Jonathan Morgan, Health Board Chair*

9.2. Meeting Feedback

Discussion *Jonathan Morgan, Health Board Chair*

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

13:00 - 13:00
0 min

10. Private/Closed Session Business

Information *Jonathan Morgan, Health Board Chair*

The following items will be received at the In Committee session held prior to the public session:

- Llantrisant Health Park Full Business Case - Phase 1 Community Diagnostic Centre (Commercially Sensitive)
- Capital Update (Business Sensitive)
- Invest to Save Bid – Funding Application for Decarbonisation Measures (Commercially Sensitive)

13:00 - 13:00
0 min

11. Date and Time of the Next meeting

Information *Jonathan Morgan, Health Board Chair*

The next Public Board will be held on Thursday 29 January 2026

(Agenda Item 3.1)	(27 November 2025)	(Name of Meeting)	(Public Board)

Report Details:	
FOI Status:	Open (Public)
If closed please indicate reason:	
Prepared By:	Becky Gammon – Deputy Director of Nursing
Presented By:	Becky Gammon – Deputy Director of Nursing
Approving Executive Sponsor:	Richard Hughes – Executive Director of Nursing and Midwifery
Report Purpose	For Noting
Engagement undertaken to date:	Patients and Relatives directly Care Groups Discussion Board presentations previously

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Shared learning
Related Health and Care Standard	e.g. Governance, Leadership & Accountability
Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes (include date) No (Explain why)
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No If Yes please include brief detail.
Link to Strategic Goals	Improving Care

Kiera's Story – CAMHS/Mental Health Services

You Said	We Did
Directorate and Care Group to consider the service branding and communication strategy by the end of 2025.	✓ Completed - letters reviewed and amended, signposting information has been included, with an explanation where the referral has not been accepted.
Directorate to review its clinical letters and communication with our young people and their families, in particular, service delivery by CAMHS.	On track for completion on December 25. including details of which services may sit with other care groups, for example, where Neuro Development assessment sits in paediatric services, not Mental Health.
Collaboratively develop clear information leaflets for patients and families on what services are delivered by which speciality, by April 2025.	Positive feedback was received following the clinical Director for Mental Health services attending a community engagement (October 2025) with Llais and The Behaviour Support Hub to speak with families about CAMHS services.
The Care group will attend Corporate Parenting Boards and Complex Care Panels with Local Authority and 3rd sector partners.	This is now embedded into practice, and the Care group attends all 3 Local Authority Corporate Parenting Boards. Attendance at meetings is to be monitored as part of the Corporate Parenting process across all 3 Local Authorities.
Audit all area notice boards to ensure information is available to signpost how to raise a concern	✓ Completed. This contains contact information for Cwm Taf Morgannwg Concerns, Health Inspectorate Wales and Llais.

Hot Clinic – Ward 6 Phyllis & Darren Williams

You Said	We Did
Limited information on the availability of support services as a day patient rather than an inpatient to support.	New service model in place to support assessment, treatment and, where possible, avoid admission across all acute sites.
	Hot Clinics are available for patients as an outpatient rather than attending Emergency departments to support with interventions such as bloods or scans
Difficulty to access for advice and support	Direct telephone numbers given to patients to support access to district nurses or alternative support as required.

Maternity Dedicated Telephone Line

You Said	We Did
Implementation of a dedicated phone line from the Welsh ambulance service to maternity units to allow timely communication between Paramedics and Midwives.	A dedicated phone line has been installed as a single point of contact. This supports effective communication and advice in relation to protocols and procedures, enhancing the quality and timeliness of communication in emergencies.
Difficulty in coordination of multiple points of contact across several departments.	Implementation and communication of streamlined agreed Protocols and pathways to ensure clear and consistent processes are followed.
Review of training and outcome measure.	Practical Obstetric Multi-Professional Training is now embedded across Wales - Midwives, Maternity Care Assistants and Paramedics train together. Delivered in partnership by paramedics and midwives in the community as a learning setting.
	Reduction in Birth Related Incidents WAST (Welsh Ambulance Service Trust) & CTM. WAST has seen a consistent reduction in maternity-related incidence since August 2024 with CTM UHB to date.

Transition of Care from Paediatrics to Adult Services

You Said	We Did
Support with the challenges facing children who are transitioning from children to adult services.	Implementation of a Health Board Oversight Board to review transition services and coordinate improvements, which includes secondary services leads.
	CTM representatives in all National Initiatives and strategies.
	Pilot of the online referral form.
	Embed coproduction in Transition – ensuring young people's voices shape service change.
	Evaluate and monitor services in line with Welsh Government recommendations.
	ongoing work with CAMHS to develop a standard Operating Procedure to address service movement and transition to adult services.
	Looked-after children currently undertake annual assessments for their health needs; the final assessment before transition into adult services identifies the services required in adulthood.

Kindness & Compassion – Alan's Experience

You Said	We Did
Supporting carers and relatives to spend time and provide support to deliver care to their relatives while in hospital.	Review of visiting times to extend to longer hours and working with the Carers Lead to embed principles of John's campaign and use of a carer's passport. Awaiting formal approval.
Focus on professional standards and Civility and respect.	Professional standards training underway for all nursing staff, including Health Care Support Work (HCSW), reiterating professionalism, values and Code of Conduct.
Increased access to mentoring and reflective practice.	Review of opportunities to support through mentoring and preceptorship across the HB is being undertaken.
Increase awareness of Multi-Faith Chaplaincy service – offering compassionate companions for patients and relatives at any time, especially at the end of life or bereavement support.	Extended chaplain recruitment to include the Islamic faith. 24/7 access to chaplaincy for patients/relatives or staff.
Working in partnership with the CTMUHB Palliative and End of Life Strategic Implementation Group and National Palliative and End of life Care program (PEOLC).	The People's Experience team are working with staff across the acute sites to produce an inpatient information leaflet that provides an overview of support available for patients and families.
	PEOLC workshop took place on 2nd October 2025, further workshops are planned.

Specific Matters for Consideration:

Note the learning and improvements made following the patient and service user feedback

Note the importance of the patient and relatives' first-hand experience for ongoing learning and service improvement

Key Risks / Matters for Escalation:

Recommendation

Continue to imbed a sustainable and useable tool kit to support peoples experience feedback
Encourage feedback through multiple platforms to hear patient and relatives experience

Next Steps

- *Acknowledge the improvements made following the patients' stories*

Agenda Item
4.1

CTM Health Board

CHAIR'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Jonathan Morgan, Chair
Cyflwynydd yr Adroddiad / Report Presenter	Jonathan Morgan, Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Choose an item. Jonathan Morgan, Chair

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
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 CTMUHB. 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. The report also highlights topical areas of interest to the Board.

2. Specific Matters for Consideration

2.1 Chair Update

As part of my update, I want to thank those members of the Board who joined me and the CEO at our first Welsh Government Public Accountability meeting led by the Cabinet Secretary for Health and Social Care.

Whilst I meet the Cabinet Secretary on a regular basis to account for my role as Chair and on behalf of the wider Board in delivering against our strategy, this broader meeting was a new opportunity for the Minister to hold us collectively accountable for our performance as an organisation. The two-hour meeting in Cathays Park, and broadcast live, touched on a number of key strategic issues including how we are meeting our performance targets, financial planning, and planning our model of service delivery.

I will pick up the key areas at my next accountability meeting, and with our Governance Team will now work through how the Board plans its Board Meetings and Board Development Sessions for 2026 to ensure we keep up the pace of work and improvement. As we approach the new year I want us to remain focused on the key strategic opportunities – digital and data ambitions, service redesign supported by our Clinical Services Plan, the delivery of Llantrisant Health Park and bold ambitions for communities such as Maesteg. We also need to move on with our primary and community care plan, which is now also a key priority for the Cabinet Secretary.

Since our last meeting of the Board many of us attended the Welsh Government's Ministerial Summit on the expectations and direction of Integrated Community Care. Leaders from across NHS Wales came together to consider how we would work together to build a more resilient and responsive community care system to support a shift of certain hospital-based service delivery to community provision. The Cabinet Secretary indicated that he would issue directions to the NHS to provide clarity as to how this work should progress and which services should be delivered on a locality basis.

I have asked the Board Secretary and Governance Team to work through proposed changes to our Board agendas to better reflect the planning and delivery of primary and community services, to give Board members a greater chance of gaining assurance for the improvements we are seeking. This will require a concerted effort to build a set of metrics to measure what is being done. It will also require us to spend more time assessing the development of our primary and community-based services, where at present most of our time is focused on hospital-based care.

Last week we held the first meeting of the new South East Wales Regional Joint Committee since it was signed off by the three Health Boards. I was pleased to be appointed as the inaugural chair of this important Joint Committee. As the NHS continues to change in planning the delivery of some services closer to where people live, we now also have in our sights the opportunity to build better services on a regional footprint. This is an exciting prospect and one we should embrace and is consistent with the shared ambition for the Llantrisant Health Park to be a regional service.

2.2 Independent Member Recruitment Update

2.2.1 I can confirm the Interviews for a new Independent Member (LA) for Cwm Taf Morgannwg UHB have been held over the last two weeks. As you know there are a number of processes we need to follow when undertaking Independent Member recruitment and we are working with our colleagues at Welsh Government to finalise this process. I look forward to updating colleagues with the outcome as soon as this is possible.

2.3 Associate Member Recruitment Update

2.3.1 Associate Member – Primary Care
The Candidate Pack for the Associate Member for Primary Care was disseminated to GPs in Primary Care for an expression of interest with a closing date of the 31st October 2025. Received applications have been reviewed and interviews are scheduled for December. An update will be provided at the January Board.

2.4 Board Briefings

2.4.1 The Board Development session with Silver Maple was held on the 13th October and focussed on the key areas as a Board:

Quality time to connect with each other and continue to build the effectiveness of our working relationships.
Ensuring a shared understanding of our recent history and applying our learning to the months ahead.
An opportunity to review and improve how we're working together as a unitary Board.
Ensuring clarity of roles and a shared understanding of what our teams and local population will need from us over the now and in the future.

To agree, as we look to the next 6 months and beyond on practical improvements to the way we function as a Board.

The Board Development session held on the 23rd October focussed on digital and the opportunities presented by working with our digital partners Tektology.

2.5 Diary Commitments

Local Authority Leaders/Chair/CEO Meeting
Independent Members/Chair/CEO Meeting
1:1 Chief Executive
1:1 Director of Governance
Chair Peer Group Meeting
Leadership Group
CTMUHB Public Board Meeting and In Committee Board Meeting
Local Partnership Forum
Meet Helen Howson, Bevan Commission
WNHSC Management Committee Meeting
NHS Confed Trustees Meeting
Meet with Councillor Andrew Morgan
Meet with Dawn Jones HEIW
Staff Survey Roadshow
Structured Assessment Interview
RCTCBC Panel Assessment – Health
Social Prescribing Policy and Implementation Group meeting
Welsh Government Healthy and Active Team visit to Merthyr PIPYN
Ministerial Summit on Primary Care
NHS Wales Induction Programme for Board Members
Northern Ireland Confederation for Health and Social Care Event (NICON) - Belfast
Deputy Chief Executive Officer Interviews
V2C / Cwm Taf Morgannwg UHB Meeting
Meeting with Bridgend County Borough Council
Aberfan Memorial
Meet with Kirsty Williams Chair, Cardiff and Vale UHB
NHSC and NHS Providers Discussion with Lord Victor Adebowale
SIFT IM Local Authority CTMUHB
Public Accountability Meeting
Remuneration & Terms of Services Committee
CTM Community Leaders' Network meeting - followed by CTM NHS Charity session
Cabinet Secretary and Minister visit to PCH G&FF programme
Catch up meeting with Kath Palmer – Vice Chair
NHS Confed Transition Committee
Consultant Interviews - Psychiatry Traumatic Stress Pathway & Veterans Service
Interviews Independent Member Local Authority CTMUHB
South East Wales Regional Joint Committee
RCN Nurse of the Year Awards

Chair Peer Group Meetings
CTMUHB Research and Development Conference

2.6 Meetings / discussions with Local Politicians
MS/MP monthly meetings with Chair/CEO

3 Key Risks / Matters for Escalation

3.1 COMMON SEAL

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

Underlease by reference to Superior Lease between MXF Properties V Limited whose Registered office is Oak House, Hirzel Street, St Peter Port, Guernsey, GY1 2NP and Cwm Taf Morgannwg University Local Health Board relating to GMS Premises at Hirwaun Medical Centre, High Street, Hirwaun.
Licence to Sublet between (1)MXF Properties V Limited whose Registered office is Oak House, Hirzel Street, St Peter Port, Guernsey, GY1 2NP (2) Cwm Taf Morgannwg University Local Health Board and (3) Dr Andreas Erhardt and Dr Sara Wilson relating to Lease of GMS Premises at Hirwaun Medical Centre, High Street, Hirwaun, CF44 9SL
Deed of Variation between MXF Properties V Limited whose Registered office is Oak House, Hirzel Street, St Peter Port, Guernsey, GY1 2NP and Cwm Taf Morgannwg University Local Health relating to a Lease dated 16th November 2012 of Hirwaun Health Centre, High Street, Hirwaun, CF44 9SL.

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

4 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	The number one focus of the Board and its business is to ensure good quality and safe patient care across all areas of its activity.
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	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)* /	There is no direct impact on resources as a result of the activity outlined in this report.	

Resource Impact *(People / Financial)*	

5 Recommendation

5.4 Members of the Board are asked to:

- NOTE the report.
- RATIFY the Affixing of the Common Seal as captured in section 3.1

Agenda Item
4.2

CTM Health Board

CHIEF EXECUTIVE'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Matthew Butt, Chief of Staff
Cyflwynydd yr Adroddiad / Report Presenter	Paul Mears, Chief Executive
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Paul Mears, Chief Executive / Accountable Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
FBC	Full Business Case
HCSW	Healthcare Support Worker
PSOW	Public Services Ombudsman Wales
PTB	Powys Teaching Board
QSEC	Quality, Safety and Experience Committee
RTT	Referral to Treatment
SCP	Single Cancer Pathway
WAST	Welsh Ambulance Service NHS Trust
YCC	Ysbyty Cwm Cynon hospital

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 that positive progress continues against the escalation framework for CTMUHB. The operational leadership teams remain focused on our three key areas of work across planned care, cancer, and urgent and emergency care.

As a reminder for colleagues, our current escalation status is summarised in the table below:

Area	Escalation Status
Performance: Urgent and Emergency Care	Targeted Intervention
Performance: Planned Care	Enhanced Monitoring
Performance: Cancer	Enhanced Monitoring

It is reassuring to advise colleagues that the improvements seen in our ambulance patient handover times, and therefore reduction in ambulance lost hours, continues as we prepare to enter the busy winter period. This sustained improvement has been supported by site-based initiatives, overseen by the unscheduled care group. It is encouraging to note that our patient ambulance handover times remain the fastest in Wales, however, we recognise there is preparatory work required ahead of the “drop and go” policy that Welsh Government has agreed with WAST and health boards, commencing next month.

The planned care (and where required, diagnostics, therapies, pharmacy, and specialties) care groups continue to concentrate efforts on ensuring positive progress towards the required suspected Single Cancer Pathway (SCP) measure of >65% compliance by the end of the calendar year, and maintaining ≥70% by the end of March 2026. I am pleased to report that our SCP compliance has again improved for the second month in a row, with September reporting at 64.5%. We are therefore confident that our plan will achieve the required 65% target by the end of December 2025.

The recent reconfiguration to centralise in-patient orthopaedic surgical services at the Princess of Wales hospital has given the organisation the opportunity to make the most effective and efficient use of our operating capacity, to treat the longest waiting patients. The new arrangement began in September, and we are already remain on course to deliver zero patients waiting >104 weeks from referral to treatment (RTT) by the end of the financial year.

It is worth highlighting to the Board that whilst this area of work focuses almost exclusively on orthopaedics for the purposes of our escalation framework, it is really pleasing to note that other key specialities such as ophthalmology and urology, are already on course to deliver 78-week RTT by the end of the financial year, ahead of plan.

2.2 Public Services Ombudsman Wales Annual Report

In August, we received our annual letter from the Public Services Ombudsman Wales reflecting on the year 2024/25. The report highlights that, positively, CTM had the lowest number of referrals to the Ombudsman across Wales (excl. PTB and WAST), however, the proportion of these they intervened in was the highest, at 35%.

The PSOW's office received 102 complaints relating to CTMUHB over this period and of these, they intervened in 36 of the cases reported. In addition, one public interest report was published in September 2024.

The first half of the year focused the organisation on some areas of improvement including management of response times where the PSOW place requests for information on our central teams. Understandably, such delays then resulted in their offices conducting protracted investigations which ultimately delayed outcomes for complainants.

Moreover, we did experience delays with compliance and implementation of recommendations within agreed timescales. CTM received 120 recommendations, and regrettably, only 42% of these complied with the required timescales. This has been a key area of targeted improvement activity over the last 6-9 months. I am pleased to report that since receiving this annual report, there has been demonstrable progress in relation to the management of cases referred to the PSOW within the Health Board. A number of improvement actions have been implemented including the introduction of Ombudsman Huddles (three times a week), real time case trackers and the embedding of a clear process of escalation. As a result, 85% of the 54 recommendations due for completion since April 2025 were achieved within the required the timescales.

Overall, I am pleased the Ombudsman receives a lower-than-average complaint per 1,000 residents against the Welsh average, in relation to CTM patients. This, however, does not take away from ensuring our focus remains on compliance with the agreed timescales between our

organisation and the PSOW in relation to disclosure of information and implementation of recommendations. The Quality, Safety and Experience Committee (QSEC) will continue to monitor progress against these key areas of work going forward. In addition, both areas outlined above have already been key areas of focus for the Executive Leadership Group (ELG) over the last 6-9 months, with weekly compliance reporting in place.

I have included a copy of the full letter as Appendix 1 to this report.

2.3 Shift Pattern Consultation

In May 2025, the Board approved, in principle, a consultation regarding the alignment of our shift patterns for nursing, midwifery and HCSW roles. The initial consultation period focussed on the proposal of a standard 12.5-hour shift pattern, with two unpaid 30-minute breaks. The Health Board recognises the need for a consistent shift pattern across services to address operational challenges and workforce concerns, and to meet evolving service needs.

A comprehensive initial consultation process ran from 30 June to 5 September 2025. Staff were supported to reflect on the proposal, resolve individual concerns, and respond with their feedback. Working group meetings with Trade Union representatives continued to run alongside this, to review feedback and next steps.

During the initial consultation phase, concerns were raised regarding the appointment of new staff on the proposed pattern. In response, the Board endorsed a revised approach in July 2025: new hires would be appointed on the existing shift pattern at their place of work. This decision remains in place to date, and reinforces the Board's commitment to a genuine, fair and transparent consultation process.

The staff questionnaire received 1,162 responses, which represents around a third of those in-scope. Key concerns raised by staff included strong opposition to a fourth 12.5-hour shift, worries about work-life balance, financial impact, increased risk of sickness absence and burnout, inconsistent break practices, and limited access to suitable rest facilities.

Since the initial consultation period closed, the feedback from staff and Trade Union colleagues has been carefully reviewed, and alternative shift pattern proposals are currently under development, for further consideration by Board in December.

To help assess the development of any alternative proposals, a consistent set of design principles were agreed with Trade Union colleagues. These design principles underpin a sustainable and resilient workforce model, that balances evolving service requirements and operational needs with staff experience. In summary, our aim is to develop a consistent shift pattern

for nursing, midwifery and HCSWs across the Health Board which, taking account of the best available evidence:

- allows us to provide high quality, safe services to our patients
- allows us to improve the health and well-being of our people
- increases our overall workforce availability
- delivers improved financial efficiency – more specifically, does not cost us more, and delivers a reduction in reliance on agency

Staff feedback during consultation highlighted difficulties in taking rest breaks due to patient acuity and staffing levels. To address this, a task and finish group has been formed to review break practices across CTM. A staff questionnaire and a data collection tool for Ward Managers will capture insights and reasons for missed breaks.

A recent pilot survey across three areas showed encouraging results, with most staff able to take breaks during the period. A full survey will launch on 17 November 2025, across all wards, for two weeks. Findings will be analysed to identify good practice, challenges, and opportunities and will be used to inform proposals.

This is a complex and emotive proposal, impacting on a large proportion of our workforce. We remain open to alternative suggestions that meet our agreed design principles and remain keen to discuss potential alternatives with Trade Union colleagues. The Board will receive a further update in December, with a fuller overview of the outcomes of the initial consultation period, alternative suggestions and proposed next steps.

2.4 Sunnyside Development Update

The Bridgend Health and Wellbeing Centre is a Welsh Government Capital funded scheme which is being led by the Health Board Capital Team in partnership with the Primary Care and Community care group.

The vision is to develop a new hub for the provision of integrated Community and Primary Care in Bridgend. Under the agreement (prior to the boundary change) reached between Swansea Bay and Linc Cymru, the site for the new centre, previously the Magistrates Court, would be transferred by Linc Cymru to the Health Board with the Quarella Road, Bryncethin and Bryntirion clinic sites transferring to Linc in return.

The latest forecast completion of the build is end of March 2026. Therefore, the project team are currently working through the master service plan to schedule the required moves into the building. The intention is to prioritise the move of Bridgend Group Practice initially, with Health Board primary care services to follow in a sequenced fashion.

Given the Board approved the Full Business Case (FBC) for the project in 2021, I am updating colleagues through this report that we are now in the process of completing the legal processes to transfer the already vacant Bryncethin site to Linc Cymru under the Collaboration Agreement in place. The Bryntirion and Quarella Road sites will transfer following service moves, likely Summer 2026.

2.5 Seren awards

Since my last report to Board, I have been pleased to present two further Seren of the month awards.

The August Seren of the month winner was Adrian Hill, Senior Pharmacy Assistant Technical Officer, who was nominated by his colleagues for his "hard work, dedication, help and support."

His colleague said: "There are many examples I could provide to demonstrate this but the most recent one shows how he will go above and beyond to help and support his colleagues and ensure the patients receive the medication they need."

"I was working a Sunday shift and the pharmacy robot completely stopped working. We tried all the common things to try and fix the problem but unfortunately nothing worked. We contacted the support team but they were unable to connect to try and help us either. Therefore, we found ourselves in a position where we couldn't get medication for patients unless we entered the robot and manually picked the items. This was easier said than done. The robot contains 1000s of medicines that are randomly placed. The robot uses the barcode on the item and stores the shelf number it has stored it in. We had outpatients waiting and the working building up in the dispensary. The team on shift were amazing and used medication for the wards where they could but there were large numbers still required from the robot. Adrian is one of our Robot experts so we contacted him to see if he could help us in anyway over the phone."

"Adrian went one better than that, he said he was on is way out with his wife but would pop into the department on their way to help us. Once he arrived he showed me how to manually find medication in the robot and he worked on the robot to see if he could fix it and that's exactly what he did! Adrian went above and beyond this day to support the team and patient care. Adrian puts the patients at the centre of everything he does, and he always goes above and beyond to provide them with what they need. I was and always am extremely grateful for everything Adrian does and wanted him to be recognised for this. Thank you Adrian for you dedication, help and support to me, the team and our patients!"

The September Seren of the Month winner was Rebecca Roberts, Deputy Ward Manager, Ysbyty Cwm Cynon, nominated by her colleagues for "going above and beyond for patients".

Her colleagues said: “Rebecca deserves the Seren award as she goes above and beyond for the patients on ward 2 YCC. Organised a fundraiser for Macmillan and including both families and patients on the day.”

“Rebecca is a fantastic ward manager and is very approachable and is an amazing advocate for the patients and staff on the ward (goes above and beyond for patients and staff). Rebecca regularly works with the therapy team to support patients and support multidisciplinary working. Feel that Rebecca is so thoughtful and kind and deservers the recognition that this award carries. From the Physiotherapy team at Ysbyty Cwm Cynon- Thank you Rebecca.”

I congratulate both Adrian and Rebecca on these achievements, and express my sincere thanks for the hard work and dedication shown to support colleagues across CTM teams and care for our patients.

3. Key Risks / Matters for Escalation

As outlined within the report.

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	Not Applicable
	If more than one applies please list below:

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

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

Ombwdsmon
Ombudsman
Cymru · Wales

Ask for: Communications
01656 641150
caseinfo@ombudsman.wales

Date: 30 September 2025

PERSONAL & CONFIDENTIAL
Jonathan Morgan
Cwm Taf Morgannwg University Health Board

By email only
ctm_boardmember@wales.nhs.uk
paul.mears@wales.nhs.uk
ctm_psow@wales.nhs.uk

Dear Jonathan Morgan

Annual Letter 2024-25

Role of PSOW

As you know, our role as the Public Services Ombudsman for Wales is to consider complaints about public services, to investigate alleged breaches of the councillor Code of Conduct, to set standards for complaints handling by public bodies and to drive improvement in complaints handling and learning from complaints. We also undertake investigations into public services on own initiative.

Purpose of letter

Through this letter, we want to give you an update on our work, share key trends in complaints about local government in Wales and highlight any particular issues for your organisation, together with actions I would like your organisation to take.

Complaints about public services

This letter, as always, coincides with the publication of our Annual Report. Again, we saw an increase in the number of people contacting us about public services. Since 2019-20, the volume of new complaints about public services reaching our office has increased by 44%.

We also closed a record number of complaints about public services – 5% more than last year. This year, we intervened (found that something has gone wrong, and recommended how to put things right) in 18% of complaints that we closed. Positively, this year we resolved many more complaints early on. 87% of our interventions this year involved Early Resolution, compared to 70% in 2023-24.

ombwdsmon.cymru
holwch@ombwdsmon.cymru
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
Rydym yn hapus i dderbyn ac ymateb i ohebiaeth yn y Gymraeg.

ombudsman.wales
ask@ombudsman.wales
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
We are happy to accept and respond to correspondence in Welsh.

We understand that people who come to us want their complaints resolved as quickly as possible and we are committed to dealing with them in a timely manner.

Overall, we assessed incoming complaints, or intervened with an Early Resolution, within an average of 4 weeks; well within our target of 6 weeks. We have also reduced the time it takes us to complete an average investigation, from 64 weeks in 2023-24, to 53 weeks this year.

During 2024-25, we received 949 complaints about health boards. This is an increase of only 1% since last year, and shows that the rate of increase in health board complaints is still slowing down. Still, we are now receiving 26% more complaints about health boards than in 2019-20.

Predictably, most complaints about health boards concern health services. By far, the most common area of these complaints is clinical treatment in hospital. In addition, about 16% of complaints about health boards related to complaint handling. This was a welcome drop from 18% the year before.

We intervened in 27% of health board complaints that we closed – compared to 31% last year.

In 2024-25, we received 102 complaints about Cwm Taf Morgannwg University Health Board and closed 104 – some complaints were carried over from the previous year. Cwm Taf Morgannwg University Health Board's intervention rate was 35%. You can find detailed information on complaints about your organisation that we handled this year can be found in the appendices.

During the first half of 2024-25, we faced general difficulties with your Health Board. These difficulties led to unacceptable delays in the Health Board responding to requests for information which caused us delays in starting invesitgations and achieving compliance with recommendations made within the agreed timescales.

We published 1 public report in the public interest relating to your Health Board in September 2024. As you will be aware, this case concerned informed consent and post-operative care and we made several recommendations to the Health Board. The Health Board failed to confirm if it accepted the recommendations and, for that reason, the report was issued as a public interest report. I am pleased that compliance with our recommendations is now complete.

We made 101 recommendations to your organisation during the year. To ensure that our investigations and reports drive improvement, we follow up compliance with the recommendations agreed with your organisation. In 2024-25, 118 recommendations were due. 42% of the recommendations due was complied with in the timescale agreed. Recommendations and timescales for complying with recommendations are always agreed with the public body concerned before being finalised, and we therefore expect organisations to comply within the timescales agreed.

Supporting improvement of public services

We continued our work on supporting improvement in public services.

During 2024-25, we concluded our second wider own initiative investigation which looked into unpaid carers' needs assessments in Wales. We considered whether 4 local councils – Caerphilly, Ceredigion, Flintshire and Neath Port Talbot - undertook carers' assessments in line with their statutory obligations.

We published the report on this investigation in October 2024. We found that only 2.8% of people in those council areas who identified as carers had received a needs assessment. In addition, only 1.5% had received a proper support plan following their assessment. Many carers were also not aware of their rights with regard to assessments and support services that might be available to them.

We identified some areas of good practice by the councils we investigated. However, we also made several recommendations including to:

improve recording practices

improve how information is shared with carers

offer staff refresher training on carers' rights

collaborate better with the healthcare sector.

We invited the other local councils in Wales to make similar improvements.

As we did in the case of our first own initiative investigation, we have been actively monitoring how organisations' have been complying with our recommendations.

We are planning to review compliance with the recommendations and any other impacts of the report in October 2025.

Currently 54 organisations across Wales operate our model complaints policy. This includes all local councils, all health boards and now most housing associations - representing about 85% of the complaints which we receive.

Our offer of free complaints handling training has remained popular and we provided a further 52 training sessions to public bodies across Wales during the year. This brings the total to 550 training sessions and 10,000 people, since 2020.

We have continued our work to publish complaints statistics, gathered from public bodies, with data published twice a year. We expect to publish the data on complaints handled by local councils in Wales during 2024-25 in the Autumn. This data allows us to see information with greater context – for example, during 2024-25, 6.13% of complaints made to NHS bodies went on to be referred to us.

Finally, this year we also published 1 thematic report, which included as case studies complaints about health boards:

> ‘Equality Matters’ (January 2025): a thematic report on inclusion and accessibility across public services.

This report includes general recommendations for public service providers, drawing on lessons learned from our casework.

Action we would like your organisation to take

Further to this letter can I ask that your organisation takes the following actions:

> Present my Annual Letter to the Board at the next available opportunity and notify me of when these meetings will take place.
>
> Consider the data in this letter, alongside your own data, to understand more about your performance on complaints, including any patterns or trends and your organisation’s compliance with recommendations made by my office.
>
> Provide my office with a copy of the Health Board’s Annual Report for 2024-25 on the Duty of Candour and Quality.
>
> Inform me of the outcome of the Board’s considerations and proposed actions on the above matters at your earliest opportunity.

I would like to thank you, and your officers, for your continued openness and engagement with my office.

Yours sincerely

Michelle Morris

Michelle Morris
Public Services Ombudsman

Cc. Paul Mears, Chief Executive, Cwm Taf Morgannwg University Health Board
Claire Adams, PSOW Liaison Officer, Cwm Taf Morgannwg University Health Board

Information Sheet

Appendix A shows the number of complaints received by PSOW for all health boards in 2024-25. These complaints are contextualised by the population of each authority.

Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Health Board.

Appendix C shows intervention rates for all health boards in 2024-25. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

Appendix D shows outcomes of the complaints which PSOW closed for the Health Board in 2024-25. This table shows both the volume, and the proportion that each outcome represents for the Health Board.

Appendix E shows the compliance performance of each health board.

Appendix A – Complaints received (overview)

Health Board	Complaints Received	Population	Received per 1,000 residents
Aneurin Bevan University Health Board	178	595412	0.30
Betsi Cadwaladr University Health Board	236	691991	0.34
Cardiff and Vale University Health Board	149	518269	0.29
Cwm Taf Morgannwg University Health Board	102	446514	0.23
Hywel Dda University Health Board	130	388139	0.33
Powys Teaching Health Board	20	134439	0.15
Swansea Bay University Health Board	134	389640	0.34
Welsh Ambulance Services University NHS Trust	24	-	-
Total	**973**	**3164404**	**0.28**

Appendix B – Complaints received (by organisation)

Cwm Taf Morgannwg University Health Board	Complaints Received	% Share
Admissions/discharge and transfer procedures	2	2%
Adult Mental Health	1	1%
Ambulance Services	0	
Appointment procedures (including outpatients)	0	
Care Homes	0	
Child and Adolescent Mental Health	0	
Clinical treatment in hospital	59	58%
Clinical treatment outside hospital; Dentist	0	
Clinical treatment outside hospital; GP	1	1%
Clinical treatment outside hospital; Other	0	
Clinical treatment outside hospital; Physiotherapist	0	
Complaints Handling	0	
Confidentiality	0	
Continuing care	1	1%
De-Registration	0	
Disclosure of personal information / data loss	0	
Funding	0	
Gender Identity Funding	0	
Health	25	25%
Housing	0	
Medical records/standards of record-keeping	1	1%
Medication > Prescription dispensing	1	1%
Non-medical services	0	
Nosocomial (Framework)	0	
Other	3	3%
Out of Hours GP care	0	
Patient list issues	4	4%
Poor/No communication or failure to provide information	0	
Prisoner Care	3	3%
Referral to treatment time	0	
Rudeness/inconsiderate behaviour/staff attitude	1	1%
Various Other	0	
Total	**102**	

Appendix C – Cases with PSOW intervention (overview)

Health Board	No. of interventions	No. of closures	% of interventions
Aneurin Bevan University Health Board	50	176	28%
Betsi Cadwaladr University Health Board	64	227	28%
Cardiff and Vale University Health Board	27	154	18%
Cwm Taf Morgannwg University Health Board	36	104	35%
Hywel Dda University Health Board	43	131	33%
Powys Teaching Health Board	6	25	24%
Swansea Bay University Health Board	33	136	24%
Welsh Ambulance Services University NHS Trust	4	29	14%
Total	**263**	**982**	**27%**

Appendix D – Complaint outcomes (by organisation) (* denotes intervention)

Cwm Taf Morgannwg University Health Board	Complaint Outcomes	% Share
Complaint investigation discontinued (with early resolution at assessment stages)*	0	
Complaint investigation discontinued (without settlement)	0	
Decision not to investigate complaint	38	37%
Early resolution*	30	29%
Matter out of jurisdiction	14	13%
Non-public interest report issued: complaint not upheld	4	4%
Non-public interest report issued: complaint upheld*	4	4%
Non-public interest report issued: complaint upheld with early resolution at assessment stage*	1	1%
Premature	12	12%
Public interest report issued: complaint upheld*	0	
Public Interest report issued: complaint upheld with early resolution at assessment stage*	1	1%
Special Interest Report*	0	
Voluntary settlement*	0	
Total	**104**	

Appendix E – Compliance performance comparison

Health Board	Number of recommendations made on complaints closed in 2024-25	Number of recommendations falling due in 2024-25	% of recommendations, complied with in line with agreed target date
Aneurin Bevan University Health Board	136	160	66%
Betsi Cadwaladr University Health Board	196	210	65%
Cardiff and Vale University Health Board	72	96	70%
Cwm Taf Morgannwg University Health Board	101	118	42%
Hywel Dda University Health Board	137	140	89%
Powys Teaching Health Board	16	12	33%
Swansea Bay University Health Board	86	86	64%
Welsh Ambulance Services University NHS Trust	18	6	33%

Board Action Log

Name of Meeting: CTM Health Board
Committee Chair: Jonathan Morgan UHB Chair

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
30.05.2024	3,1		Listening & Learning Story	Review of the story to be undertaken, alongside other Local Authority Directors, outside the meeting to determine the reasons as to why the placements had broken down and whether there were any steps that could have been taken at different stages to prevent the breakdowns.	Director of Social Services	Director of Social Services	25-jul-24	Open	**Proposed for Closure** Director of Social Services has confirmed that the story was shared with Care Home Groups and learning has been taken forward
30.05.2024	3,1		Listening & Learning Story	Report to be presented to a future meeting outlining the key actions required that needed to be taken forward	Care Group Nurse Director, Mental Health & Learning Disabilities	Executive Director of Nursing/Deputy CEO	28/11/2024 Was September 2025 **Was November 2025**	Open	**In progress** Report to be presented to the November 2024 Board meeting. As a result of capacity constraints within the Team, **a revised date for presentation to Board is yet to be identified**
30.01.2025	6,5	Page 14	Primary Care & Community Development	Consideration to be given to receiving some listening and learning stories at future meetings in relation to patients who had been part of preventative programmes for example, and how this had made a difference	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	25/09/2025 **Now 18 December 2025**	Open	**Proposed for Closure** A focussed presentation on CTM Health and Housing Partnership work will be shared at the December Board Development Session
27.03.2025	3,1	Page 3	Listening & Learning Story - Planned Care	Discussion to be held with the team outside this meeting to determine how the story could be shared more widely	Director of Communications, Engagement and Fundraising	Director of Communications, Engagement and Fundraising	mar-25	Open	**Proposed for Closure** Director of Communications, Engagement and Fundraising has confirmed this action has been completed.
29.05.2025	3,2	Page 7	Shift Patterns	Updates on progress in regards to the consultation exercise with staff and trade union colleagues to be presented to the Board at the July and September 2025 meetings.	Executive Director for People	Executive Director for People	31/07/2025 Now 27 November 2025	Open	**Ongoing** Update provided to Board on progress being made at Board Briefing session held on 10 July 2025. Updates on progress will continue to be included in the CEO report, with an update included in the report for November 2025 Board
31.07.2025	3,1	Page 4	LISTENING & LEARNING STORY – Transition of Care from Paediatrics to Adult Services	Update to be presented to the Board in 12 months' time outlining the progress made in this area. Update to include the learning from this particular case in addition to some of the learning applied around care co-ordination within the organisation	Executive Medical Director	Executive Medical Director	jul-26	Open	**In progress** This will be scheduled for discussion at the July 2026 Board. An update has also been included in the Patient Stories overview report which is on the agenda for the November 2025 meeting

25.09.2025	6,3	Page 11	Board Assurance Framework	Review to be undertaken of the wording of Strategic Risk 9 so that it better reflects the focus on delivery.	Assistant Director of Governance & Risk	Director of Corporate Governance/Board Secretary	27.11.2025	Open	**Proposed for Closure** Strategic Risk 9 has been reframed to address the feedback received at Board in September and the November iteration of the BAF reflecting the new narrative is being received at the Board on the 27th November.
25.09.2025	7,1	Page 15	Strategic Clinical Services Plan	Consideration to be given be given as to how the Board could be updated on progress over the next 12 months.	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	jan-26	Open	**In progress** Reporting requirements will be considered as part of the Annual Cycle of Business reviews being undertaken for Board and Committees for 2026
25.09.2025	7,3	Page 18	Integrated Performance Dashboard	Update on timelines for further improvement in relation to Ophthalmology Follow-Up Not Booked metrics to be shared with Members outside the meeting	Chief Operating Officer	Chief Operating Officer	27.11.2025	Open	**In progress** Awaiting information from the Chief Operating Officer
25.09.2025	7,4	Page 20	Month 5 Financial Performance Report	Future reports to include information on discretionary spend and progress against the original plan to provide the board with confidence that resources were being released for key priorities.	Executive Director of Finance	Executive Director of Finance	27.11.2025	Open	**In progress**

Board Action Log

Name of Meeting: CTM Health Board
Committee Chair: Jonathan Morgan UHB Chair

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
28.11.2024	4,2		Chief Executives Report	National piece of work being undertaken in relation to CAMHS service to be presented to the Childrens Board to ensure there was multi-agency oversight in place on the plan	Chief Executive Officer	Chief Executive Officer	To be confirmed	Closed	**Completed**
28.11.2024	5,1		Update Report on the Princess of Wales Hospital	Discussion to be held at a future Board Briefing session on risk log and backlog position of the estates issues across all Health Board premises Regular updates to be provided to the Board at future meetings on progress being made in this area.	Executive Director of Finance Executive Director of Finance/Chief Operating Officer	Executive Director of Finance Executive Director of Finance/Chief Operating Officer	30.01.2025	Closed	**Completed** Discussion held at the Board Development Session held on 15th May in relation to risk and the estates backlog position across all Health Board premises. Regular updates on progress on the works being undertaken at the Princess of Wales Hospital have been provided to the Board
30.01.2025	6,5	Page 13	Primary Care & Community Development	Further update on progress in regards to Primary Care and Community Development to be presented to a future Board meeting at the most appropriate time.	Chief Operating Officer	Chief Operating Officer	31.07.2025	Closed	**Completed** This item was received and discussed at the Board meeting held on 31 July 2025
29.05.2025	5.5.2	Page 10	Quality, Safety & Experience Committee Highlight report	Report to be presented to the July Board in relation to the national consultation being undertaken on the new dental contract which would have implications for the Health Board.	Chief Operating Officer	Chief Operating Officer	31-jul-25	Closed	**Completed - Proposed for Closure** Report discussed at the Board meeting held on 31 July 2025
29.05.2025	6,1	Page 13	Integrated Performance Dashboard	Future board briefing session to be held to provide more detailed insights into the specific areas of focus and the strategies being implemented to improve cancer performance (to be triangulated back to the MAG report)	Chief Operating Officer	Chief Operating Officer	31-jul-25	Closed	**Completed** Topic has been scheduled into the forward plan for Board Briefing sessions
31.07.2025	5,2	Page 7	Board Assurance Framework	Board Assurance Framework report to be amended to reflect that the 45 minute target was an interim target.	Assistant Director of Governance & Risk	Chief Operating Officer	31-jul-25	Closed	**Completed** Report amended
31.07.2025	5.4.1	Page 8	Quality, Safety & Experience Committee 20 May 2025	Clear updated plan to be presented to the Board in relation to Paediatric Dental General Anaesthetic Waiting Lits once these issues highlighted had been addressed.	Chief Operating Officer	Chief Operating Officer	sep-25	Closed	**Completed** Update provided to Board members at Board Briefing session held on 21 August 2025. Associated email shared with Board members by email on 16 September containing a further update on the the mitigating actions being taken to reduce the Paediatric Dentistry GA Theatre List

31.07.2025	6,3	Page 13	Primary Care & Community Transformation Board Work	The ambition for out-of-hospital services at a high level to be captured in a single document which describes the vision for delivering services away from principal hospital sites and incorporating the work around community teams. Report to be presented to September Board	Chief Operating Officer	Chief Operating Officer	25-sep-25	Closed	**Completed** This is on the agenda for discussion at the September 2025 Board

Agenda Item
5.3

CTM BOARD

BOARD ASSURANCE FRAMEWORK REPORT

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance / Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Strategic Risk Owner updates	October / November 2025	Reviewed and signed Off
Executive Leadership Group	10 November 2025	Risks reviewed and management sign off received.

Acronyms / Glossary of Terms	
BAF	Board Assurance Framework

1. Situation /Background

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

2. Specific Matters for Consideration

2.1 The BAF has been developed to ensure it appropriately reflects;
the four strategic goals of the Health Board;
assurance reporting that supports a streamlined and effective committee and reporting structure;
a robust mechanism that reaches into each of the Care Groups and central functions to provide assurance on performance, quality and resources across the breadth of the integrated Health Board;
international best practice; and
the management of board meetings and agendas to be focussed equally on Oversight, Insight and Foresight i.e. balancing the governance of immediate operational priorities with the need to focus on long-term strategic planning.

2.2 The Organisational Risk Register is received in its entirety by the Audit, Risk & Assurance Committee and the assigned risks to the other Board Committees as appropriate.

3. Key Risks / Matters for Escalation

3.1 Please refer to Appendix 1 which outlines the key risks for discussion and review. Amendments have been highlighted in red.

3.2 No new risks were added this period,

3.3 In terms of significant reviews of risks on the BAF, there has been a robust review of Strategic Risk 3 – *"Enough workforce to deliver the activity and quality ambitions of the organisation"* as captured in Appendix 1. It should also be noted that in readiness for the January 2026 iteration of the BAF, the Executive Director of Nursing, Midwifery and Patient Care will be leading a strategic reconfiguration of Strategic Risk 2 "*Ability to deliver improvements which transform care and enhance outcomes"* to enable more meaningful and measurable objectives that directly influence CTM's ability to reduce the current Duty of Quality risk score to an organisationally tolerated level.

3.3 No risks were proposed for closure this period.

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 *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☐
	Outcome:	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate):	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.

	POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	Yes (Include further detail below)	
	See detail captured for each risk	
Enw da / Reputational	Yes (Include further detail below)	
	See detail captured for each risk	
Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact *(People / Financial)*	Yes (Include further detail below)	
	See detail captured for each risk	

5. Recommendation

5.1 The Board is asked to:

Approve amendments made to the existing risks and confirm that the updates provide adequate assurance and reflect recent discussions.

CTMUHB - BOARD ASSURANCE FRAMEWORK REPORT

Section 1 – Summary

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee	Current score	Scoring Trajectory	Risk Treatment
1.	Improving Care, Sustaining our Future Click Here for Risk 1a Click Here for Risk 1b	a) Enough capacity to meet elective demand	Chief Operating Officer	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4XL4)	No change to risk scores this period. ⟷	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
		b) Enough capacity to meet emergency demand			20 (C4xL5)	No change to risk scores this period. ⟷	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
2.	Improving Care, Sustaining our Future Click Here for Risk 2	Ability to deliver improvements which transform care and enhance outcomes	Executive Director of Nursing / Executive Medical Director	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4XL4)	No change to risk scores this period. ⟷	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
3.	Sustaining our Future, Improving Care and Inspiring People Click Here for Risk 3	Enough workforce to deliver the activity and quality ambitions of the organisation *(Including Culture, Values and Behaviours)*	Executive Director for People	Quality, Safety & Experience Committee and Operational Delivery Committee	16 (C4XL4)	No change to risk scores this period. ⟷	Treat
4.	Creating Health, Sustaining our Future Click Here for Risk 4	Effective Community and Partner Engagement in service changes and developments	Director of Communication , Engagement & Fundraising	Strategic Development Committee	16 (C4XL4)	No change to risk scores this period. ⟷	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
5.	Improving Care, Sustaining our Future Click Here for Risk 5	Delivery of a digital and information infrastructure to support organisational transformation	Director of Digital	Operational Delivery Committee and Strategic Development Committee	16 (C4XL4)	No change to risk scores this period. ⟷	Treat
6.	Improving Care, Sustaining our Future Click Here for Risk 6	Ability to maintain a safe and fit for purpose estate infrastructure	Executive Director of Finance	Operational Delivery Committee	16 (C4XL4)	No change to risk scores this period. ⟷	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
7.	Sustaining our Future, Creating Health Click Here for Risk 7	Fulfilling our Environmental and Social Duties and ambitions	Executive Director of Strategy & Transformation	Strategic Development Committee	16 (C4XL4)	No change to risk scores this period. ⟷	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.
8.	Creating Health, Sustaining our Future Click Here for Risk 8	Prevention and early Intervention to support Healthy Life Expectancy	Executive Director of Public Health	Strategic Development Committee	20 (C5xL4)	No change to risk scores this period. ⟷	Treat
9.	Sustaining our Future Click Here for Risk 9	Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG)	Executive Director of Finance	Operational Delivery Committee	20 (C4xL5)	No change to risk scores this period. ⟷	Treat
10.	Sustaining our Future, Improving Care Click Here for Risk 10	Ability to develop a fit for the future estate to reflect our future clinical service model	Executive Director of Finance	Strategic Development Committee	16 (C4XL4)	No change to risk scores this period. ⟷	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee	Current score	Scoring Trajectory	Risk Treatment
11.	Creating Health, Sustaining our Future, Improving Care Click Here for Risk 11	Delivery of an Integrated Care Model	Chief Operating Officer	Strategic Development Committee	16 (C4xL4)	No change to risk scores this period. ⟷	Treat with elements that are being Tolerated due to the pace in being able to mitigate the risk.

Section 2 Strategic Risk Heat Map

Current risk scores in black

Target risk scores in *grey italic*

Consequence						
	5				8	
	4		*3,4,6,7,8,10*	*1a,1b,2,5,11,9*	1a,2,3,4,5,6,7,10,11	1b, 9
	3					
	2					
	1					
CxL		1	2	3	4	5
		Likelihood				

SECTION 3 – STRATEGIC RISKS

Strategic Goal(s):	Risk score 16
Improving Care Delivering safe and compassionate care Developing new models of care Digital transformation for patients and staff Ensuring timely access to care **Sustaining Our Future** Becoming a green organisation Ensuring our Services financial sustainability Embedding value-based healthcare Ensuring our estate is fit for the future	

Strategic Risk: Enough capacity to meet elective demand - (Risk No.1a)

If the Health Board is unable to meet demands for services at all points in the patient journey.	*Then* its ability to provide high quality and affordable care and to meet access targets will be reduced	*Resulting in* avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community, ongoing overspends.

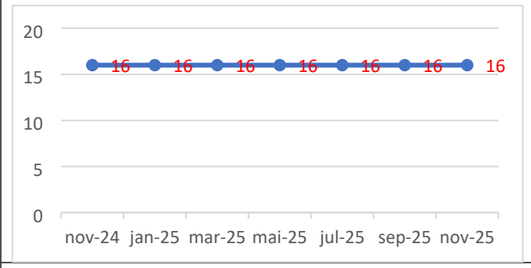
Risk Lead	Chief Operating Officer Executive Director of Strategy & Transformation	Assurance committee	Quality, Safety & Experience Committee Operational Delivery Committee (Performance Targets)

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



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

Progress made on >104 week. All specialities aim to maintain <104 weeks with the exception of Orthopaedics.
Vascular short-term issue. This is being resolved via implementation of the network criteria.
The Vascular Network INNU process has been adopted by CTMUHB.
Regional Outpatient Insourcing commenced at CTMUHB on 6th September 2025. Aiming to reduce Outpatient waiting times across all specialities
The Orthopaedic Elective unit commenced at the Princess of Wales Hospital from 1st September 2025. 3 dedicated operating theatres for Arthroplasty with a protected Ward of 28 beds.
Princess of Wales Theatres fully opened on the 1st September 2025.
All Cataract surgery was consolidated to the Princess of Wales Eye Unit on 1st September 2025. Focusing on standardisation and delivery of HVLC.
Regional Cataract Plan continues through Q2-Q4 to reduce Cataracts waits further.
4 theatres across CTMUHB (RGH) will be moved to Vanguard in November.
Endoscopy recovery plan commencing August to December 2025.
PIT Board refocussed on delivery of key actions for each group, with focus of all specialities on PIFU and SOS.
4 Mobile theatres opened Mid-April and closed in August 2025.

	2 Prince Charles Hospital (PCH) theatres opened end of April 2025 1 Theatre and Ward at PCH dedicated to Orthopaedic Inpatient surgery from May – July 2025 Critical incident declared at Princess of Wales (POW) on 9th October 2024 due to the roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc. cardiac) and trauma capacity 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 had 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 Royal Glamorgan Hospital (RGH) to respond to the critical incident. Planning continues recovery phase following critical incident with the impact not yet quantified. 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 PCH will temporarily reduce the number of operating theatres by 2. An ongoing work programme continues to review options to mitigate this. The current Fire enforcement notice at Princess of Wales hospital will be completed as part of the Critical incident response and reduce the number of operating theatres until early summer 2025. Plans are ongoing for the temporary location of the theatres. Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WLI activity attributed to standardisation of pay. Regional working continues and the positive and negative impact of this will be continuously reviewed. It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by the incident, workforce, financial and environmental constraints on the service.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section.

Current Control Measures

Productivity, improvement and transformation programme (PIT)

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

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

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

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

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

5. Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice

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

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

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

Planned Care Recovery Programme

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

Current Control Measures Cont.

IMTP – investment agreed by Board.

Specific Improvement Groups/Boards

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

All updates feed into the Improving Care Board.

Annual Planning Process

Recovery Planning post critical incident at POW.

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

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

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

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

Specific Improvement Groups/Boards

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

All updates feed into the Improving Care Board.

Annual Planning Process

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

Escalation Status programme work

Regional Working

A Residential and Nursing Care for Older People Report has been completed and approved by the Regional Partnership Board and actions being implemented.
Alternative bed options being worked-up by all CTM local authorities to aid patient flow and 'Discharge to Recover then Assess' (D2RA) out of hospital stabilisation and onward decision-making.
Welsh Government supporting intervention with Bridgend County Borough Council regarding backlog of patients Medically Fit for Discharge.
Regional Pathology Steering Group Programme Board (Formerly 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	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. CTMUHB digitally based enabling systems	Manual processes in areas of no system. Scope of digital Pre-assessment system	Increased utilisation Reduction in patient attendances	Decreased CAN/DNA rate Increased utilisation

	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	Reduction in patient follow up appointments Reduction in demand Reduced paper and manual process Increase in data information	Decreased missed opportunities Reduction in referral demand Reduction in waiting list
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	Performance monitoring Patient identification Improved pathway monitoring	Increase in performance SCP Decrease in waiting list back log
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 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.	More capacity Reduced waste Consolidated pathways Increase in workforce Increased utilisation	Increase in activity Reduced fellow sessions Reduction in waiting times Reduction in >104 week wait

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
Latest RTT Performance not available at time of reporting – will be included in future BAF iterations when available.
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
5961	Remedial roof works to resolve the water ingress at POWH.	20
4491	Failure to meet the demand for patient care at all points of the patient journey	20
5417	Paediatric dentistry – General Anaesthetic theatre list.	20
~~3567~~	~~Capacity of Cellular Pathology Service – Space.~~ Risk de-escalated on the November 2025 iteration of the Organisational Risk Register	~~16~~
6280	Suspension of the Regional Hepato-Pancreato-Biliary service model. New risk escalated in October 2025	16

Strategic Goal(s):		Risk score
Improving Care Delivering safe and compassionate care Developing new models of care Digital transformation for patients and staff Ensuring timely access to care	Sustaining Our Future Becoming a green organisation Ensuring our Services financial sustainability Embedding value-based healthcare Ensuring our estate is fit for the future	20

Strategic Risk: Enough capacity to meet emergency demand - (Risk No.1b)

If the Health Board is unable to meet demands for services at all points in the patient journey.	*Then* its ability to provide high quality and affordable care and to meet access targets will be reduced	*Resulting in* avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community, ongoing overspends.

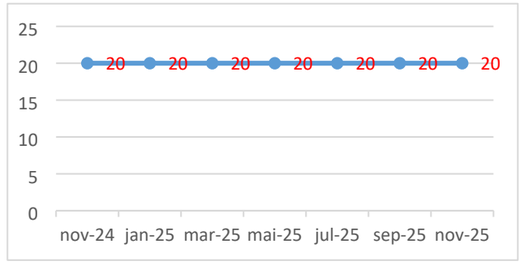
Risk Lead	Chief Operating Officer	Assurance committee	Quality, Safety & Experience Committee Operational Delivery Committee (Performance Targets)

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

Risk Score Trend this Period:

No changes to risks score this period.

Risk Score Trajectory



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

Critical incident declared at Princess of Wales on 9th October 2024. Roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity
Impact of a temporary centralisation of stroke into one site.
There has been continuous planning on clinical pathways and diversion of emergency intakes that again has impacted on the capacity and resilience across the full CTMUHB system.
There has been a requirement to deescalate and close 190 inpatient beds on the POW site. With re-provision of the capacity across CTMUHB acute and community.
There has also been significant reallocation of internal capacity at POW and RGH to respond to the critical incident.
Planning continues on recovery phase following critical incident with the impact not yet quantified.
There has been some improvement against trajectories for emergency demand. Specifically, in total reduction of lost ambulance hours.
The risk score has been reviewed and despite critical incident remains unchanged, due to the following potential impacts.

- There has been a reduction and re-alignment of bed capacity at POW and RGH.
- There has been a diversion of emergency intakes from POW to RGH.

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

Current Control Measures

Six Goals for Urgent and Emergency Care Programme (signed off by ELG on 5 June 2023):
- Admission Avoidance
- Integrated Front Door
- Acute Hospital Flow and Discharge
- Integrated Discharge

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

The key areas for improvement each Health board are expected to incorporate into their improvement programme are:
1. Effective waiting List Management Systems: clear national pathways; focused treat in turn; effective booking processes; robust demand management
2. Outpatients and Planned Services within USC: utilisation of SOS and PIFU; additional advice & guidance services
3. Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice
4. GiRFT/SEDIT:

Clinical Implementation Networks: Emergency Medicine

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

Programme
- 6 Goals Programme Board

Diabetes Programme Board
Stroke Programme Board (Paused), Stroke Service re-design programme in operation to support development of service due to temporary centralisation of Stroke services. South Central Stroke Operational Delivery Group re-established, inaugural meeting August 2025.
Orthogeriatric Programme
MTC Programme Board
Strategic Transformation of Acute Medicine (STAMP)
Improving Care Board
Operational Management Board
Speciality Specific and Cancer Improvement Trajectories Completed.

IMTP – investment agreed by Board.

Specific Improvement Groups/Boards
Optimise Project Board
Orthogeriatric Project
SDEC Project Board
UTC Project Board
FLS Project Board
Frailty Project Board
Diabetes Project Board
Single Point of Access Project Board

All updates feed into the Improving Care Board.

Annual Planning Process

Recovery Planning post critical incident at POW

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

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

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

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

Escalation Status programme work

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

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

Operational Processes

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

Sources of Assurance (Internal and External)

- Integrated Performance Report
- Assessment Dashboard
- Update reports on specific services experiencing pressure, e.g. Neurology, Stroke
- Performance RTT, Cancer trajectories
- Follow-up reports on outpatients not booked
- South Central Stroke Operational Delivery Group re-established, inaugural meeting August 2025.
- 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	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Improvements being made in urgent care trajectories albeit not fully embedded.	Rapid Improvement Action Plan in development to achieve Ministerial Advisory Group target of 45 minutes for handover Ambulance. (Welsh Government has a clear expectation that an ambulance handed over is within 15 minutes, MAG target is an interim measure). Internal action plan in development to achieve a reduction in 12-hour Emergency Department Performance. STAMP roll out across all sites Unite Programme Launch to provide a robust governance framework for all Unscheduled Care transformation projects. UTC Pilot PCH Single Point of Access Board Reconfiguration of ED footprint – ambulatory footprints at POW Re-alignment of clinical pathways Internal Professional Standards Re-alignment of ward capacity Establish un-commissioned capacity with substantive workforce	Improved Patient Experience Improved patient flow Sustainable workforce Care closer to home	Improved performance Reduction in patients >12hrs Improved community response Reduced LoS in the Emergency Department Reduced harm associated with increased waiting times

	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. Urgent Care Summit to develop a whole system approach to improvement in: Admission Avoidance Integrated Front Door Acute Hospital Flow and Discharge Integrated Discharge Agree improvement trajectories for 2025/26		

Linked National Priority Measures

Ministerial Measures:

Access to Timely USC Services

- 45 mins ambulance handover by October 2025
- 50% reduction in 12hr ED waits by July 2025
- Zero tolerance for any ED wait over 12 hours by October 2025

Access to Timely Planned Care Services in USC

As per Planned Care BAF

Current Performance Highlights

Whilst improvement is noted in 45-minute handovers there has not yet been a corresponding reduction in 4 and 12 hour waits in our emergency departments due to ongoing challenges with patient flow and system-wide pressures.

An action plan has been developed to support further improvements including the phased return of GP medical intake to the Princess of Wales Hospital, targeted recruitment and the development of single points of access and navigation hubs to streamline referrals and reduce unnecessary admissions.

The department has set several actions to improve performance and meet their targets. These actions include:

- Acute medicine transformation programme across all sites.
- Live ED safety huddle launching end of October 2025.
- Rollout of Optimise programme with rapid rollout of initiatives such as “Red-to-Green” board rounds and optimised discharge planning from 6th October 2025.

The trajectories have been set against the following assumptions:

- Single Point of Access (scheduling unscheduled care) – November 2025.
- All GP / 111 / NHSDW calls to be triaged by the Navigation Hub
- Zero tolerance to any GP expected patients (off pre-alerts) being seen first in ED – November 2025.
- All WAST non-red Care Home attendances liaise with Navigation Hub before boarding – implementation aligned with national work.
- Additional Hospital at Home and clinically optimised for discharge (COFD) capacity within Primary and Community Care.
- Internal Professional Standards.
- Clinical call first for all WAST non-red Care Home attendances – implementation aligned with national work
- Additional hospital at home (H@H) and clinically optimised for discharge (COFD) capacity within Primary and Community Care
- 30 additional beds from August 2025
- 60 additional beds from November 2025
- 60-minute specialty in reach – August 2025
- Sign off Internal Professional Standards

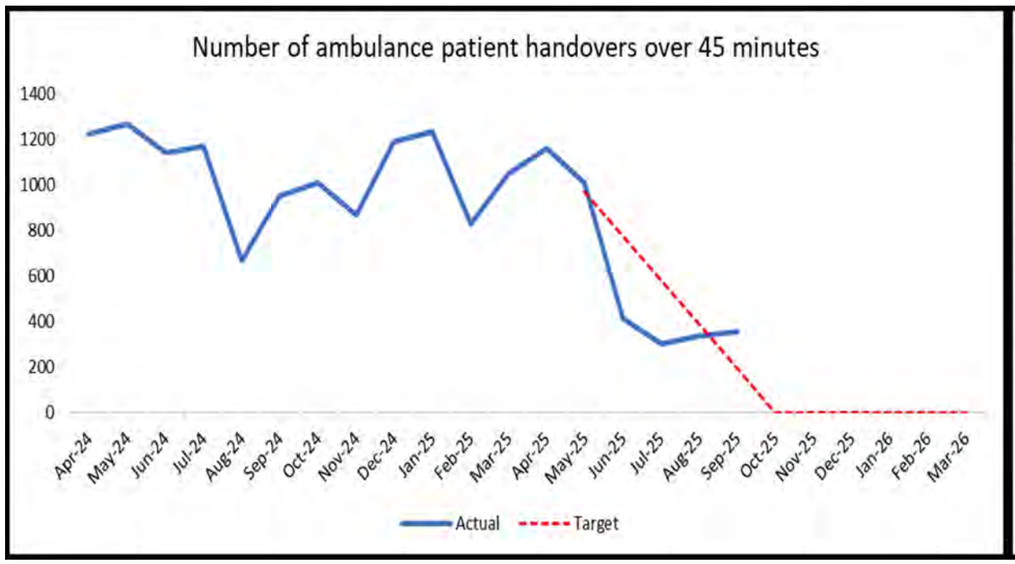
Emergency Department Performance:

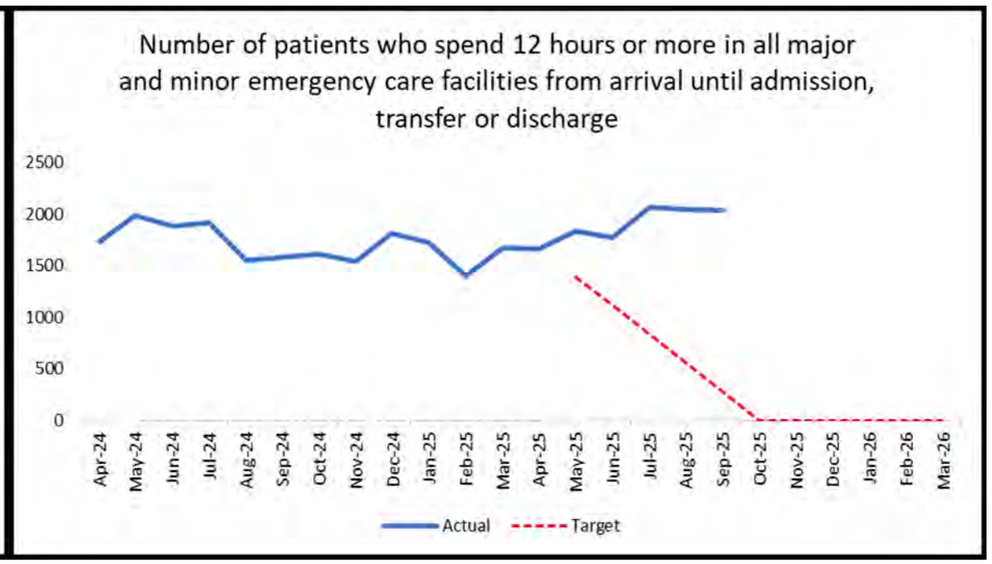
Site and USC collaborative approach to the development of the 45-minute Ambulance Handover plan.

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.
Establish Ambulatory Footprint in the Emergency Department, Princess of Wales Hospital.
Urgent Treatment Centre (UTC) at PCH went live 1st November for a 3-month trial. This has been extended. Nonrecurrent funding confirmed 2025/26.
Improved access to Non-Emergency Patient Transport Service for quick turnarounds.
Formulations of ED Rapid Improvement Plan and Improvement Targets, including:
45 mins ambulance handover by October 2025
Zero tolerance for any ED wait over 12 hours by October 2025
Reduce conveyance / pathway development with WAST – 8% higher than other HB's.
Nav Hub/Care Home pathway development
SDEC
Extend UTC
Implementation of STAMP across all 3 acute sites.
Single Point of Access Board to be established.
D&C mapping to identify invest to save opportunities for additional medical recruitment across all 3 ED's.
Development of ambulatory footprint in POW ED.

Improvement Trajectories 25/26

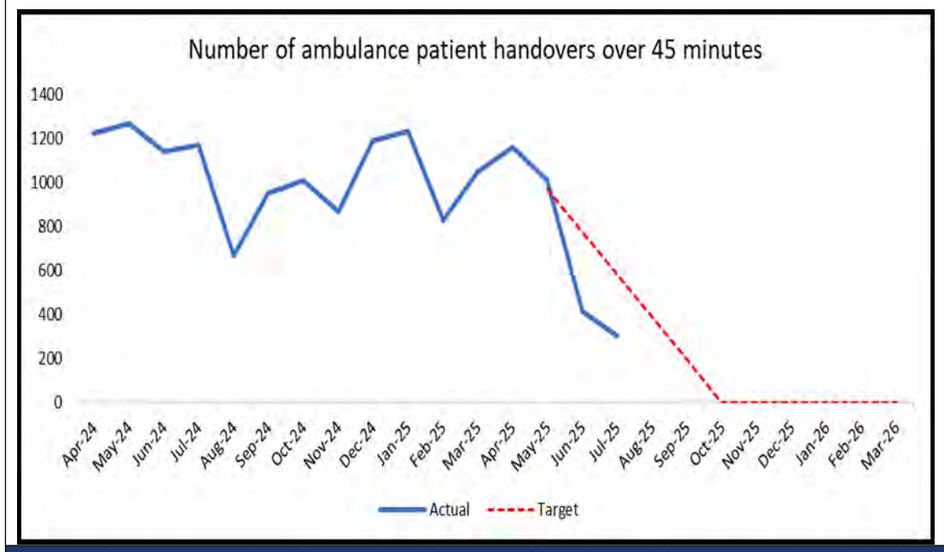
MEASURE		2024/25 ACTUAL PERFORMANCE												2025/26 PERFORMANCE											
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Number of ambulance patient handovers over 45 minutes	Actual	1226	1269	1141	1169	669	950	1010	868	1189	1232	827	1050	1163	1011	416	303	336	356						
	Target														969	775	582	388	194	-	-	-	-	-	-
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Actual	1731	1984	1888	1912	1548	1582	1615	1542	1814	1718	1396	1669	1659	1838	1771	2066	2041	2039						
	Target														1,391	1,113	835	556	278	-	-	-	-	-	-

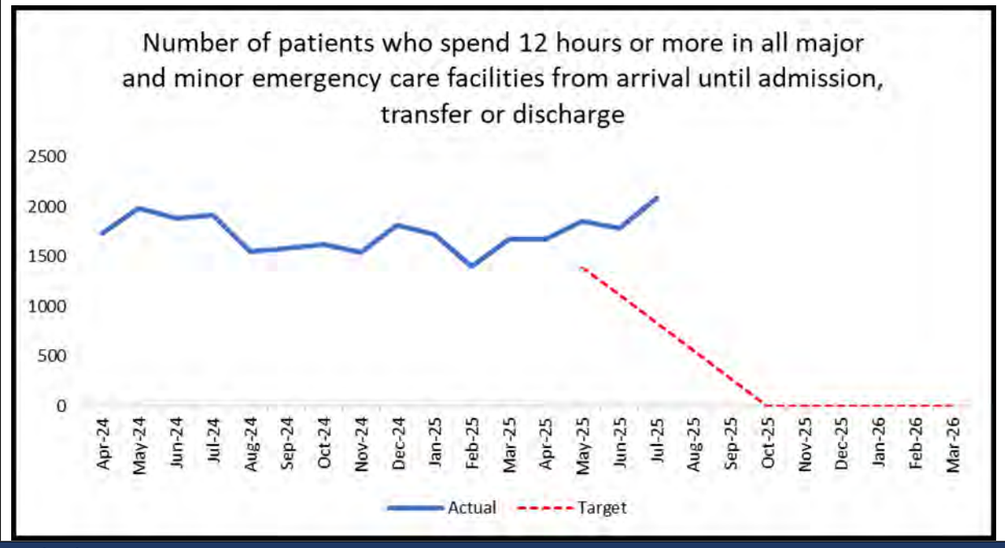




Where breaches occur, these are directly attributed to increased demand on sites, characterized by higher acuity cases. There is unwarranted variation in medical discharges and the significant loss of bed capacity related to lost bed days for patients who are clinically optimized for discharge but experiencing delays in the next stage of their care pathway. These factors place strain on the Emergency Department. To facilitate and support the emergency care department by aiming to reduce the number of delays colleagues within the Primary and Community Care Group have agreed to:

- Implement a discharge service with identified lead who has operational oversight of discharge services and community capacity; that takes operational accountability for the discharge model, services and capacity.
- Revised governance structure.
- Revised model for discharge at the front door with operational accountability transferring to CTM in partnership with Local Authorities.
- Discharge professionals aligned to the discharge service and Hospital at Home through appropriate management arrangements for the discharge hub to provide expert advice and support to operationalise the Integrated Discharge Policy and Procedures.
- A detailed delivery plan and costed model is being developed with rapid implementation anticipated to support winter pressures.





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. An urgent temporary move of the Stroke Services was agreed due to the fragility of the Consultant workforce at PCH. The Stroke Service moved from PCH to RGH on Wednesday 8th January 2025 Substantive consultant recruited June. Start date in Jan '26. 1 Stroke Consultant 6-month phased return.

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). Risk score reviewed and decreased in September 2025 review of the Organisational Risk Register.	16
3826	Emergency Department (ED) Overcrowding	20

Strategic Goal(s):	Risk score 16

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

Sustaining Our Future
- Becoming a green organisation
- Ensuring our Services financial sustainability Embedding value-based healthcare
- Ensuring our estate is fit for the future

Strategic Risk: Ability to deliver improvements which transform care and enhance outcomes (Risk No.2)

If the Health Board fails to achieve fundamental quality standards or implement improvements in practice and innovations	*Then* we may not be able to deliver safe, timely, compassionate and effective care in accordance with the Duty of Quality	*Resulting in* avoidable harm to patients, poor patient experience, diminished staff morale, potential for greater regulatory intervention and loss of trust and confidence

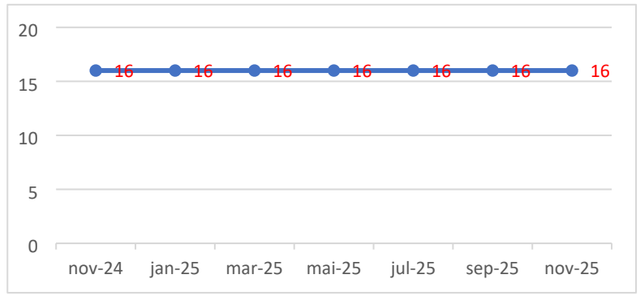
Risk Leads	Executive Nurse Director Executive Medical Director	Assurance committee	Quality, Safety & Experience Committee Operational Delivery Committee

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

Risk Score Trend this Period:

No changes to risk score this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	The Executive Director of Nursing, Midwifery and Patient Care, will be leading a strategic reconfiguration of the Board Assurance Framework for this section to enable more meaningful and measurable objectives that directly influence our ability to reduce the current Duty of Quality risk score to an organisationally tolerated level. This work is essential to ensure that our approach to quality is not only compliant but impactful supporting the delivery of safe, timely, compassionate and effective care. Without this shift, we risk avoidable harm to patients, poor experience, diminished staff morale, increased regulatory scrutiny and erosion of public trust. The revised framework will provide a clearer pathway to improvement, accountability and assurance. This is planned to be ready for January 2026.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	CTM is seeking to achieve a treated risk score of 12, reflecting a level that is organisationally tolerated and aligned with our commitment to safe, effective and compassionate care.

Current Control Measures

Planning for a wholesale review and strategic reconfiguration of this section of the Board Assurance Framework in readiness for January 2026. This will enable more meaningful and measurable objectives that support a reduction in the current Duty of Quality risk score to an organisationally tolerated level. We are seeking to achieve a treated risk score of 12, aligned with our commitment to safe, effective and compassionate care.

Quality Frameworks and Policies

Strategic review of Infection, Prevention & Control (IP&C) has been completed and has been aligned to the IP&C Strategy 2024-2027. Review outcome received at the Quality & Safety Committee in May 2024. IPC Strategy received at the May 2024 Quality and Safety Committee (QSC) and approved by Board in May 2024. A work plan has been developed to imbed the strategy and a new operating model for IPC. Strategy launched, ongoing Organisational Change Programme.

Development of the CTM Safeguarding Strategy 2024-2027 – endorsed at Health Board meeting in January 2025.

- Quality & Safety Framework in place.

Quality Strategy will come to an end in 2025. Review underway to develop a Quality Strategic Plan that will feed into the Annual Duty of Quality Report and delivery of CTM2030.

Clinical Guidelines;

Suite of Standard Operating Procedures;

Clinical Education Framework. The CTM Learning Academy Framework is being presented to the Quality, Safety & Experience Committee in January 2025 and to the March 2025 Board Meeting;

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;

- Superseded by CTM Learning Academy framework.

Listening & Learning Framework established. Shared Listening and Learning Forum meets at least four times per annum with two Shared Learning events each year. Last event took place on 13 November 2024, and a further event in late spring/early summer 2025 is planned.

Ward Accreditation Programme Framework established and is in the process of being rolled out. We have currently completed 27 wards with 8 white and 19 reaching Bronze accreditation. There is a rolling programme in place for 2025 which includes Maternity & Mental Health.

Nursing and Midwifery delivery plan was received at the May 2024 Quality & Safety Committee and formally launched in July 2024. Update on the delivery plan shared with the Quality, Safety & Experience Committee in July 2025.

- Duty of Quality and Candour established within CTMUHB. CTMUHB is represented on an All Wales basis where any discussions are held in terms of reviewing the framework. Adhoc support is available from the NHS Wales Performance & Improvement (formerly NHS Executive) as required. Annual Duty of Quality Report for 2024-2025 was received at the Quality, Safety & Experience Committee in July 2025.

CTM Allied Health Professionals and Health Care Science Delivery Plan.

Assistant Medical Director for Quality & Safety commenced in February 2025.

Mortality Board established and inaugural meeting held in December 2024. Agreement with Archus to establish a robust process for data monitoring.

People Experiences Framework

Harm Free Care

Learning from Experience

New Patient Experience Forum established, with the inaugural meeting held in April 2024, with regular meetings to be held moving forwards. Patient Experience Forum revitalised and an operational group also now established to support this activity. The bi-annual report from the forums will be received at Quality, Safety & Experience Committee in July 2025.

- Executive and Independent Member Patient Safety Walkabouts framework complete and implemented.

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. Llais has confirmed they are holding "outreach" clinics across community 4 times a month to hear the voice of the population.

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. This has been expanded to include reports from the Medical Examiner service and integrated into the mortality learning reports.

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 & Experience 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 & Experience Committee;

- Active Forums such as Maternity & Neonatal Voices" which includes past and present service users; Successful recruitment of Lay Patient Representative who will chair this forum.

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 - 2025 roll out plan in development with new supplier and CTM teams. System set up and ready for phased roll-out. CTMUHB has PREMS across multiple specialities reporting to QSEC via the Quality Dashboard.

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.

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 2025 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 1,800 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. Current framework and structure for RADAR under review and will be subject to further discussion over the coming weeks. Activities of RADAR are now integrated into business as usual within the Unscheduled Care Group structure.

- There is an End of Life provision plan which is being managed by the Primary Care, Care Group alongside Palliative Care.

Advanced Clinical Practice Board established to provide governance oversight concerning advanced practice professionals.

Innovation & Improvement Programmes

On the back of the success of the 2023 and 2024 events, the 2025 Quality Improvement showcase took place in July 2025.

Improvement Community of Practice implemented with over 30 QI champions currently in place.

Theatre Utilisation Group is now captured within the Productivity Improvement and Transformation Programme for Planned Care activity. There is also a Strategic Transformation of Acute Medicine Programme for Unscheduled Care activity. Both programmes report into the Operational Management 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 2025-2028 business plan.

Leading for Patient Safety with Improvement Cymru and Institute for Healthcare Improvement (IHI) launched. Phase 1 completed. Phase 2 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;

Monthly Quality Improvement (QI) training continuing 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; The delivery of investigation and PTR training is under review as part of the updated PTR regulations implementation.

All Wales PTR training is currently out for consultation across NHS Wales organisations.

Value Based Healthcare programme in place aligned to national Value in Health priorities; business case proposals received for 2024-2025 investment currently being reviewed.

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 Service Improvement Groups established end of 2024

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, 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 Wales Performance & Improvement (formerly 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. Reviewing the process documentation and guidance for Duty of Quality and Duty of Candour to ensure accessible training and proper recording on our Electronic Staff Record (ESR). The PTR training will also incorporate Duty of Candour.

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 Quality, Safety & Experience Committee and Board.

Medical Collaborative Group has been formed and re-invigorated and improving collaboration between primary and secondary care with good attendance.

Clinical Pathways Group have been established to approve any changes to clinical pathways that impact patient flows across CTMUHB.

Improving Care Board has developed a portfolio of improvement programme and projects.

National Safe Care Collaborative Programme Commenced.

CTM Learning Academy – The vision of the CTM Learning Academy is to "Develop an ambitious and capable integrated multi-professional clinical workforce, improving patient and population health outcomes & wellbeing. 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.". There are 4 Strategic Aims:

- Establishing underpinning processes for Education Quality, Governance and sustainability

- Developing and Transforming our Current workforce
- Developing our Future Workforce
- Developing a Culture of Interprofessional Learning and Collaboration.

Research

Research & Development Programme. Healthcare Research Wales have validated the Health Board's self-assessment of its Research and Development strategy and the feedback will be used to shape ongoing strategic direction. Research strategy in final draft form, currently out for wider consultation. The Research & Development Strategy approved by Board following endorsement from the Quality, Safety & Experience Committee. Increased oversight at Operational Management Board on RDI activity.

Flow Efficiencies and Productivity

'Optimise' – optimise flow improvement programme rolled out across all three acute sites.

Medical Workforce & Nursing Workforce Productivity Programmes established. Medical Workforce Productivity Programme encompasses a performance and escalation group as well as a framework group for establishing standard practice at CTM.

Sources of Assurance (Internal and External)

External Reports

HIW Deprivation of Liberty Safeguards Report 2024 - The Deprivation of Liberty Safeguards Annual Monitoring Report for Health and Social Care 2022-23 provides an overview of the implementation of DoLS in Wales. The report highlights a significant increase in the number of applications received by local authorities and health boards, with ongoing delays in allocation, assessment, and authorisation processes. These delays result in many individuals being deprived of their liberty without legal protection. The report also notes variations in the use of conditions and the need for improved procedures for urgent authorisations. The Welsh Government is considering strengthening the current DoLS system to better protect the human rights of individuals who lack mental capacity. CTMUHB has been actively addressing the Deprivation of Liberty Safeguards (DoLS) through various measures to oversee and respond to the increasing demand.

Internal Audit review on "Embedding the Quality Framework" completed and final report has been received. Reasonable assurance has been provided by the Audit, recommendations are being acted upon and managed via the audit tracker.

Internal Audit – Peoples Experience – resulted in Substantial Assurance.

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); partially complete. New Directors now require training, safeguarding team leading a short review to ensure appropriate level of training, L2/3 for clinical and non-clinical directors (to be completed by May 2025).
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;
Harm Free Care Agenda
Patient Safety Solutions – safety alerts and notices;
Mental Capacity Act (LPS);
Executive Director of Nursing and Executive Director of Therapies and Health Science have undertaken the relevant training on Duty of Quality & Duty of Candour to ensure that there is sufficient knowledge and influence in relation to the legislation at Board level.
HIW undertake adhoc reviews of medical training within the Health Board.
Review of Interventions Not Normally Undertaken (INNU) processes to ensure there are robust levels of compliance within clinical practice and appropriate assurances provided.
Internal Audit undertook a review which considered the processes and procedures implemented by the Health Board to ensure compliance with the Duty of Candour. The final report is awaited, and any recommendations will be acted upon and managed via the Audit Tracker
Internal Audit review undertaken on embedding the Quality Framework. Final report received and reasonable assurance allocated. Recommendations are being acted on and being managed via the Audit Tracker
Staff survey closed. Higher response rate received than in previous years. The final CTM response rate was 26.7% which equates to 3553 members of staff. This is the highest rate among the Health Boards of our size in Wales and CTM's highest response rate to date.

- Ward Accreditation Programme is embedded across the Health Board in Inpatient Areas.

Medical Workforce Delivery Group for Medical Workforce Matters.
Action Plan is in place to address the backlog of open coroner cases caused by a significant increase of number of inquests of the last 12 months.
Legal Services Recovery Plan in place which will consider if there is enough capacity to manage all legal activity and if internal processes and systems need to be revisited to make changes and identify areas for further improvement.
CTM Pathology services accredited to ISO 15189:2022 the international standard that specifies requirements for quality and competence in medical laboratories, ensuring accurate and reliable test results essential for patient diagnosis and treatment.
Cardiac Physiology services in PoW are accredited to British Society of Echocardiography for TTE, Training, Stress, TOE.
New group being constructed which supports Physician Associates in line with new National Guidance.
All Wales Medical Directors Meeting has discussed requirement to implement a more robust process for Professional Standards. Professional Advisory Group (PAG) and Responsible Officer Advisory Group (ROAG) to commence imminently as part of the process in CTM with Medical Directorate Office to support

Qualitative Intelligence

Monthly PREMS qualitative feedback received.
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 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 Wales Performance & Improvement (formerly 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;
Discussions are urgently progressing in relation to regional stroke services developments. Stroke monitoring and evaluation dashboard established to identify potential impact of moving to a temporary single site stroke service for CTM. Teams have established daily huddles to monitor qualitative feedback from Teams in terms of impact of moves.
Regular Director of Therapies & Health Sciences Team quality assurance visits to clinical services.

External Assurance

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 has been completed and considered at the January 2025 Quality, Safety & Experience Committee.
Health Education Improvement Wales (HEIW)– undertake regular reviews of services with respect to medical training of resident doctors.
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 Wales Performance & Improvement (formerly NHS Executive) governance and incident management;
Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) Maternity and Neonatal SI closures;
Annual Undergraduate Review;
General Medical Council National Survey Feedback;
A Medical Education Governance Meeting has been constructed to monitor Health Education Improvement Wales (HEIW) visits and recommendations. The first meeting commences 27/10/2025.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Roll out of the Clinical Ward/Department Assurance Programme.	Rolling programme commenced.	Ward/Department Accreditation is an "improvement tool that evaluates the quality of patient care in an inpatient setting. The program was implemented across Cwm Taf Morgannwg clinical areas in April 2024. The program aims to provide a measurement of quality and standards of care which Assurance for its Wards and Areas (Bronze, Silver, and Gold awards) Extending program into Mental Health and Maternity plus a further 20 areas across the acute site throughout 2025.	Currently 35 wards completed. 8 white and 19 reaching Bronze accreditation. Results reviewed via panels to provide assurance to the Board, and further the wards involvement. Develop a bespoke Power App to: o Simplify data capture o Streamline reporting o Provide real-time visibility of ward performance o Reduce manual processes and consolidate information onto one platform

			Implementation continues and will now extend outside of acute physical health areas to include mental health settings and community care.
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	Complete in terms of Safeguarding Strategy. Timeframe for Safeguarding dashboard is planned to be available in draft by the end of May 2025.	The Safeguarding strategy and framework give a comprehensive approach to Safeguarding. It provides a framework for identifying risks, responding to concerns, and promoting a culture of vigilance and responsibility throughout our organisation.	Pilot dashboard has been developed and is in the pilot stage for user ability data presentation There is a national launch of the safeguarding module on the once for wales Datix site which is being piloted to capture professional concerns 1.9.25. This will not capture all safeguarding only professional concerns currently There is a robust work plan which is in ace to support implementation of the safeguarding strategy and framework. The monitoring of these actions will be overseen thorough the safeguarding executive committee Work continues in line with strategic plan. The risk associated with previous backlog of look after children health assessments now being reviewed with the backlog now managed.
3. Data and Audit - Real-time performance and quality data accessible via electronic systems across the organisation;	Mortality Data Improving – CTMUHB are now collecting data on mortality with a plan to standardise the way mortality is reported through the Care Groups with oversight from a Mortality Board, which is now established. Agreement with Archus to establish a robust process for data monitoring.	Visibility and granularity of data will be available to support clinical decision making and learning, as well as identifying areas that may require greater focus.	Monitoring the performance data dashboards to determine if improvements are being made and sustained.
	CTMUHB is represented on the work being undertaken with the Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) to explore how benchmarking in quality performance can be shared across NHS Wales. The Performance and Assurance Directorate of the NHS Wales Performance & Improvement (formerly NHS Executive) are also rolling out a National Quality Safety Framework to support a consistent approach to quality reporting.	CTMUHB has actively participated in the NHS Wales Performance & Improvement's (formerly NHS Executive) rollout of the National Quality & Safety Framework. This Framework ensures we measure quality across the six domains of quality and is consistent with all NHS Wales organisations. The domains being: Safe Care Timely Care Equitable Care	CTMUHB has seen notable improvements in productivity across the Quality & Safety agenda. Our Learning Processes, including the Listening & Learning Framework with its central repository and bi-annual Listening & Learning event, have supported improvements in cascading learning across CTMUHB. By focusing on timeliness and effective care, CTMUHB has

		Effective Care Efficient Care Person-Centred Care The Framework enables CTMUHB to benchmark our quality performance indicators against other NHS Wales organisations. In addition to the Framework, the Q&S team utilises the NHS Wales Performance & Improvement's (formerly NHS Executive) Beacon Dashboard to maintain alignment with other organisations across NHS Wales. The NHS Wales Performance & Improvement (formerly NHS Executive) workstream has also supported benchmarking of our Annual Q&S Report, thus ensuring a level of consistency with other organisations across NHS Wales.	significantly enhanced its concerns response compliance. CTMUHB is now recognised as an exemplar for concerns management across NHS Wales. Our team regularly benchmarks our performance against similar NHS organisations. CTMUHB's position in relation to NRI compliance has also improved over significantly over the last year.
	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.	Improved decision making and therefore improved patient care Improved oversight of patient care form ward / team to Board against evidence-based standards and local indicators Stimulate clinical team discussion and quality improvement areas Decision making Real time insights to ensure mobilisation of support, adjustments and actions where needed	Action complete.
4. Feedback from staff and our communities on the ability to raise ideas, freedom and support to make change and empowerment. Holding engagement sessions for staff;	Staff ideas scheme implemented (May 22) for raising ideas for improvement – to increase participation in 23/24 – Implemented. Ongoing and numbers increasing through the year. Onsite events planned for Quarter 1/ Quarter 2 2024-2025 – completed. Ongoing programme. Improvement into practice training taking place every other month. Permanent funding secured for PREMs and full deployment across the Health Board is planned. Further activity is also scheduled to increase awareness around the mechanism for sharing feedback using the "Have Your Say" process. Recruited and appointed to posts.	Embed Quality Improvement into everyone's day to day jobs, providing them with the tools, skills and ability to make improvements within their areas. Ensuring our people have the skills and empowerment to make changes and improvements. To ensure as a Health Board we have the ability to track patient experience and use this data to continually improve our services to patients, families and communities.	Rolling programme of challenges for staff with measures around ideas, engagement and implementation. PREMS data now being routinely provided to Care Groups and to Q&S Committee. Working though potential for improved integration between planning, engagement and peoples experience with external stakeholders (e.g. Llais)

			Support and adjustment in transition to new PREMS/PROMS platform being led through VBHC.
5. Improving flow and efficiencies and productivity	Medical & Nursing Workforce Productivity Programmes operating within the transformational programme governance structure and delivering to plan.	Medical: Medical Workforce Productivity Programmes - Ensuring that the workforce meets the requirements of the Health Board – job planning, financial prudence (monitoring medical spend and exploration of potential savings and efficiencies), workforce establishment. Nursing: CTMUHB has been actively working on the Nursing Workforce Productivity Programme as part of its broader strategy to improve efficiency and effectiveness within the health board. Key actions under this programme include: Bank Modernisation Action Plan: This includes proactive recruitment across 12 months. Flexible Working Policy: Launched with accompanying promotion and implementation of an oversight mechanism in place which aligns to retention as a key initiative. Internal Lateral Moves Scheme: For Band 5 Nurse and Midwives, launched in February 2024, and expanded to include Band 2 Health Care Support Workers and Band 5 Midwives in December 2024/5. Framework agency reduction: to achieve a 20% reduction in the use of framework agency registered nurses	Medical: Improved financial control on medical spend and improved productivity in terms of outpatients and theatres efficiencies. Ensuring appropriate management of contracts Nursing: Nursing productivity: Processes and installing of KPIs for the bank service (partially achieved). Implementation and use of flexible working policy (implemented and active). Implementation of lateral moves scheme (implemented and being actively utilised). Demonstrated progress against a reduction in framework agency spend (partially complete, progress across the care groups, await year end position). Comms issued to start agency via exception from December 2025. Working with finance, workforce and operations on reporting and surveillance model on quality, operations and finance combined. Joint work with workforce colleagues on sickness absence reduction, implementation of approach, reporting and management support.
6. Fragility of the Legal Services Directorate	Legal Services Recovery Plan in place which will consider if there is enough capacity to manage cases effectively, if internal processes and systems need to be revisited to make changes and identify areas for further improvement. Recovery plan also considering the stability of the Legal Services Directorate.	Improved patient and stakeholder experience. Improved compliance and performance. Sustainable service fit for the future. Robust systems and processes.	Compliance and performance metrics within the Integrated Performance Dashboard. Decrease in cases being referred or escalated to next stages in the relevant process. Increased compliance in KPI across legal and PTR.

			Reduction in recovery measures in line with improving performance Plan to exit the recovery phase to the 'Business as Usual' model and the implementation of the revised structure. Implementation of the revised operating procedures and process maps. Work has restarted in collaboration with workforce colleagues in implementation of the new structure following OCP. Improving reporting and engagement with external stakeholders. Working with finance colleagues on clinical negligence position and forecasting associated CTM share for 2026/27

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 – 2023-2024 – Development of a Nursing and Midwifery vision underway.

National Patient Experience Framework.

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

Full engagement in the Chief Medical Officers priority to strengthen clinical leadership and the Medical Director closely involved with the National Work (Ministerial Advisory Group Report)

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
~~6111~~	~~Medical Examiner Delays.~~ Risk de-escalated on the November 2025 iteration of the Organisational Risk Register	~~20~~
5045	Access to Neurology Inpatient and Outpatient Services for CTM Residents	16
4417	Management of Security Doors in All Hospital Settings	16
~~5646~~	~~Impact of Right Care Right Person approached.~~ Risk de-escalated on the November 2025 iteration of the Organisational Risk Register	~~16~~
6228	Effective and efficient management of requests from the HM Coroner.	16
6229	Timely development of, management and response to Learning from Event Reports (LFERs).	16
6231	Proactive management and compliance with cases that qualify for consideration under the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.	16
6232	Stability of the Legal Services Function.	15
6217	A number of Nationally reportable incidents have been raised since February 2025 within Obstetrics / Maternity.	15
4691	New Mental Health Unit	15
1793	Lack of isolation facilities available – negative pressure rooms. New risk escalated to the Organisational Risk Register in September 2025.	16
6052	Patient hydration risks associated with the replacement of aged Beverage Trolley fleet (ultrakarts). New risk escalated to the Organisational Risk Register in September 2025.	20

Strategic Goal(s):			Risk score 16
Improving Care Delivering safe and compassionate care Developing new models of care Digital transformation for patients and staff Ensuring timely access to care	**Sustaining Our Future** Becoming a green organisation Ensuring our Services financial sustainability Embedding value-based healthcare Ensuring our estate is fit for the future	**Inspiring People** Viable and inspiring leadership. Promoting diversity and inclusion. Embedding our values and behaviours. Encouraging local employment	
Strategic Risk: Enough workforce to deliver the activity and quality ambitions of the organisation *(including culture, values and behaviours)* (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.	

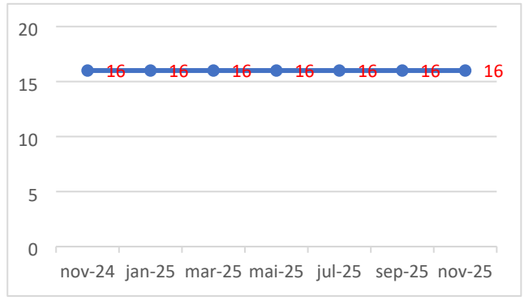
Risk Lead	Executive Director for People	Assurance committee	Quality, Safety & Experience Committee Operational Delivery Committee

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



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

This risk is complex and reflects increasing recruitment & retention challenges with skills shortages across health and social care on a local, national and international scale. Therefore, although we are "treating" this risk it is recognised that significant progress on this will not be achieved in the short term.

Patient safety and quality could be compromised or delayed, increasing waiting times, because of workforce gaps due to lack of available skilled workers either in local or national labour market to meet demands and to avoid and reduce high cost variable pay. This could also impact on the delivery of planned activity to meet targets leading to increased performance scrutiny. Staff wellbeing and morale is still a concern. Sickness rates increased slightly to 7.18% in August 2025, compared to 7.03% in July. The rolling 12 months sickness rate was 7.04. There remains a risk to the financial impact if this continues with agency spend at M4 at £9.672m. Positively, turnover decreased slightly to 8.37% in

	September 2025 (from – 8.91% 8.66 in August) but decreased to 8.66% in August 2025. Job Planning compliance is at 38% as at end of August 2025. The workforce risk remains significant and remains at 16 based on the following: Late delivery of key objective/service due to lack of staff – waiting list and capacity issues Unsafe staffing level (>1 day)/competence. Low staff morale. Sickness rates Poor staff attendance for mandatory/key professional training.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk will continue to be treated through targeted action under the CTM People Plan, working with Care Groups and professional leads to strengthen workforce planning, recruitment, retention and wellbeing, and embed improvements into business-as-usual. Key activity includes improving access to workforce data and dashboards, building workforce planning capability, delivering targeted and international recruitment, strengthening retention through employee experience and career development, supporting wellbeing and reducing sickness absence, and reducing agency reliance through sustainable workforce productivity measures. These actions are expected to progressively reduce the risk, though progress remains influenced by national workforce supply constraints. Work is also underway with staff and Trade Union colleagues to agree consistent nursing, midwifery and HealthCare Support Worker shift patterns that support patient safety, staff wellbeing, workforce availability and financial sustainability.

Current Control Measures

Strategic Alignment

People Plan launched – sets out People priorities and promises aligned to CTM2030 to drive cultural and workforce transformation.
Integrated Medium-Term Plan (IMTP) and Education & Training Plans (ETPs) – professionally assured and approved at Executive level prior to submission to HEIW, ensuring alignment with national workforce plans.
Savings Delivery Plan (SDP) – identifies workforce productivity priorities for 2025/26 with named leads across Nursing, Medical, and wider workforce groups.

Recruitment and Resourcing

Vacancy Scrutiny Panel – ensures recruitment aligns to strategic priorities, maintains financial probity, and supports safe service delivery.
Job Evaluation / Matching – maintains internal equity and compliance with national pay frameworks.
Standardised Recruitment Process – delivered via *Trac* and supported by NWSSP Recruitment Services to ensure consistency, transparency, and legislative compliance.
Medical Workforce Recruitment Plan – includes international recruitment, job description standardisation, and productivity actions.
Time to Hire – monitored monthly through Care Group Senior Teams.
Advertising and Agency Controls – all adverts and social media recruitment coordinated via Communications and Attraction teams; agency use governed by Procurement (Proc4 / DOI).
Living Wage Employer – ensures fair pay and equity across CTM.

Retention and Employee Experience

Retention Programme – re-established with clear vision, governance, and measurable objectives.
Stakeholder Engagement – ongoing collaboration with Care Groups, People Services, and HEIW.
Nursing Retention Plan – tracked through RAG status and monitored monthly.
Manual Retention Dashboard – monitors turnover, attrition, and stability.
'Moving On' and 'Joining Well' Surveys – provide insight into onboarding and exit experiences, with dashboards to inform improvement actions.
Lateral Moves Scheme – supports internal mobility and retention for Band 2 and Band 5 roles.
Flexible Working Policy (All Wales) – governs equitable decision-making and recording via ESR.
Corporate Induction and PDR ("Your Conversation") – support early engagement, wellbeing, and feedback.

Workforce Productivity and Temporary Staffing

Nursing & Midwifery Productivity Programme – includes bank and roster optimisation workstreams.

Medical Workforce Productivity Programme – includes recruitment and agency reduction plans.
Locum Management via Locum's Nest – provides visibility and control over medical and dental agency usage.
Rate Cards (Consultant and Non-Consultant) – ensure consistency and cost control.
Bank KPIs and Agency Spend Tracker – under development to support targeted improvement and oversight.

Day-to-Day Workforce Management
HealthRoster – used across all staff groups with established "golden rules" for safe, efficient scheduling.
Job Planning Guidance – supports fair allocation of medical time and resources.
Resident Doctor Rota Monitoring – provides assurance on compliance and equity.
Sickness Management Framework – scoping of organisation-wide project underway to reduce sickness rates.
Fixed Term Contract Policy (in review) – will strengthen compliance with employment legislation.

Workforce Planning
Strategic Workforce Planning Framework – underpins all planning activity, aligned to IMTP and HEIW standards.
Active participation in All-Wales Workforce Planning Networks – across Nursing, AHP, Pharmacy, Mental Health, Perinatal, and Primary Care.
Engagement in national student and PA recruitment processes – ensures future workforce pipeline sustainability.
Audit Wales SWP recommendations – tracked through the Audit Tracker and monitored by the Audit & Risk Committee.

Workforce Data, Analytics and Systems
Electronic Staff Record (ESR) – master workforce system ensuring national data alignment and accurate reporting.
Establishment Reporting – developed for Medical workforce, with Nursing and HCSW dashboards in progress.
Ongoing collaboration with HEIW – to enhance data accuracy and analytics capability.
System Integration – ESR, HealthRoster and Locums Nest aligned to improve interoperability and efficiency.

Culture, Values and Behaviours (CVB)
Organisational Values published – underpin all people practices.
Leadership Development Programmes – focused on compassionate, inclusive leadership.
Staff Engagement and Recognition – mechanisms include surveys, listening events, Seren Awards, and focus groups.
Equality, Diversity and Inclusion Strategy – with staff networks and mandatory anti-racism training.
Speaking Up Safely Guardians and anonymous reporting platform Work In Confidence (WiC) – strengthen psychological safety.
Care Group Culture and Behaviour Plans – local responses to Staff Survey results embedded in delivery plans.

Sources of Assurance (Internal and External)

Workforce Data and Analytics
Internal assurance
M&D Establishment Reporting (substantive in-post, ledger, variable pay, job planning compliance) - reviewed by Medical Workforce leadership.
People/Workforce Metrics Report (staff-in-post, turnover, sickness, PDR) to Operational Delivery Committee (ODC) and Local Partnership Forum (LPF); included in the Integrated Performance Report (IPR) to Board and into Values & Effectiveness Board via Nursing & Medical Productivity programmes.
As at Aug 2025: staff-in-post +2.92% YoY (mainly M&D); turnover 8.66% (down from 11.08% in 2024); sickness 6.98% (vs 6.83% 2024); PDR 68.8% (target 85%); M&D appraisals 92.58%.
Ongoing People Metrics uplift to align with the People Plan.
External assurance
Quarterly vacancy returns submitted to Welsh Government for NHS vacancy statistics.

Workforce Productivity
Internal Assurance
Medical Workforce Productivity Programme (MWPP): Delivery Group dashboards - Bank and Agency spend reduced from £3.4m (Aug-24) to £2.6m (Jul-25).
Job planning compliance
Audit Updates
Medical & Dental Variable Pay Audit and M&D Job Planning Audit- recommendations on Audit Tracker (reported to ARC Nov-25)
Majority of actions are incorporated into the FCP and SOP draft which is being submitted to ARC in Dec-25.
Medical & Dental Medical Rostering Audit – this process is being revisited in light of the implementation of the new Resident Doctor contract.

SAS doctors regrading launches (process agreed between Finance, People and Executive Medical Director's office) first cases considered in Oct-25.

Rota monitoring calendar in place (all resident doctor rotas twice yearly). The current cycle shows failed monitoring due to lack of resident doctor engagement.

Nurse Productivity Programme Board

Internal Assurance

Nurse Productivity Programme Board - Bank & Agency spend reduced from £2.1m (Aug-24) to £1.6m (Jul-25).

Agency usage trending report (RN agency FTE Jan-Aug 2025; HCSW agency FTE general downward trend).

Bank usage (Unscheduled Care): unregistered 109.55 FTE (Jul-25) to 53.39 (Aug-25); RN bank 15.80 FTE (Jul-25) to 58.29 (Aug-25).

HealthRoster optimisation and data quality improvements underway; Month-5 pay arrears flagged in variance commentary.

External Assurance

None mandated beyond audit reporting to ARC; benchmarking available via national productivity references where applicable.

Workforce Planning

Internal assurance

Executive Leadership Group (ELG) approval of ETP Commissioning submission (Mar-25) to HEIW.

Workforce Shape & Supply Steering Group with task & finish groups; alignment to Care Group plans and IMTP.

Audit Tracker oversight of actions.

External assurance

Audit Wales SWP audit- six recommendations tracked via ARC.

Participation in HEIW All-Wales SWP Network (access to standards, guidance, peer comparison).

HEIW-funded workforce planning support for Mental Health (to 31 Mar 2026).

Engagement with All-Wales PA/MAPs frameworks and recruitment groups.

HEIW feedback on Education Training Plan (ETP) submission (on receipt).

(SCPs) to ensure adherence to all Wales governance and employment standards.

Attraction, Resourcing and Recruitment

Internal assurance

Recruitment & Selection Policy (under review) and SOPs; monitored compliance via People governance.

Time-to-Hire performance: 75.5 days (Aug-25) vs target 71; YTD 72 (AfC + M&D combined).

Attraction & Resourcing Working Group; senior oversight for key/critical posts.

Pathways to Employment (Project Search/Supported Internships, apprenticeships, Network75, JGW+, graduate schemes).

External assurance

Attraction questionnaire (125 AfC new-starter responses) to inform strategy; extension to M&D starters.

Retention

Internal assurance

Monthly Retention Dashboard (turnover, attrition, stability) Sept turnover 8.85% (down from 9.20% Aug).

Lateral Moves Scheme monitoring: 342 eligible applications; Aug–Sep survey - 61% would use again; majority positive experience and resources easy to access.

Reasons-for-leaving data quality actions (definitions, guidance) via intranet; Retention pages updated regularly.

External assurance

(Where available) triangulation with HEIW retention insights / all-Wales benchmarks.

Culture, Values and Behaviours

Internal assurance

NHS Staff Survey results reported to Board and all CTM committees; local action plans in Care Groups.

Partnership forums: LPF and LNC listening and engagement reviews.

External assurance

All-Wales NHS Staff Survey benchmarks: response rate in 2024 was 26.7% (CTM) vs 21.8% (Wales), local target for improvement 40%; Employee Index 70.4% (CTM) vs 72% (Wales).

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
Strategic Workforce Planning			
Absence of clear, sustainable workforce plans aligned to CTM2030.	Absence of clear, sustainable workforce plans aligned to CTM2030.	A sustainable and skilled workforce capable of delivering CTM2030 priorities with reduced reliance on agency staff. To support better alignment between service transformation and workforce capacity.	Implementation of workforce planning strategy with agreed KPIs to support sustainable workforce plans aligned to CTM2030.
Regional Service & Site Workforce Planning			
Lack of coordinated regional workforce plans.	• Development of LHP Workforce Plan (OBC due Nov 2025). • Workshops to develop Perinatal, Ophthalmology and Theatres workforce plans.	Ensure right skills, roles and staffing models across regional services.	Ensure right skills, roles and staffing models across regional services.
New and Extended Roles			
Inconsistent governance for new and extended roles (PAs, ACPs, RNAs).	• Developed Framework and PA Working Group. • Supported rollout of ACP and RNA roles aligned to national standards.	Strengthen workforce governance, ensure appropriate deployment and maximise skill mix.	Governance framework in place. Positive use of PAs, ACPs and RNAs reducing workforce gaps and agency reliance.
Workforce Productivity			
Inefficient roster and temporary staffing models; agency dependency.	• Nurse Productivity Programme (Roster & Bank optimisation). • Medical Workforce Productivity Programme (£3m target).	Reduce agency reliance and optimise workforce efficiency.	Improved rostering efficiency and bank utilisation. Reduced long-term agency usage.
Sickness Absence			
High sickness absence rates impacting availability.	• Comprehensive data review and organisation-wide action plan	Co-ordinated improvement in attendance and wellbeing.	• 1% reduction in sickness absence in 25/26 vs 24/25.
Workforce Data and Analytics			
Limited establishment reporting and analytics capability.	• Developed Nursing & Midwifery establishment reports. • Developing dashboards and robotics strategy.	Improved workforce visibility, data-driven decisions and capability.	• Live reporting accessible. • Improved workforce data quality and analytical use.
Workforce Systems			
Limited interoperability across systems.	• M&D Bank/Agency Tender and ESR Go implementation. • People Systems Group established. • Preparation for Future ESR 2.	Improve efficiency, reduce agency spend and strengthen system integration.	• ESR Go implemented. • Reduced agency usage. • Readiness for national system transition.
Attraction, Resourcing and Recruitment			
No signed-off Recruitment & Retention Plan; inconsistent processes.	• Draft Recruitment & Retention Plan. • Updated policy and SOPs. • Recruitment training and SharePoint resources. • Active attraction and social media strategy.	Standardise processes, strengthen employer brand and improve fill rates.	• Policy/SOPs approved. • Increased site traffic and engagement. • Reduced vacancy rates.
Retention			
Low participation in exit process and limited retention data.	• Relaunched Lateral Moves Scheme and “Moving On” process. • Re-established Retention Steering Group. • Improved retention data analytics.	Improve staff experience, reduce turnover and inform targeted interventions.	• Higher exit feedback response rate (target 30%). • Visible retention metrics. • Reduced voluntary turnover.
Culture, Values & Behaviours			
Seen as corporate not locally owned	• Divisional datasets shared quarterly. • Directorate-level leadership accountability. • Measures embedded in People Plan	Strengthen local ownership and connect values to daily behaviours.	• Improved staff survey results on “values in action.” • Increased participation in CVB activities. • Reduced variation in staff experience.

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
Key Progress Highlights: Workforce Planning: CTM Strategic Workforce Planning (SWP) Strategy and Framework developed and aligned to IMTP and HEIW standards, with improved governance and oversight through the Workforce Shape & Supply Group. Workforce Data & Analytics: Enhanced reporting via establishment dashboards, improved data quality, and interoperability between ESR, HealthRoster and Locum systems to strengthen evidence-based decision making. Recruitment & Retention: Recruitment and Selection Policy under review; targeted recruitment campaigns, including international recruitment for hard-to-fill medical roles, underway. Retention initiatives strengthened through the re-established Retention Programme, Nursing Retention Plan, and Lateral Moves Scheme. Productivity & Agency Reduction: Bank and agency spend showing a downward trend across Nursing and Medical workforce groups, supported by the Productivity Programmes and rate card compliance. Wellbeing & Attendance: Sickness absence analysis completed, with an organisation-wide action plan in development to support reduction of sickness rates and improved wellbeing. Culture, Values & Behaviours: Local ownership strengthened through divisional datasets, leadership accountability, and People Plan metrics; staff survey response rates and engagement improving
Were there any significant incidents affecting this strategic Risk this period:
None identified.
Associated Risks escalated to the Organisational Risk Register

5753	Inadequate Special School Nurse Provision.	20
4973	Clinical Medical Cover within CTM Adult Mental Health Services.	16
5576	Palliative Medicine Staffing	16
~~5304~~	~~The Air Handling Unit (AHU) for the pharmacy aseptic production suite.~~ Risk de-escalated on the November 2025 iteration of the Organisational Risk Register	~~16~~
6234	National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.	16
~~4218~~	~~Reduced on site Consultant Microbiologist / IPC Doctor cover for Bridgend. New risk escalated to the Organisational Risk Register in September 2025.~~ Risk de-escalated on the November 2025 iteration of the Organisational Risk Register	~~16~~
6294	Insufficient Consultant Workforce - Endoscopy / Gastroenterology. New risk escalated in October 2025	16
2713	Backlog of Reporting Radiology Examinations. New risk escalated in October 2025.	16
6318	Tier 3 SHED Team Service Delivery. New risk escalated in October 2025	16
5877	New Worker Contract for Out of Hour GPs. New risk escalated in November 2025.	16
6232	Stability of the Legal Services Function.	15

Strategic Goal(s):				Risk score
Creating Health Reducing health inequalities Equal focus on mental and physical health Supporting our communities Being a healthy organisation		Sustaining our Future Becoming a green organisation Ensuring our Services financial sustainability Embedding value-based healthcare Ensuring our estate is fit for the future		16
Strategic Risk: Effective Community and Partner Engagement in Service Changes and Developments (Risk No.4)				
If the Health Board *does* not engage effectively with our population to understand their needs, and with partners in local government social care and the third sector, to understand their viewpoints	*Then* we will fail to prioritise our efforts and resources appropriately, and to achieve a consensus for change in implementing our Population Health Strategy		*Resulting in* Lack of trust between the community and the Health Board. Loss of opportunity to build relationships and create an inclusive environment where people connect, collaborate, and share ideas. Challenge to public decisions relating to future service developments due to limited engagement The inability to affect positive change in terms of improving health inequalities and health outcomes.	

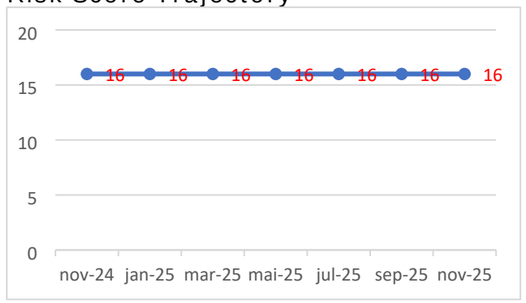
Lead Director	Director of Communications, Engagement & Fundraising.	Assurance committee	Strategic Development Committee

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

Risk Score Trend this Period:

No changes to risk score this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	In recognition of the gaps identified around additional capacity requirements to develop and implement an engagement and involvement strategy associated with the Clinical Service Plan and wider service change requirement as well as the need to define a clearer process and procedure for supporting transformation and service change, the risk score has been increased in terms of likelihood to a 4 in July 2025. The gaps are captured in the mitigating action plan section of this risk.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk is being actively managed via the communications team and wider engagement function. As above, we will need to tolerate the fact that management of the risk will need to be ongoing.

Current Control Measures

Strategies & Plans

- 2030 Strategy – 'Our Health Our Future'
- Implementation of key actions in the Population Health Plan approved by Board in May 2021. *Framing and incorporating these actions as part of the Unified Transformation Programme – Creating Health. Completed*
- Public Engagement Plan for 'Our Health Our Future'
- Becoming an Engaging Organisation
- Work programme set out in 'Becoming a Population Health Organisation: a discussion and options paper for Board', May 2021

Engagement Forums

- Regional Partnership Board
- Public Service Board
- Area Partnership Board
- CTM2030 Leaders Groups
- Acute Clinical Services Plan – Senior Leaders Group
- CTM Leaders Forum - New Terms of Reference developed with a further review scheduled for 2025.
- Staff Q&A
- (Staff) Leaders' Forum
- Stakeholder Reference Group
- Strategy Groups: Born Well, Growing Well, Living Well, Ageing Well and Dying Well
- Engagement with community groups by Lead Independent Members
- Links with Llais including representation on Board
- Regular joint executive meetings with the three local authorities
- Accelerated Cluster Development Programme Board – engagement across Primary Care
- Health and Social Care Integration Board
- Forum with local authority Chief Executives to address health inequalities
- Community Voluntary Councils (Interlink RCT, BAVO, VAMT)
- OPAG (Older Person's Advisory Committee)
- CTM 50+ Forums
- Maesteg Stakeholder Reference Group
- Partnership with CTM WISE (Wellness Improvement Service)
- Regional Mental Health Forum
- Partnerships with colleges and education providers
- CTM Strategic Engagement Forum (established Sept 24). Chaired by Head of Engagement and Involvement.
- A collaboration with Veterans is being established through the development of a forum with partners from the Veteran Hubs, wider Armed Forces community, third sector organisations, Primary Care and CTMUHB.
- Working group for health protection and vaccination, including members of the community leaders' network

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.

On the 7 April 2025, the Welsh Language Commissioner published her five-Year Plan, within which she encouraged others to speak with CTM as an example of good practice, this endorsement provided CTMUHB with the opportunity to showcase the work being done across the health board to enable our staff to learn and use the Welsh language.

Reports to other committees

- Community Health Council briefing papers to Quality, Safety & Experience Committee.

External
Activity commissioned from Opinion Research Services will provide detailed intelligence of stakeholders within CTM communities, including those at the hyperlocal level, enabling greater effectiveness and efficiency of public engagement and involvement activities.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
Review the Becoming an Engaging Organisation Strategy	Revisit to ensure the principles support the direction of travel, particularly their consistency and alignment with the ACSP engagement strategy, Board Development Session reviewed the strategy on the 14th December 2023, outputs of which will now be taken forward. Engaging with the Consultation Institute to develop and embed robust systems and processes within the Health Board for managing consultation. Work has begun with the consultation institute to improve our understanding of our stakeholders and the risks associated with service change. Consultation desk review now complete. This will be removed on the next iteration. The content of the review is informing engagement planning going forward. Development of specification for procurement of consultation partner to support creation of hyperlocal stakeholder mapping to enable improved targeting of engagement activities and resources. Collaboration with Regional Partnership Board on use of stakeholder management system to provide increased rigor and improved data capture. External expertise commissioned from Opinion Research Services (ORS) in October '24, to develop stakeholder mapping. Outputs will provide broader and richer understanding of population characteristics, key influencers, and effective methods of involvement and engagement. Outputs will be delivered in last quarter 24/25. This work has begun, and interviews are scheduled to take place with Independent Members and key senior Health Board staff throughout January 2025. Collaboration with South East Wales Health Boards to formalise Regional Communication and Engagement plans and activity. Defining the additional capacity requirements to develop and implement an engagement and involvement strategy associated with the ACSP and wider service change requirements. Discussions to identify opportunities to improve robustness of partnership between Communications and Engagement and planning and transformation, and development of better-defined processes and procedures for supporting transformation and service change. Closer, more formalised working relationships between Strategy and Planning and Communications and	Alignment across health board strategy and change programmes. Ensure Board awareness and continued relevance of strategy with current strategic and operational ambitions and objectives. A more informed approach to public engagement and consultation activities relating to significant services change, based upon legal precedence and best practice and resulting in reduced risk of judicial review. Identification and commissioning of an external provider with requisite experience and ability to lead development of stakeholder mapping to inform strategic service change. Increased efficiency of public engagement planning and actions through shared data, targeting and delivery. Development of shared objectives and identification of opportunities for collaborative engagement activities. Broader and richer understanding of population characteristics, key influencers, and effective methods of involvement and engagement Joined up working and efficient and effective use of shared capacity across the three South East Wales Health Boards. Adequate capacity to engage and involve the population and wider stakeholders in ACSP and service change programmes. More effective, efficient and sustainable support for service change and transformation with lower risk. Closer working with the Strategy & Planning directorate will enable	Consistency of narrative across strategic resources and change plans. Continued Board support for BHT strategy and for development of involvement. Engagement and consultation resources aligned accordingly. Delivery of a best-practice effective engagement and consultation plan to support strategic service change with minimal challenge and mitigating against judicial review. Securing of partner to delivery through procurement process on budget and against expected schedule. Delivery of shared engagement and involvement plans and delivery, realised through partnership working. Greater reach/traction of activities, with higher rates of participation/interaction. Provision of a stakeholder map by ORS to be used for targeted involvement/ engagement/consultation Development and implementation of a Regional Communication and Engagement Plan. Development of the ACSP and service change public engagement/involvement strategy for CTMUHB A single policy/process for support of service change and transformation. An annual plan for public and community engagement activities and objectives. Improved vaccination uptake rates across CTM communities, and engagement with, and ownership of health messaging by third-sector groups (e.g. promotion through third sector owned channels and fora) Improved patient feedback measures indicating improved access and experience of veterans when accessing CTM services. Increased engagement of veterans in future opportunities to influence and inform the development of health services.

	Engagement, including Head of Internal Engagement attendance at Strategy & Planning team meetings. Development of a community working group to collaboratively tackle low vaccination uptake in CTM. Delivery of Wales' first veterans' health event, in partnership with Valley Veterans and community partners. Sharing of learning within CTM and the wider Welsh health system.	the Comms and Engagement team to better plan and prioritise public and community engagement activities that align with the CTMUHB's strategic objectives. Development of closer working relationships with community groups and populations, and improved insight into barriers experienced by communities in relation to their health and wellbeing. Improved understanding of barrier facing veterans residing within CTM and development of improved information, processes, and support to improved veterans' health and wellbeing.	

Linked National Priority Measures

Nil

Current Performance Highlights

Survey shared with all CTMUHB staff, to audit effectiveness of internal communications and engagement and opportunities to improve, including implementation of new engagement platforms.
CTMUHB chaired Stakeholder Engagement Forum creating productive outputs, developing single plan for engagement priorities for 25/26 with Public Health, People, Welsh language, RPB.
Revised approach to CTM2030 Leaders' Network to be implemented in April, to improve focus on enabling community groups to take actions that improve health and wellbeing of communities.
Definition and costing of the additional capacity requirements to develop and implement an engagement and involvement strategy associated with the ACSP and wider service change requirements.

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

None identified.

Associated Risks escalated to the Organisational Risk Register

Nil

Strategic Goal(s):		Risk score 16
Improving Care Delivering safe and compassionate care. Developing new models of care. Digital transformation for patients and staff Ensuring timely access to care	Sustaining our Future Becoming a green organisation Ensuring our Services financial sustainability Embedding value-based healthcare Ensuring our estate is fit for the future	

Strategic Risk: Delivery of a digital and information infrastructure to support organisational transformation – (Risk No.5)

If the Health Board does not accelerate its journey in becoming a digital and data organisation, that demonstrates an embedded culture of working digitally, organisational agility and strategic and functional clarity underpinned by operational sustainability	*Then* We will be unable to design and execute a Health Board wide strategy to transform services that are tailored to meet the needs of our people and our communities.	*Resulting in* Continuing health inequalities and poor population health outcomes, an inability to transform our cost base and our service design, which will result in slow progress towards improving our population's and patients experiences, and continue to constrain our ability to work seamlessly across our region.

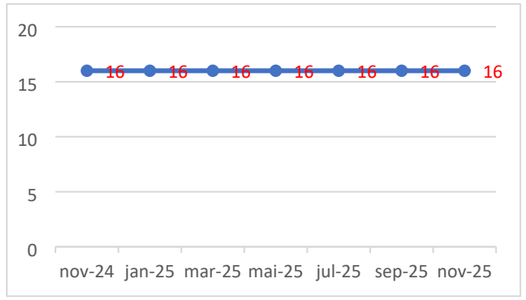
Risk Lead	Director of Digital	Assurance committee	Operational Delivery Committee Strategic Development Committee

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

Risk Score Trend this Period:

No changes to risk score this period.

Risk Score Trajectory



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

Trajectory and Next Steps - The risk score remains unchanged this period due to the balance between progress and persistent vulnerabilities. However, the trajectory is cautiously optimistic, with mitigating actions underway:

- Renewal of CTMUHB's strategy for AI, data and digital transformation,
- Continued implementation of the Cyber Improvement Plan and Information Security Policy.
- Strengthening of governance frameworks for AI, supplier management and digital inclusion
- Ongoing collaboration with NHS Wales organisations and internal stakeholders to refine strategic oversight and assurance.

Improvements - CTMUHB continues to make tangible progress across several dimensions of digital transformation:

- Digitisation of Medical Records: Ongoing rollout and integration across sites.
- Cyber Resilience and Security: Deployment of a new network monitoring tool and enhanced reporting functionality. Monthly reviews by the Cyber Security & Availability Board ensure proactive threat management.

	Advanced Technologies: Operational use of 15 AI applications across the UHB such as Dragon Medical One, IBEX, Heartflow, and CTMUHB's own CCLLM and ED Attendance Prediction tools. Interim Governance frameworks for AI are in place, prior to formal endorsement by the Board. Infrastructure and Standardisation: Improvements in digital infrastructure across sites, consolidation of clinical systems post-Bridgend disaggregation, and standardisation of digital tools and processes. Strategic Enablers: Mobilisation of contracts for e-prescribing, formalisation of shared care record agreements, and development of a patient-centred contact programme. Remaining Vulnerabilities and Risk Justification Several factors justify maintaining the current risk score: Cyber Threats: Indicators of compromise were identified in May 2025. Although managed without service disruption, the National Cyber Security Centre continues to advise caution. The risk of cyber-attacks remains high and is scored at 20. Resource Constraints: The Digital & Data team is required to balance the increasing organisation demand and expectation, against the current financial envelope for capital and revenue allocations. Staffing challenges persist, and some national programmes do not have approved business cases or funding alignment. Operational Sustainability: While strategic clarity is improving, gaps remain in asset registers, policy adherence, and workforce capacity to fully embed digital culture and agility. Low Maturity Against International Benchmarks: CTMUHB remains at a low level of maturity and capability when assessed against international benchmarking frameworks such as HIMSS for Electronic Patient Records (EPR), and similarly for AI and Business Intelligence. This limits our ability for our patients to interact with us digitally, for our staff to work digitally and thus is limiting the expected returns and benefits we anticipate from our digital programme.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	It is considered that the Health Board is continuing to 'Treat' this risk as it has a number of actions it is taking forward to mitigate this risk.

Current Control Measures

Population Health Strategy – Aligns digital infrastructure with population health priorities.
Digital & Data Delivery Programme – Oversees implementation of digital initiatives and transformation projects.
IT Infrastructure Review – Ongoing assessment of infrastructure resilience, availability, and scalability.
Digital Investment Fund – Supports strategic digital projects and innovation.
Information Security, Records Management and Information Governance Policies & Improvement Programmes – Includes the Cyber Improvement Plan, Information Security Policy, and governance frameworks for AI and data protection.
Project Portfolio Board – Monitors delivery of digital projects and ensures alignment with strategic goals.
Cyber Security & Availability Board – Monthly review of threat landscape and mitigation actions.
AI Governance Framework – Endorsed by SIRO, Caldicott Guardian, and DPO; supports safe deployment of AI tools.
Digital Maturity Benchmarking – Recognition of low maturity against international standards such as HIMSS for EPR, AI, and BI; informs capability development planning.
E-Prescribing Mobilisation – Contract and project mobilisation underway.
Shared Care Record Agreements – Formalised data controllership arrangements for NHS Wales.
Non-Corporate Communication Channels Policies – Strengthens governance of informal digital communications.
Bridgend Clinical Systems Consolidation – Supports operational continuity post-disaggregation.
Patient-Centred Contact Programme – Development of digital tools to improve patient engagement and communication.
Risk-Based Management of Digital Debt – Prioritised approach to legacy systems and technical debt.
Incident Response Capability – Proven ability to manage cyber incidents without service disruption (e.g. May 2025 hostile actor compromise).
Digital Inclusion and Accessibility Workstreams – Ensures equitable access to digital services across communities.

Sources of Assurance (Internal and External)			
Reports to Operational Delivery Committee incorporating Periodic audits by Wales Audit and regular audit from Internal Audit All-Wales Information Governance Toolkit and ICO Audit Review. NIS-D Cyber Assessment Framework and Improvement Plan (CRU). Digital Programme Assurance Report covering digital and data elements of the IMTP Medical Records Assurance Report Reports to other committees Progress updates against Population Health Strategy Clinical Safety Planning, Performance & Finance			
Gaps in Controls / Assurances	**Actions taken to Mitigate Gaps**	**Intended Impact of Mitigating Actions**	**Indicators of Success (following implementation of mitigating actions)**
1. Closing the gap in Digital Literacy	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. The Head of Digital Business Change and Benefits has now started, this role will lead the development of an overarching strategy to support digital literacy. Through various programmes we are investing in a business change capability Timeframe: 2-3-year programme of work	Raising digital literacy across the Health Board and community Implementing industry standard approach to Business Change aligning with Workforce	Less calls to the IT Service desk. Easier to deploy new digital solutions.
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. Across the programmes funded by Welsh Government and the IMTP e.g. ePMA, we are working with Workforce colleagues to develop an approach to digital clinical training. Additional business change facilitators will support this activity. Interviews to be held for the new CNIO, they will be working collaboratively with the Head of Digital Business Change & Benefits to develop a strategy on developing digital clinical skills fit for today and the future.	Developing capabilities to support service change enabled by digital and data technology.	We are building our wider Digital training capability and skills facilitate training Increase confidence and capability of all our staff in the use of digital and data technology for all the workforce. Develop a clinical digital skills strategy and framework adopting national and UK best practice to ensure that our colleagues feel confident in the increased reliance of technology in their day-to-day practice.

3. 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.	Reduce risks for critical assets	Reduction in risk exposure scores across key management platforms
4. Tested and integrated cyber incident management plan	All Wales Cyber Incident Response exercise has been developed and is planned to be undertaken in September. Over the past 2 months a new patch management system and associated vulnerability management policy has been enacted, reducing our cyber threat score.	Improved response to cyber threat	Awareness and improvement to the cyber improvement
5. Develop a baseline Asset Register and product catalogue.	Architectural components (including digital applications) are being captured on the all Wales Ardoq system - a centralised repository that continuously connects and updates data about our business strategy, processes, software systems and integrations. (A digital plumbing map) The Armis passive network monitoring tool is now providing visibility and insight into what is connected to the network and contributes to the Ardoq system. A replacement to our current IT Service Management tooling (Service Point) noted in Internal Audit - CTMUHB-2324-18 - is needed to fully manage this in the most effective way.	Greater insight into digital assets Greater understanding of risk profile	Improved cyber posture
6. Poor adherence to policies	Recognised requirement for policies to balance enablement with protection and for national digital strategies to place greater value on indirect clinical risk. 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.	Standardisation of working practises and processes.	Reduction in variation in working practises and processes across CTMUHB
7. Insufficient capital and revenue resource allocation and the capacity of the skilled workforce –	Prioritise existing resources and available funding to meet the highest risk areas. We	Sufficiently sized Digital and Data function able to meet the needs of the UHB whilst enabling Digital Transformation.	Improved project and programme delivery timeframes.

exacerbated by the short-term nature of funding and seldom meets post implementation requirements.	have allocated additional revenue resources this year and a recruitment plan is forming. A list of Digital capital requirements has been created and shared with WG totalling £10.8m. There are several high value assets that will become end of life in FY25/26 and FY26/27 that were purchased in the past via end of year slippage with no currently identified funding routes for replacement. 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.		Improved user experience with BAU digital services. Reduction in number of digital incidents and problems. Faster rollout of equipment purchased via capital.
8. Immaturity of the existing Electronic Health Record, which is difficult to integrate with, does not adhere to WG data and technical standards and whose Critical supplier(s) are unable to respond to CTMUHB's requirements and ministerial priorities within defined timescales.	WG have received endorsement from DDAT to proceed with the development of a needs assessment for an EHR for Wales, which they anticipate will be ready to go to the external (private sector) market in September. A National Target Architecture review is taking place; this being led by DHCW/Channel 3/ Aire Logic. CTMUHB have been feeding into the review. Timeframe: Report by January 2026	Functionality is more enabling for clinicians and patients, meeting more of their needs and requirements. Improved system integration. Improved data integration. Flexibility in system replacement. Improvement in timescales for delivery of functionality	Improved data driven decision making. Reduction of costs for systems. Reduction of vendor lock-in.
9. 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. A draft supplier and contract management framework has been created alongside Cyber to create a tiered approach to supplier management with a variety of controls based on the tier. This is under review with Digital and Data before starting the governance approval process. 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)	Improved working relationships with critical suppliers Improvement in timescales for delivery of functionality	Improved system availability Increased productivity

10. Capacity within current team to deliver digital transformation agenda	Work with other NHS Wales partners, industry, academia and third sector organisations to improve our current digital competencies across the Health Board and our communities. Adoption of self service for basic Business Intelligence Recruitment to vacant posts. Resources required for CTMUHB to have the skills and expertise to use data and digital tools effectively- capacity and capability gaps exists when compared to other HBs and DHCW In addition to the ePMA funding the Health Board has agreed to fund the Patient Centred Contact Transformation Programme as part of the Savings Delivery Programme (SDP). This will enable us to fundamentally change the patient experience and interactions with us as a Health Board while growing our Digital and Data capabilities. Recruitment is underway across multiple disciplines within Digital & Data, however the recruitment process takes time and thus inducting new staff quickly is proving challenging, this is exacerbated by the short-term project funding for roles.	Increased capacity facilitated through various Digital programme	Working with ChangeHub to broaden understanding of transformation that is enabled via Digital. Successful delivered transformation through the implementation of digital solutions.
11. Delayed delivery of the digital patient notes programme	Resourcing required to increase activity and accelerate completion of the programme The current contract for patient record scanning (Cito) is due to expire in March 2026, the Digital Transformation (Medical Records) team are working on a new business case for consideration by the Executive Team. We are backfilling a medical records role to create more capacity on the business case. We are currently undertaking baseline assessment on current scanning demand aligned with our strategic roadmap for modular patient record capability. The business case has been drafted and under review by the Digital and Data Senior Leadership Team. Once approved this will be	Large volumes of paper are still required to be stored. Historical records are not being scanned and there for will still require accessible storage areas	Remains a key element for our digital journey / alongside reduction and removal of paper from day-to-day clinical use. The introduction of new technologies designed to reduce the creation of paper at source will overtime reduce the level of digitisation (scanning) required e.g. once ePMA is completed rolled it in estimated that this will reduce our scanning activity by 7%.The team current scan around 350k documents a month (creating 700k images).

	submitted through CTM governance for approval. Timeframe: 2-3-year programme of work.		
12. No resourced function within CTMUHB focussing on benefits realisation	As part of the funding from WG for a Mental Health Single Record the team will be employing a new Head of Digital Business Change and Benefits to take this work forward. The Head of Digital Business Change and Benefits has now started in the Digital Transformation Team. They are currently drafting a Digital Benefits Framework, accompanied with a Toolkit that will standardise how and what we measure in terms of benefits. The learning will be shared across the Digital & Data Directorate to ensure that benefits can be captured across all D&D functions.	Invest in enhancing benefits realisation capability within the Digital function – working with ChangeHub to ensure standardised approach across the wider Health Board	Improved ability to articulate, track, monitor and realise benefits of digital transformation programme
13. 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. Patient Centred Contact Transformation has continued at pace. Recruitment is now almost complete, significant progress has been made with patient engagement. The procurement documentation has been completed for the	Reduction paper-based processes – undertaking process re-engineering replacing process with automated clinical workflow. Reusable digital data to enhance decision making	Improved productivity Reduction in errors associated with paper-based records and processes

	technical solutions that are key enablers to deliver the programme benefits. Procurement should be completed during Q3 of 25/26. Timeframe: 2-3-year programme of work.		
14. Recruitment challenges due to short term funding allocations leading to an increased use of 3rd party contractors and fixed term contract 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/Local Programmes.	Adequate resourcing pool within Digital and Data	Reduction in contingent staff costs
15. CTMUHB lack the Digital and Data assets and capabilities to enable the move of clinical services to the community and closer to home, which underpin ACSP.	Business case for the Mental Health EHR has been approved and funded. Options appraisals need to be undertaken for digitising the community services, running virtual care service, seamless integration of data and enabling more seamless care.	Transformational shift to integrated health and care services between the UHB and the and enhanced community care capacity across the system.	Reduction in ambulance transfer Reduction in length of stay Admission avoidance Improved patient experience and flow
16. Challenges with National Programmes and interdependencies on CTMUHB digital programmes.	The Digital and Data IMTP submission has now been approved, this includes funding to engage a strategic partner to support and develop our digital and data strategic roadmap, and a procurement activity is underway. The Ministerial Advisory Group (MAG) report has now been published which highlights challenges with Digital Transformation across NHS Wales, the UHB is analysing the detail of the report.	Speed up delivery of digital transformation. Improved utilisation of cutting-edge clinical technologies e.g. AI. Improved digital maturity as measured against the HIMSS Electronic Medical Record Adoption Model. (CTMUHB is currently at stage 0).	Improved operational performance and productivity. E.g. better electronic test requesting, better waiting-list management and referral management. Improved patient access to clinical services. Enabling staff to deliver high quality care.

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

Electronic Prescribing (ePMA) - Planned go-live during November 2025 in Princess of Wales in Bridgend. **Implementation Timescale:** November 2025 and throughout 2026

NHS Wales APP -A Ministerial priority in October 2025 was deploy referral information in the NHS Wales App. This has been delivered.

Medical Records & Patient Contact Services Operations - The demand on the operational service remains high, with a high turnover of staff impacting our capability to deliver the current increased demand.

Llantrisant Health Park (LHP) Digital Workstream - A new LHP Digital Workstream has now been stood up to the support the programme. A Digital by Design narrative have been developed for the Business Case.

Mental Health Procurement - The evaluation has been completed and we are awaiting the final procurement outcome report. A newly appointed Programme Manager and the established Project Manager are undertaking site visits and have started a baseline assessment.

Radiology - The implementation of the Radiology Information System Programme is progressing to plan.

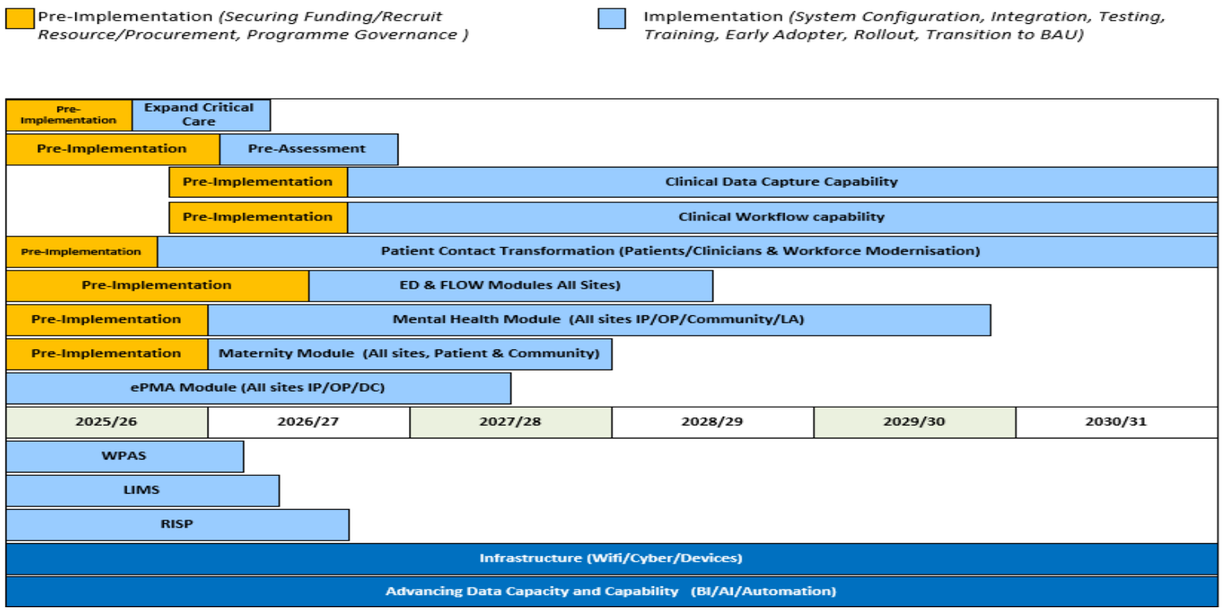
Pathology - The programme has shifted from a Health Board Go Live to a per-discipline Go Live approach. Each discipline has been assigned a tranche (Tx) and deployment order. The programme will not be completed by March 2026, with 542 severe 1 and 2 defects still open. The deployment timelines for tranches T3 and T4 have not been scheduled to meet the March 2026 deadline. Blood Transfusion (BT) is likely to be implemented in 2026/2027, after Microbiology and Blood Sciences.

Clinical Coding - is currently undergoing Service Change as we upskill our team to meet the requirement of Artificial Intelligence (AI) and digitised ways of working. In the first phase we are seeking to train 4 of the 7 Support Staff to qualify as clinical coders. Coding performance is presently at 81% compared with the Welsh Government target of 95%. This is attributable to needing to prioritise the data science resource away from maintaining the Auto coder to focus on ePMA integration. As a consequence, we are having to manually code all FCE until capacity is released from supporting the EPMA and 6 goals programmes. We are currently at 95% for the first quarter (April-June) and predict we will hit the 95% coded completion for the second quarter by December 2025.

AI Development and Strategy - Infrastructure is being developed which will enable services to use Large Language Models (LLMs) for clinical care support in a manner that is secure and lawful. Alongside this expertise has been sourced with the intention of assisting services gaining the requisite Medicines & Healthcare products Regulatory Agency (MHRA) approvals for 'software as a medical device'. This should enable innovators across the UHB develop and test their applications in a performant and secure sandbox environment.

Six Goals - Work on the digitised and fully interoperable Emergency Department huddle has progressed to the stage of User acceptance testing, with early feedback again being positive.

High-Level Work Plan is outlined below:



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

Critical incidents under NIS-D: - A problem with the cooling systems in the DHCW CDC National Data centre resulting in Welsh Clinical Portal (WCP) and Welsh Patient Administration Services being affected resulting in service downtime. This was reported 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
~~6102~~	~~Patient pathways - working in two WPAS instances.~~ Risk de-escalated on the November 2025 iteration of the Organisational Risk Register	~~20~~
5226	Risk of damage to records and equipment due to leaking roof in the Williamstown Records Hub. Escalated to the Organisational Risk Register March 2025. Risk de-escalated from the Organisational Risk Register in May 2025.	20
4671	NHS Computer Network Infrastructure unable to meet demand	16
~~2795~~	~~EUC: Unsupported Windows 10 Desktop Operating Systems.~~ Risk de-escalated on the November 2025 iteration of the Organisational Risk Register	~~16~~
6039	Increased cost of VMWare Licensing.	16
6372	Cost escalation risk – Microsoft Enterprise Agreement renewal. New risk escalated in October 2025.	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(s)			Risk score 16
Improving Care Delivering safe and compassionate care. Developing new models of care. Digital transformation for patients and staff Ensuring timely access to care		Sustaining our Future Becoming a green organisation Ensuring our Services financial sustainability Embedding value-based healthcare Ensuring our estate is fit for the future	
Strategic Risk: Ability to maintain a safe and fit for purpose estate infrastructure – (Risk No. 6)			
If: CTMUHB does not have enough capacity and/or resource to be able to deliver and maintain a safe and fit for purpose estate.	*Then:* there is a risk that it may not be able to maintain an estates infrastructure that keeps services functioning, meets statutory compliance regulations and provide enhancements / improvements for patient care and staff wellbeing for now and the future.	*Resulting in:* An inability to deliver its services efficiently and effectively Poor environment and experience for patients and staff Infrastructure problems Unable to replace failing/ageing equipment Business continuity problems Poor Estate compliance Regulatory Compliance issues Lack of digitally enabled facilities High carbon footprint Loss of services and productivity Increased backlog maintenance	

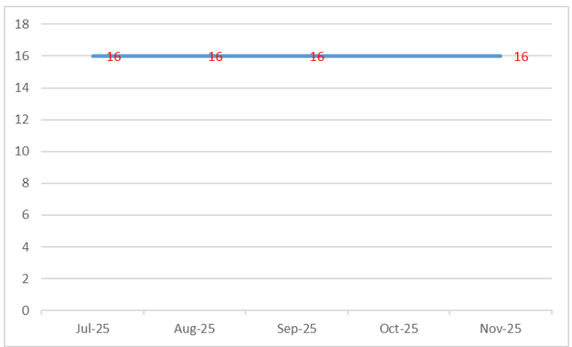
Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee

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

Risk Score Trend this Period:

No changes to risk score this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	A score of 16 has been calculated using the Risk Scoring Matrix and the 'Environment and Estate Infrastructure" Domain. Due to the pace of which mitigations will be realised the risk score has been reviewed and remains unchanged.

	Risk reviewed in November 2025, due to this period in the financial year it is recognised that currently there is limited movement in available capital and therefore additional improvements and investments in infrastructure is limited.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	Whilst recognising the challenges outlined in this risk the health board is continuing to Treat this risk, however, pace of change is not at the desired rate and there are elements where the risk will need to be Tolerated.

Current Control Measures

Prioritisation of Estate Activity based on risk-based decision making.
Pursue all capital funding options from Welsh Government to address backlog maintenance and statutory compliance such as:
- Applications to the Targeted Estates Fund (TEF) to access funding under the infrastructure monies.
- Applications to the All Wales Capital Programme on an annual basis.
- Discretionary Capital

Maximise current revenue allocations, optimised for statutory compliance and risk priorities.
Maintenance Programme established managed via the Planet Facilities Management System (Planned and Reactive Maintenance Jobs).
In 2024-2025 the estates' operational function was digitised, the estates operatives were provided with mobile devices so that they are now able to work in real time, this has helped to maintain performance despite the staff shortages.
CTMUHB has the highest capital allocation in 2025-2026 than any other Health Board in NHS Wales. However, this still does not mitigate all the gaps in controls and the resulting impact of this risk.

Sources of Assurance (Internal and External)

Internal
Regular monitoring through CTMUHB'S Executive Capital Management Group.
Capital Scheme Delivery Programme.
Annual Estates and Energy Performance Report received at the Operational Delivery Committee (and Planning, Performance and Estates Committee prior to that Committee being disbanded)
Routine performance reports submitted quarterly to the Estates and Capital Governance Board and monthly at the Estates Operational Management Team meetings.
Escalation of risks through the Capital and Estates Risk Escalation Group.
Comprehensive internal audit programme.

External
NHS Shared Services Partnership- Specialist Estate Services (NWSSP–SES) have collected Estates and Performance Monitoring system data (EFPMS) on behalf of Welsh Government.
ISO 14001 Certification – Environmental Management achieved.
Regular reporting and monitoring with Welsh Government.
Comprehensive external audit programme.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. National Skills shortage in Estates Roles *(Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) results in staffing challenges to deliver the estates functions.*	The Estates Directorate have engaged CTMUHB's Organisational Development department to see what can be done to reverse this recruitment and retention trend. Concerns have been raised at a national level. Meeting scheduled with the People Directorates Attraction and Retention Lead to explore potential options to mitigate this risk. Two meetings have been undertaken with the People Directorate and the Estates Team are exploring various other recruitment opportunities / campaigns i.e. colleges, universities, various advertising	Competitor in the market. Successful recruitment to roles when advertised	Full establishment and retention of Estates Workforce. Estates Maintenance performance activity will demonstrate an improvement.

	platforms. This is very early stages in the development, anticipate some improvement in the next quarter.		
2. Increasing Backlog Maintenance position.	Secured Targeted Estates Funding (TEF) Proactive in securing additional funding from Welsh Government when available.	Reduced backlog maintenance	Targeted schemes delivered Improved patient environment Reduced estate risks.
3. Secure Funding to deliver Capital Schemes	Various business cases in development for example, Phase 3 Prince Charles Hospital, Llantrisant Health Park and Maesteg etc, all of which are ongoing schemes.	Reduction in backlog maintenance and lifting of Fire Enforcement Notice.	Funding secured to deliver the project
4. Deliver schemes within a live environment	Dialogue with service leads. Secure decant where appropriate.	Minimal impact on service whilst project is delivered.	Business continuity is maintained whilst the project is delivered.

Linked National Priority Measures

Energy and Environmental Targets as listed in the CTMUHB Decarbonisation Action Plan (DAP).
Deliver the Capital programme within the agreed Capital Resource Limit (CRL).

Current Performance Highlights

Please refer to the Estates Performance Report submitted to the Operational Delivery Committee in April 2025 available here: 29 April 2025 - Cwm Taf Morgannwg University Health Board
The next submission will be shared with the Operational Delivery Committee when available.

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

Associated Risks escalated to the Organisational Risk Register

6234	National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.	16
6235	Insufficient funding to address backlog maintenance across the estate.	16
6379	CT Scanners at RGH damaged by power outage and manual generator/UPS switch over. New risk escalated October 2025.	16

Strategic Goal(s):		Risk score 16
Creating Health Reducing health inequalities Equal focus on mental and physical health Supporting our communities Being a healthy organisation	Sustaining our Future Becoming a green organisation Ensuring our Services financial sustainability Embedding value-based healthcare Ensuring our estate is fit for the future	

Strategic Risk: Fulfilling our Environmental and Social Duties and ambitions (Risk No.7)		
If the Health Board's decisions fail to reflect our values or consider the long-term environmental or social impact	*Then* we will not fulfil our Socio-economic duty, our statutory emission reduction targets, our Wellbeing of Future Generations objectives and our value-based healthcare principles	*Resulting in* negative environmental and social impacts, and loss of trust and confidence among stakeholders

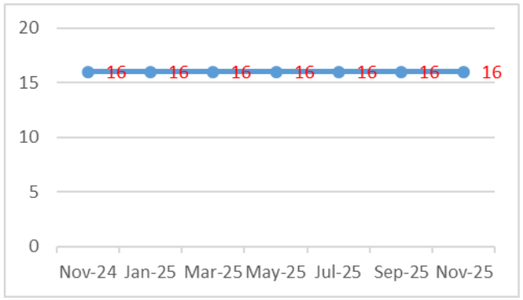
Risk Lead	Executive Director of Strategy and Transformation	Assurance committee	Strategic Development Committee

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce and financial capacity constraints, which limits the available investment into the environmental infrastructure.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section particularly around the Climate Adaption Plan.

Current Control Measures

Building Healthier Communities
The Building Healthier Communities Steering Group aims to support delivery of the Socio-Economic Duty - for example, procurement, foundational economy, employability, probation.

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.

Socio-economic duties are also considered as part of the controls and impact captured within the following Strategic Risks St 8, St 3 and St 4.

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
Waste management – elimination of landfill for foodstuffs
Use of less environmentally impactful anaesthetic gases
Workshop delivered to Board Members in 2025.
Decarbonisation Action Plan in place.
Adaptation risks and plan being developed to address some of the challenges we may face
Appointed a full-time permanent Sustainability Manager

Public Services Board Climate Change Action Group (Director Level) being established in 2025.
The Targeted Estates Fund (TEF) application for "Whole CTMUHB- Decommissioning of nitrous oxide plus gas capture" has been awarded. The next steps are for the Capital Department to assign a project manager to oversee the works. The project is scheduled for the 2025-2026 financial year.

Innovation Activity – Sustainability Manager exploring opportunities around innovation and sustainability.

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
Building Healthier Communities Steering Group
Healthy Housing Alliance

Environmental Sustainability – Net Zero

Environmental Sustainability Annual Report
ISO 14001 (Certified Environmental Management System) accreditation
NWSSP Internal Audit Services – Decarbonisation (Follow Up) Internal Audit Review.

Board / Committee Assurance mechanisms

The Decarbonisation Strategy updates are assigned to the Strategic Development Committee for reporting and assurance / scrutiny purposes. At the Committee meeting in October 2025 a detailed report on the Decarbonisation Action Plan was presented.

Independent Assurance

NWSSP Internal Audit Services review of Decarbonisation Action Plan delivery has been undertaken. 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. Copy of the report available upon request from the Corporate Governance Team.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Climate Adaptation Plan. Plan to be produced in line with national deadline of April 2026.	Board sessions have been presented to the board to increase awareness and knowledge. The PSB have developed a CCRA for the region. Climate Action requirements are being required and risks developed in line with WG policy.	The intended impact of this mitigation is to better enable the future sustainability of the services provided by CTMUHB in response to the current and expected impacts of climate change.	Long term success indicators due to the nature of the risk.
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.	Procurement processes always consider the carbon impact as part of the decision-making process.	Reduction in carbon footprint associated with procurement processes over the medium to long term.
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.	Tackling inequality is a focus of decision making.	Long term success indicators due to the nature of the risk.
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. Working alongside community partners to access identify and access opportunities for community support. Ongoing.	Impact of cost of living rises are reduced where possible.	Long term success indicators due to the nature of the risk.
5. Access to capital opportunities needed to deliver decarbonisation plan is limited	Decarb action plan currently being costed. Access to alternative funding streams utilised when appropriate	Capital works set out within the decarbonisation action plan are completed when funding is secured.	Long term success indicators due to the nature of the risk.
6. There are organisational policies which will be required (i.e. building and estates strategic plan) to feed into the decarbonisation programme	This has been flagged as a risk; however, policies will be managed under alternative programmes.	Through flagging these risk the aim is to influence the development of plans which impact on the decarbonisation programme.	Long term success indicators due to the nature of the risk.

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

The Welsh Government Energy Service are developing the next iteration of the strategic delivery plan which will outline the high-level actions for decarbonisation within the NHS.

Wellbeing of Future Generations Act

A More Equal Wales – Socio Economic Duty

Current Performance Highlights

Decarbonisation Reporting has taken place of the course of the year.

Annual Carbon Emissions report. Data has been reported for Carbon Emissions and submitted to Welsh Government in September 2025.

The annual CTMUHB Annual Report & Accounts has captured the objectives and progress of embedding the Wellbeing for Future Generations Act (WBFGA).
CTMUHB won 2 NHS Wales Sustainability awards and was shortlisted for several others. Significant funding was secured through SBRI and SFIS programmes developing solutions to waste sustainability challenges.

All 3 of the ED's across the organisation have achieved Bronze GreenED accredited status.

The Solar Panel Installation at Coed Ely Solar Farm is nearing completion. The farm will help lower CTMUHB's emissions as it will receive 1MW of low-carbon power through an innovative power purchase agreement. The Coed Ely Solar Farm will provide enough energy to power approximately 8,000 homes annually while supplying low-carbon electricity directly to the Royal Glamorgan Hospital via a private wire network spanning three kilometres. This innovative approach ensures that up to 15% of the hospital's annual electricity demand is met sustainably rising to 100% on peak summer days.

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.	16

Strategic Goal(s):			Risk score 20
Creating Health Reducing health inequalities Equal focus on mental and physical health Supporting our communities Being a healthy organisation		Sustaining our Future Becoming a green organisation Ensuring our Services financial sustainability Embedding value-based healthcare Ensuring our estate is fit for the future	
Strategic Risk: Prevention and early Intervention to support Healthy Life Expectancy (Risk No.8)			
If CTMUHB does not effectively shift its services to prevention and early intervention and engage the population to improve their health	*Then* 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. We will also fail to improve healthy life expectancy and reduce inequalities in healthy life expectancy		*Resulting in* poorer health outcomes, greater inequalities and an unsustainable health service.

Risk Lead	Executive Director of Public Health	Assurance committee	Strategic Development Committee

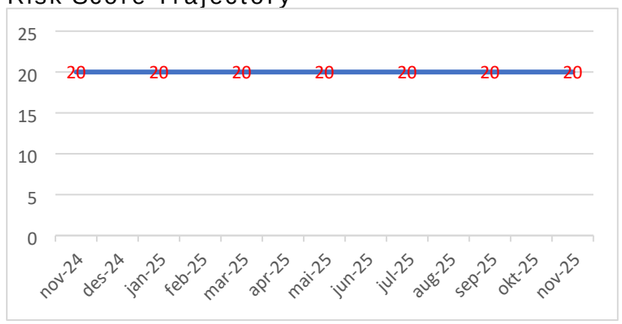
	Consequence	Likelihood	Score
Initial	5	4	20
Current	5	4	20
Target	4*	2	8
Risk Appetite	Cautious *(quality and safety; trust and confidence; legal and regulatory)*		

Risk Score Trend this Period:

*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.

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	The risk score has remained unchanged. Some mitigations have been slow to implement and have impacted the speed at which the trajectory will change, For example: o Ongoing delays to the funding of the children's weight management service, the opportunity to influence weight and subsequent risk of diabetes and other comorbidities is limited. o Delays in recruitment of Public Health (PH) posts presents challenges in delivering PH interventions such as Income maximisation work for at risk groups ahead of winter Whilst not inevitable, the current trajectory indicates increasing health risks reduced healthy life expectancy and widening inequalities.

	CTM has a higher percentage of more deprived areas than other Health Board areas in Wales, with 56.5% of the population in CTM are living in the two most deprived fifths in Wales (WIMD, 2019). Linked to this, CTM lags behind the national average in healthy lifestyle behaviours and health outcomes and growth in healthcare demand may be higher than in the rest of Wales. In CTM, the population is ageing; by 2040, a significant (20%) increase is projected in the number of people aged 65+, with the most significant (48%) increase in those aged 85+.The number of people with chronic diseases including cardiovascular diseases, respiratory diseases, diabetes and rheumatoid arthritis is also projected to increase significantly in the next 5 years therefore placing increased demand on services and health board budgets Capacity to support a prevention and population health approach continues to be a challenge linked to short term funding for prevention activities in public health and competing priorities for existing resources across the health board. If CTMUHB is going to deliver a sustainable service for our population and meet our obligations under the wellbeing goals of the WBFGA (A more equal Wales, A healthier Wales) then a shift of resources and services to prevention and early intervention will be needed to effectively engage the population to improve their health.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk will be treated and managed through programmes of primary, secondary and tertiary prevention across the health board, as well as in partnership with system partners to influence the wider determinants of health.

Current Control Measures
Strategies & Plans Welsh Government strategies/ plans: “Healthier Wales”, “Healthy Weight Healthy Wales”, “Smoke Free Wales”. CTM 2030 Strategy – ‘Our Health Our Future’ Work programme set out in ‘Becoming a Population Health Organisation: a discussion and options paper for Board’, May 2021, updated November 2022. Public Service Board – Well Being Plans. Creating Health delivery plan approved. CTM Health Protection Strategy drafted and approved. Development of Acute Clinical Service Plan (ACSP). Business case developed as part of IMTP process for child weight management but not yet approved Engagement Forums CTM Creating Health Portfolio Board Regional Partnership Board Public Service Board Area Partnership Board CTM2030 Leaders Groups Strategy Groups: Born Well, Growing Well, Living Well, Ageing Well and Dying Well Engagement with community groups by Lead Independent Members meetings with the three local authorities Accelerated Cluster Development Programme Board – engagement across Primary Care Health and Social Care Integration Board Forum with local authority Chief Executives to address health inequalities. CTM Health Protection Board Welsh Government Health protection Operational and Resilience Group Needs Assessment & Consultation Processes

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

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

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

Sources of Assurance (Internal and External)

Wellbeing and socio-economic duties
Wellbeing Statement accompanying Annual Plan
Progress reports against the Annual Plan

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

Reports to Population Health & Partnerships Committee
Population Health Management Programme
Health Protection Programme
Vaccination Programme Reports
Regional Partnership Board Annual Report
Transformation Fund and Leadership Board Updates
Mental Health Strategic Update
ACSP updates provided to the Committee.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Delay in developing health protection / immunisation capacity	Recurrent funding for 24/25 onwards now secured. Increase in allocation of £1.06ms, however, total allocation remains below the Welsh “Fair Shares value”. All Hazards Health Protection plan signed off for implementation. Development of a HP strategy and associated priorities. Scoping exercise to follow to identify any continuing gaps in HP provision against the budget allocated for 2025-2026.	The funding for Health Protection would be sufficient to deliver all key priorities in the Health Protection strategic plan.	Priority areas allocated identified and fully funded Any residual gaps in funding the strategic plan identified An uplift in funding to a sufficient level to enable full delivery of the Health Protection strategic plan.
2. Strategic Focus on prevention/ inequalities	CTM2030 strategy; Creating Health Portfolio board	Decreased variation in access and outcomes across the population of CTM.	Delivery of the outcomes associated with the Health Protection strategic plan

	Creating Health Delivery Plan drafted in Q4 2023/24. Health Protection Strategy. Vaccine equity strategy	Increased prevention activities will avoid harm and reduce the financial burden of chronic disease.	Delivery of the milestones in the Creating Health Delivery Plan Measurable improvement in the difference in outcomes between least and most deprived as measured in the creating health dashboard Measurable increase in investment in prevention activities/programmes across the Health Board.
3. 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.	The use of Population Health Management (PHM) data to inform strategic planning and operational delivery maximised.	PHM priorities defined as part of the Local Public Health Team portfolio. A clearly defined strategic plan for the delivery of PHM in CTM. A robustly resourced PHM function in CTM.
4. 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	Decreased variation in access and outcomes across the population of CTM Increased focus and alignment of resources to meet the needs of vulnerable groups	Measurable improvements in outcomes for vulnerable groups. Less variation in access and outcomes across the CTM population. Improvement in outcomes associated with the Vaccine Equity Plan. Delivery of outcomes associated with vulnerable groups highlighted in the HP Strategic plan. Measurable improvement in the difference in outcomes between least and most deprived as measured in the creating health dashboard.
5. Coherent prevention (primary, secondary, tertiary) for high burden diseases such as; diabetes, cardiovascular disease, etc	Partnership work underway with PHW to address diabetes, with links to CVD, MSK etc. A business case submitted as part of the IMTP to fund a children's weight management service	Consistency and alignment with national programmes of work focussed on prevention and the burden of chronic disease. Clearly defined primary, secondary and tertiary CTM prevention programmes where appropriate. Resources moving into prevention strategies	CTM representation at all relevant partnership boards and programmes of work. Chronic Disease Risk Reduction as a programme of work in the Local Public Health Team portfolio Improvement in outcomes for patients with chronic disease A funded child weight management service agreed A funded child weight management service in place
6. Ability to influence wider system partners/ determinants of health	Engagement in partnership fora (RPB, PSB, Leaders groups)	Improved collaboration and partnerships to adopt a whole system approach to impact wider determinants of health for the CTM population.	CTM representation at all relevant partnership boards and programmes of work.

			Collaborative projects delivered in partnership influence wider determinants.

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

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
6179	High and increasing prevalence of overweight and obesity in children and adults	20

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

Strategic Risk: Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG) – (Risk No.9)

If the Health Board fails to deliver and sustain an approved Integrated Medium-Term 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 the planned break-even position for 2025-2026.~~	*Resulting in* ~~inability to fund planned improvements and new services and increased regulatory scrutiny and enforcement.~~ Breach of statutory duties, application of the escalation framework by Welsh Government, trust and confidence in the Health Board (reputational impact).

Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee

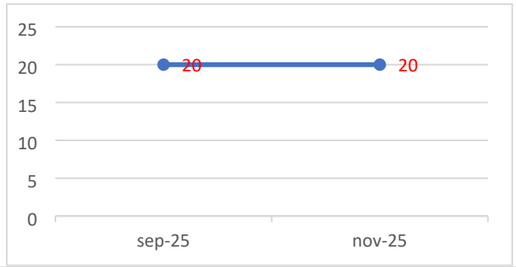
The development of this new strategic risk will follow in the September iteration of the Board Assurance Framework Report.

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	The Health Board has submitted a balanced financial plan for 25/26 but this plan includes significant risks, including the delivery of £31.3m of efficiency savings together with anticipated allocation risks. The Month 6 YTD position was a £4.3m deficit with a savings shortfall of £7.4m. WG have confirmed allocations for national insurance changes and 24/25 pay awards, these have both been lower than anticipated resulting in a unplanned £3.8m in year cost pressure and £5.1m recurrently. There remains a significant level of mitigating actions to be able to achieve the forecast break even position and remain within the revenue resource limit. The latest assessment of the recurrent forecast indicates a deterioration from a planned £1.7m surplus to a £4.2m deficit, again with a significant number of anticipated mitigations to deliver along with managing the material level of current year risks in order to maintain this forecast. Following the publication of the Welsh Government draft budget, the financial outlook for 2026/27 looks very challenging with potential of flat cash settlement.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	The financial plan highlights a number of significant risks for in year and beyond. This risk will therefore be *treated* until there is confidence that the Health Board can achieve the planned break-even position.

Current Control Measures
Financial Management Financial Accountability letters issued by CEO. Budget setting process and Budgetary control Standing Financial Instructions Scheme of Reservation & Delegation Local Counter-Fraud Service Monthly financial performance reviews for Care Groups and corporate directorates
Sources of Assurance (Internal and External)
Financial Management Annual Report and Accounts Monthly Finance Reports Monitoring Returns to Welsh Government Internal Audit Programme External Audit Programme Losses and Special Payments Report to Audit & Risk Committee

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Understanding of budgetary control and procurement processes in some services	Deliver budget holder training within Care Groups/Directorates – *Ongoing throughout 2025-2026.* Deliver procurement training to departments where compliance with procurement processes is low - *Ongoing throughout 2025-2026.*	Budget holders, through regular training, will be better informed in terms of process and best practice. Greater focus on compliance. Informed decision making through confidence gained through training and experience.	Improved Budget Management. Budget holders will have a clearer understanding of their roles and responsibilities and will be equipped to deliver effective and efficient financial management and accountability.
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 26/27. 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.	A programmatic approach will support consistency and will help in clearly defining roles, responsibilities, and deliverables. Shared learning across directorates will identify areas of best practice and what has worked well.	Improved financial resilience and sustainability.

Linked National Priority Measures
1. YTD position 2. Savings plan position
Current Performance Highlights
• The M6 YTD position was a £4.3m deficit. • WG have confirmed allocations for national insurance changes and 24/25 pay awards, these have both been lower than anticipated resulting in an unplanned £3.8m cost pressure. • There remains a significant level of mitigating actions to be able to achieve the forecast break even position and remain within the revenue resource limit.

Were there any significant incidents affecting this strategic Risk this period:		
WG not fully funding National Insurance Changes and 2024/25 pay awards has resulted in an unplanned £3.8m cost pressure, in addition NWSSP have indicated a potential £6.1m risk to the Welsh Risk Pool contribution for 2025/26 in addition to the £1.5m already provided within the IMTP.		
Associated Risks escalated to the Organisational Risk Register		
6239	Failure to reduce the £7.8m recurrent deficit at the start of 25/26 down to the planned £1.7m recurrent surplus at the end of 25/26	20
6240	Failure to achieve the planned break-even position in 2025/26.	20

Strategic Goal(s)			Risk score
Improving Care Delivering safe and compassionate care Developing new models of care Digital transformation for patients and staff Ensuring timely access to care		Sustaining Our Future Becoming a green organisation Ensuring our Services financial sustainability Embedding value-based healthcare Ensuring our estate is fit for the future	16

Strategic Risk: Ability to develop a fit for the future estate to reflect our future clinical service model – (Risk No.10)

If CTMUHB is unable to invest in its estate so its fit for future.	*Then* there is a risk that CTMUHB may not be able to deliver the required enhancements / improvements to support patient care and staff wellbeing for the future and to align with the strategic vision and ambitions.	*Resulting in* Being unable to deliver its services efficiently and effectively in the right place with the right provision at the right time in modern and fit for purpose healthcare facilities Impact on environment for patients and staff Future site development plans may not be fit for purpose Less ability to ascertain NHS capital or alternative financial support for the future development of its sites Lack of digitally enabled facilities High carbon footprint

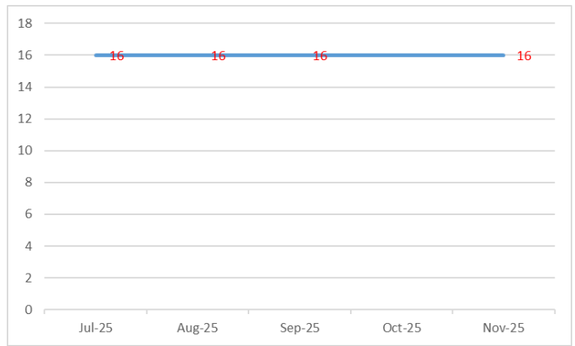
Risk Lead	Executive Director of Finance	Assurance committee	Strategic Development Committee

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	A score of 16 has been calculated using the Risk Scoring Matrix and the 'Environment and Estate Infrastructure" Domain. Due to the pace of which mitigations will be realised the risk score has been reviewed and remains unchanged. Risk score reviewed in November 2025 and no changes made. The Strategic Clinical Services Plan is still being developed. Funding for the estate is based on the highest risk factor and therefore funding allocations are based on informed risk-based decision making.

Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	Whilst recognising the challenges outlined in this risk the health board is continuing to Treat this risk, however, pace of change is not at the desired rate and there are elements where the risk will need to be Tolerated.

Current Control Measures

The Health Board will continue to seek all opportunities for WG funding such as Targeted Estates funding (TEF) to address high priority backlog issues.

Sources of Assurance (Internal and External)

Internal
- Regular monitoring through CTMUHB'S Capital Programme Board.
- Capital Scheme Delivery Programme
- Project Boards established for specific capital schemes.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Estate strategy to be developed on completion of the Clinical Service Strategy.	Delivering against IMTP priorities in the interim.	Fit for purpose Estate	Service delivery outcomes met.
2. Enough Funding to deliver Capital Schemes.	Delivering against IMTP priorities in the interim.	Fit for purpose Estate	Service delivery outcomes met.

Linked National Priority Measures

Current Performance Highlights

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

Associated Risks escalated to the Organisational Risk Register

6234	National skills shortage in Estates Roles (Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market) resulting in recruitment and retention challenges throughout the department.	16
6235	Insufficient funding to address backlog maintenance across the estate.	16

Strategic Goal(s)						Risk score
	Improving Care Delivering safe and compassionate care Developing new models of care Digital transformation for patients and staff Ensuring timely access to care		Sustaining Our Future Becoming a green organisation Ensuring our Services financial sustainability Embedding value-based healthcare Ensuring our estate is fit for the future		Creating Health Reducing health inequalities Equal focus on mental and physical health Supporting our communities Being a healthy organisation	16

Strategic Risk: Delivery of an Integrated Care Model (Risk No.11)		
If CTMUHB is unable to develop and deliver an integrated care model - both within the NHS and with wider social care and Third Sector partners - that is community based, proactive and which achieves greater continuity and coordination of care.	*Then there will be:* A lack of collective responsibility for planning services, improving health and reducing inequalities in the population served; Failure to wrap around robust community services which are responsive to patient needs around the GP practice teams; A negative impact on Primary Care teams and demand for services resulting in instability of Primary Care services; A negative impact on productivity and value for money; and Limited support to broader social and economic development.	*Resulting In:* CTMUHB being unable to improve outcomes and reduce health inequalities for its population and therefore failure to deliver the objectives set out in CTM 2030.

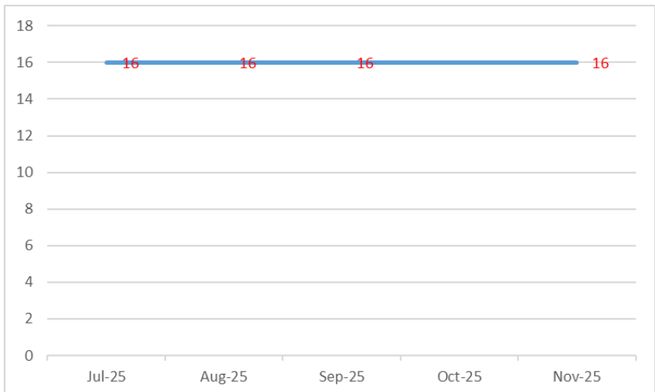
Risk Lead	Chief Operating Officer	Assurance committee	Strategic Development Committee

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

Risk Score Trend this Period:

No change to risk scores this period.

Risk Score Trajectory



Rationale for assessment of risk score: *Including where risk score remains unchanged and for any changes*	The current score remains unchanged, although there has been progress with control measures.
Risk Treatment Assessment *i.e. Treat, Tolerate, Transfer etc.*	This risk will be treated and managed through transformation programmes across CTMUHB and in regional programmes with system partners

Current Control Measures

The Integrated Community Care System Program – which focuses on older people, people living with frailty and their carers. Work plan and milestones have been agreed. A Regional Partnership (Section 33) Agreement has just been signed off by CTMUHB and the three local authorities.

Commissioned National Association of Primary Care to work with key stakeholders to develop a clear model for delivery.
Established Primary Care & Community Transformation Board with high Executive leadership.
Strengthening cluster clinical leadership capacity to help inform, influence and engage others on future models.
Continuously reviewing leadership capacity in Primary Care and Community Care Group.
Reviewing Locality delivery options and governance as complex regional landscape.

Primary and Community Care Transformation Programme established. Its main purpose is to establish a sustainable model for primary and community care that underpins the future model of care across the Cwm Taf Morgannwg region and align with the Acute Clinical Services Plan (ACSP). The scope includes:

- General Medical Services
- Community Pharmacy
- Community Services.

Alignment and integration opportunities will be explored in relation to mental health and substance misuse services, children's and families' services as the work matures.

Undertake comprehensive listening exercise to understand the issues to inform the improvement programmes.

CTM Regional Partnership – Local Authority, NHS and Third Sector leadership meeting bi-monthly. Regional Integration Fund (RIF) allocation supports regional working initiatives, including integrated care. Regional Partnership oversees production of Needs Assessment and Care Sector Market Stability Report. Establishment of a number of Boards/Working Groups to deliver against needs assessment.

Integrated Leadership Board – Senior level board underpinning the CTM Regional Partnership, established to provide integrated Executive-level leadership across health and social care across the region.

Partnership Leadership Team – established with Local Authority and NHS representation to spot challenges and progress opportunities across the partnership – meets monthly.

Implementation of the National Single Point of Access (SPOA) Framework as directed by the National 6 Goals Framework informing the Primary Care Transformation Programme.

Connectivity and alignment of this programme with other programmes such as Frailty Board, 6 Goals is a key remit of the Integrated Care Board.

The 3Ps programme is supporting people to make informed decisions about their health care, supporting them to manage their health while waiting for treatment. This work is being taken forward via a partnership approach in CTM, including the Community Voluntary Councils.

Sources of Assurance (Internal and External)

Reports
- Integrated Performance Report
- Regional Partnership and Integrated Leadership Board – highlight reports
- Strategic Development Committee reports
- Regional Integration Fund reports

Board and Committee Assurance
The Board and the Strategic Development Committee are provided with updates on the developments with regards the Integrated Care Model as required within their respective cycles of business.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
Data and digital solutions will be needed alongside strategic ambitions	Scoping for new community care digital record which is integrated with GP practices and interface with social care	The use of joined up data across local health and care partners and techniques like can offer deeper insight into the holistic needs of the	Integrated records and data sharing agreements in place

		different population groups and the drivers of health inequalities.	
Evidence base for alternative delivery models for practices	Commissioned to address gap Exploring stage and taking lessons learn from previous directly managed practices and different models across the UK	To support sustainability of GP practices and support robust primary care services	Financially viable practices across the CTM footprint who are innovative and forward thinking in the delivery of care A Strategic plan for primary and community services
There is more to do to 'think and act as a single system'. This aim runs counter to traditional funding, planning and regulatory systems. A Healthier Wales is a clear strategy, but a more enabling national delivery framework would assist.	Regional Partnership Agreement (RPA) established to improve joint-decision making and integrated service models. Workforce and Digital leads to be convened to support progress.	To create more of a single system approach.	The outcomes and performance framework in the RPA contain leading measures which will indicate if we are chancing the shape of our system to get better results.
Achieving a sufficiency of social care provision is essential. We need to build on our initial steps and develop a strategic commissioning approach for example for care home places. The re-setting of Joint Partnership Boards as county-level planning and doing fora is critical to effective delivery though local integrated teams.	JPBs being reset through the Primary and Community Care Transformation Program.	Shared space for decision making and constructive challenge.	Primary care transformation programme Joint working with local authority and regional development of integrated approach
Necessary prioritisation of internal transformation activity within the health board has knocked onto the planned timeline for structural integration.	Continued discussion with partner agencies and reprofiling/reassignment of action owners within the integration plan.	Greater internal coherence in terms CTMUHB transformation and reworked for programme for next steps on structural integration.	Greater confidence in CTMUHB's ability to deliver the programme.
~~There has recently been a turnover of staff in key senior roles in each of the four statutory organisations. Attention needs to be given to maintaining and further developing a 'once for CTM' culture as new post-holders arrive.~~	~~Role for the regional partnership in 'inducting' new colleagues into our way of working.~~	~~More collaboration and joint decision making.~~	~~Self-assessment of the quality of partnership working.~~ This action has been proposed for closure as no longer considered to be a gap in control.

Linked National Priority Measures

Ministerial Priorities

- Timely access to care
- Population health and prevention
- Building community capacity
- 6 Goals for Urgent and Emergency Care

Current Performance Highlights

Focus has been on integrating health services within the Rhondda Cynon Taf (RCT) and Merthyr Tydfil localities as they are separate services at present. Commenced Organisational Change Process August 2025 to integrate health services in the first instance to create intermediate care services to prevent patients from entering acute hospitals where not appropriate and supporting discharge.
Focus on the development of the Navigation Hub for admission avoidance, e.g. virtual ward for Same Day Emergency Care and Respiratory; oversight of the Wales Ambulance Service Trust stack to intervene where patients can be triaged and signposted to Primary Care and Community; Care Home intervention service (87% success rate); and also falls service in collaboration with RCT Local Authority.
Series of engagement & learning events taken place with GPs. Summary of key actions has been included in a communication newsletter to Primary Care.
Mapping exercise of all the community services.
Action plan devised by NAPC together with the leadership team and present and agree priorities and infrastructure at the next Primary and Community Care Board.
CTM Regional Partnership has defined a target model an Integrated Community Care System (ICCS) for our older population. An implementation plan, program delivery team and clear governance route is in place.
Regional Partnership structures provide the main governance fora for integration with social care. There are generally good working relationships and there have been successes for example in retendering domiciliary care in RCT aligned to D2RA pathways.
A Regional Partnership (Section 33) agreement signed by CTMUHB and the three Local Authorities - will provide a basis for joint accountability and future integrated services delivery.

Integrated Performance Dashboard. Impact from the actions and work of the transformation programmes.		
Were there any significant incidents affecting this strategic Risk this period:		
The growth of the ageing population relative to the working-age population, the rise of multimorbidity, and persistent health inequalities, particularly for preventable illness, are all issues that the National Health Service (NHS) will face in the years to come. The greatest contributors to ill health and social care needs include cardio- vascular disease, musculoskeletal disorders, cancer, mental health, dementia and chronic respiratory disease. As a result, the health and social are system will need to be more joined up to enable an increased focus for an integrated model to transform the way we work and care for people, whilst building on community resilience to meet the demand and timely access to care.		
Associated Risks escalated to the Organisational Risk Register		
4491	Failure to meet the demand for patient care at all points of the patient journey	20
6179	High and increasing prevalence of overweight and obesity in children and adults.	20
6053	Failure to secure an alternative Clinical System for GP practices on Vision	20
3826	Emergency Department (ED) Overcrowding	20
5753	Inadequate Special School Nurse Provision	20
5045	Access to Neurology Inpatient and Outpatient Services for CTM Residents	16
5646	The impact of "Right Care Right Person" (RCRP) approach.	16
5579	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	16

Agenda Item
5.4.1

CTM Health Board

Highlight Report from the Quality, Safety & Experience Committee

Dyddiad y Cyfarfod / Date of Meeting	27 November 2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Carolyn Donoghue, Committee Chair/Independent Member
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Richard Hughes, Interim 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	
ERCP	Endoscopic Retrograde Cholangiopancreatography Procedure
HIW	Health Inspectorate Wales
LPMHSS	Local Primary Mental Health Support Services

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Quality, Safety & Experience Committee at its meeting on 23 September 2025.

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

2. Purpose of this Meeting

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

2.2 The Committee will:

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

3. Highlight Report

Alert / Escalate	Positive Escalation The Committee welcomed a shared listening and learning story which highlighted the indicative impact of the Independent Domestic Violence Advocate (IDVA) in supporting patient and staff who are victims of Domestic Abuse. Shared stories were received from a patient and staff survivor of domestic abuse which demonstrated the significant physical and wellbeing benefits that the IDVA can provide. The Committee were delighted to note that funding for the IDVA role had been sought on a fixed term basis for all acute sites, however, recognised the risk of sustaining the service beyond March 2027 when the current funding ceases. The Committee received assurance following the recent HIW visits to the Emergency Department at Royal Glamorgan Hospital (RGH) and to Maternity services at Princess of Wales Hospital (POWH) as no immediate assurances were identified at the time of the visits, as the overall feedback

reflected positively on the commitment and progress demonstrated by clinical teams and partners across the system. The Committee expressed thanks to all the teams involved.

The Committee commended the CTM team following the first unannounced Human Tissue Act Inspection, the inspection which centred around interviews with the Designated Individual, Porter, Quality team and Mortuary staff, concluded that there were no concerns or significant findings to raise. The HTA commented that they were so impressed with the processes and ideas that the CTM team put forward that they will be taking them away for future learning in other Health Boards and Trusts.

The Committee drew attention to the performance metrics within the Unscheduled Care Group Highlight Report which highlighted that CTMUHB are achieving the fastest ambulance handover times in Wales, with Prince Charles Hospital and Royal Glamorgan Hospital leading nationally. The Committee acknowledged that despite challenges like reduced inpatient capacity and a critical incident at Princess of Wales Hospital, CTMUHB maintained low lost hours and improved conveyance rates. The Committee thanked the teams for the significant efforts in improving performance and recognised the need to ensure continued focus in ensuring that quality and safety standards within Emergency Departments and hospital sites is maintained.

Areas of Concern

In the closed session of the Committee, Members received a detailed update on the complex challenges facing the Special School Nursing provision and recognised the fragility of the current service model. In concluding the discussion, the Committee identified several routes for the team to explore to ensure the challenges being faced are escalated appropriately.

The Committee identified a theme arising out of many of the Committee business items relating to the risk of sustainable funding routes for key projects/services which are subject to short term funding, e.g. the IDVA role, child and young people's weight management service, Intensive Care Unit (ICU) Psychology Service etc. The detrimental impact of not having a sustainable funding source was a significant concern highlighted by the Committee.

Advise	The following areas were highlighted to the Committee from the Report from Clinical Executives: *Nursing & Midwifery:* Two positive HIW inspections with no immediate safety issues; improvement actions identified and will be governed through routine system and processes; New infection prevention and control model is operational; Clarifying and implementing a sustainable approach for Band 2/3 Health Care Support Workers roles remains a key workforce priority. *Allied Health Professions and Healthcare Science:* Highlighted achievements in research, publications, and awards; Emphasised the importance of collaboration across services particularly the work of the All-Wales Diabetes Prevention Programme (AWDPP) which provides targeted support to people who are at an increased risk of Type 2 Diabetes. Noted challenges with fixed term funding, however, reported positive news for intensive care psychology service funding. Psychological Therapies - Review of longest waiters for LPMHSS - Therapies shows extensive issues with Waiting List validation and business support processes as the care group has several administrative posts waiting for approval which is being addressed within the care group. *Medical* Human Tissue Act inspection results were exemplary, with CTMUHB being considered an exemplar for the UK. Highlighted ongoing concern and uncertainty regarding the role and regulation of Physician Associates, with an all-Wales task and finish group being established to address this. Support events are planned for affected staff. *Public Health* The 5-year diabetes strategic plan for CTM has been developed and signed off by the CTM diabetes programme board. Awaiting publication of the new NICE guidance for Type 2 diabetes before finalising pathways. Highlighted the need for sustainable funding for child and young people's weight management, as current funding is ending which is impacting staff retention and presenting a clinical and reputational risk for CTMUHB.

The following areas were highlighted to the Committee from the Care Group Highlight Reports:

Primary Care and Community:

The Committee were alerted to concerns regarding the 'Comprehensive Care for Paediatrics within Dental Services', it was noted that at present, children requiring comprehensive care within dental services are referred to Cardiff & Value UHB for treatment under an existing service level agreement. However, at the Paediatric Managed Clinical Network meeting held on 7th May 2025, CAVUHB informed the service that they have not been accepting these referrals. The Committee were informed that as there is no capacity within CTMUHB for these patients to be seen this matter has been escalated to the planning team to address this with Cardiff & Vale UHB to enable formal processes to be followed.

Diagnostics, Therapies, Pharmacy and Sciences:

Increased Blood Transfusion Risk - Nine clinical incidents have been reported in relation to Blood Transfusion 07/07/2025 – 20/08/2025, representing an increase in the reporting trend for Blood Bank. The Committee were assured that appropriate notifications have been made and an assurance paper outlining the action being taken will be submitted to a future Executive Leadership Group (ELG).

Radiology staffing issues persist, especially due to work-related musculoskeletal disorders among sonographers; risk assessments are complete, and recommendations are pending.

There was a temporary service suspension at RGH due to equipment failure, mitigated by redirecting services, though capacity decreased; status updates will follow if needed.

The lack, of sustainable funding for the PIPYN programme, which aims to support children (aged 3-7 years) and their families make healthy choices and build healthy family habits was highlighted and it was noted that a business case for Children's Weight Management Service has been submitted as part of Integrated Medium Term Plan (IMTP) process.

A risk was highlighted regarding Mounjaro initially being prescribed privately and then reverting into primary care for NHS prescriptions, creating an unbudgeted cost pressure and bypassing weight management service prioritisation. It was noted that steps to mitigate this risk is underway.

Mental Health and Learning Disabilities:

Staffing fragility within the 111 Press 2 service which offers urgent assessment and signposting advice for anyone experiencing a mental health crisis or requiring support to manage their symptoms was highlighted.

The challenges in securing a private provider to commission the delivery and update of Prevention and Management of Violence and Aggression Module D Training was highlighted. Current mitigations include the Care Group spot purchasing individual courses to maintain compliance until a longer-term programme of training is procured.

Ligature risk on Older Adult admission wards remain high, with mitigation and actions reviewed monthly on the risk attached to the Risk Register. Risk assessments are closely monitored and due to review in line with the developing strategic inpatient work.

Planned Care Group

Temporary ceasing of ERCP procedures being carried out in PCH due to equipment concerns. All patients are currently transferred to RGH and POW increasing bed demand on these 2 other sites.

Plan in place with DTPS to purchase new scopes to enable the service in PCH to recommence.

Mitigating action noted in terms of the increased demand and frequent overcrowding in waiting room to support front door surgical demand within the RGH Surgical Assessment Unit.

Theatres and recovery suite at Princess of Wales Hospital have reopened, along with a new 28-bed arthroplasty inpatient ward, supporting hip and knee surgery and pioneering new care pathways.

Unscheduled Care

An increase in avoidable pressure ulcers across wards was reported; actions include enhanced training, improved governance, and weekly oversight to address the issue.

The unannounced visit at RGH Emergency Department resulted in a generally positive draft report, with no immediate actions required; an overall action plan is ready for submission.

Noted improvements following a follow-up unannounced visit to Ward 3, however, further areas of improvement have been identified.

Update on ongoing stroke improvement activity was received, with evidence of progress, however, acknowledged that further work is needed around performance measures.

Clarified the clinical model at Ysbyty George Thomas is for patients awaiting onward care (e.g. care home or package of care) and not for further rehabilitation care. It was noted that the service has received positive feedback about the environment, despite staffing challenges.

Children and Families Care Group

Reported a positive unannounced HIW inspection of the maternity unit at Bridgend, with no immediate assurances

	required and pride in the team's performance despite recent challenges. Welsh Government national maternity and neonatal review Oversight Panel and Terms of Reference announced. Timescales for completion December 2025. Final report due January 2026. The review will consist of a multi-method assessment. Special School Nursing remains the highest risk within the care group and due to the fragility of services the risk score remains at a 20. Detail around complexities was considered in the Closed Session of the Committee. Reducing Health Inequalities Presentation A sobering presentation was delivered by the Executive Director of Public Health highlighting the stark data and illustration of health inequalities within the CTM Population. It was noted that addressing health inequalities is not just a responsibility of the public health directorate as it requires a whole-system approach. The need to embed an inequalities lens in all data and service planning was reinforced. Organisational Risk Register The Committee reviewed the Organisational Risk Register, drawing attention to the following risks: Datix Risk ID 4632 – "Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation). Following discussion on the proposed reduced risk score (20 to a 16) the Committee asked that the risk description be reframed from a sustainability to a performance perspective. Improvements in sustaining the service were recognised, however, it was considered that the performance risk remains high at this stage. Datix Risk ID 6052 - Patient hydration risks associated with the replacement of aged Beverage Trolley fleet. The Committee received assurance that a replacement programme is now in place and the risk score should reduce upon next review. A discussion on risks identified as "business sensitive" was undertaken in the Closed Session of the Committee.
Assure	HIW Tracker The Committee recognised the significant progress in the tracker report and encouraged continued focus on overdue actions, especially those from older inspection reports. The importance of ensuring actions are not only completed but also embedded in practice was also reinforced, with plans to focus on this over the next six months noted.

Duty of Candour – Internal Audit Report

The Committee received assurance on the activity underway to address the audit findings within the report, noting that delays were as a result of high-priority work on inquests and learning from events reports. It was noted that any impact on timeframes will be addressed as appropriate. The Committee requested that future updates focus upon the limited assurance area and include further updates on the improvement trajectory.

Health, Safety & Fire Sub Committee Highlight Report

Manual Handling Training – The Committee noted that the Sub Committee expressed concern in relation to the low level of compliance and 'Do Not Attends' for manual handling training, particularly in the Medical and Dental staff groups. It was noted that since the Sub Committee met there has been positive leadership, led by the Executive Medical Director and his team to ensure training is more accessible and tailored.

The Committee echoed the thanks to Hospital Site Managers for the noticeable improvements being made in maintaining clear corridors and evacuation routes across sites following the introduction of the environmental walkarounds on site.

Following a query as to whether the Sub Committee receives updates on cleaning and catering (nutrition) activity, it was confirmed that cleaning standards are monitored by the Infection Prevention and Control (IP&C) Committee with compliance against national standards discussed and areas of concern escalated to this Committee as required. In terms of nutrition, whilst reference was made to the Nutrition and Hydration Steering Group and assurance provided that hospital food is fully compliant with Welsh nutritional standards, it was suggested that further clarity is needed as to where nutrition and catering assurance should be reported.

Patient Safety, Quality & Experience Dashboard

Reported a reduction in the number of formal complaints open over 30 days, marking a positive trend.

Noted one upheld Ombudsman report related to mental health services, with an action plan developed and improvements in documentation and assurance processes underway.

Mentioned a Regulation 28 report following a prison death, with enhanced proposals and monitoring for substance misuse services in the prison; awaiting assurance confirmation.

Highlighted increased patient satisfaction responses, with overall scores remaining above 80%.

	Committee Referral – Details of the medical negligence claims from the losses and special payments report The Committee were assured from the explanation and evidence provided that the potential increase in claims was as a result of administrative factors and backlog management and not as a result of quality and safety issues leading to an increase in clinical negligence cases being received. A report providing this assurance will be submitted to the Audit, Risk & Assurance Committee demonstrating that the referral action has been closed. Coroner's Inquest – Case Activity & Lessons Learned In receiving the update, the Committee acknowledged the increased workload and complexity in Coroners Cases, noting a backlog of cases and more frequent requests for internal expert opinions. Public Services Ombudsman for Wales Turning the Page Annual Report & Annual Letter The Committee noted that whilst CTMUHB had the lowest number of referrals to the Ombudsman across Wales, the number of cases where the Ombudsman intervened was the highest, reflecting past challenges in providing information. The Committee were assured that many interventions did not proceed to full investigation, and early settlements were often reached. Further assurance was also provided that the team reviews every Ombudsman case for learning opportunities, and recent improvements in compliance with recommendations were noted, with ongoing regular meetings to ensure continued progress. In the Closed Session of the Committee, an update was received on the activity aligned to the Culture and Leadership Plan in Maternity Services noting that ongoing progress will be monitored through the Care Group Maternity and Neonatal Programme Board and Care Group Quality & Safety meetings.
Inform	The Committee supported the actions for closure on the Action Log and noted that the remaining open actions were either being dealt with on the agenda or are on track for completion. The following items were approved on the Consent Agenda: Unconfirmed minutes of the Quality, Safety & Experience Committee held on the 22 July 2025. Unconfirmed minutes of the 'In Committee' Quality, Safety & Experience Committee held on the 22 July 2025. Putting Things Right Annual Report Organ Donation Sub Committee Highlight Report and Terms of Reference All Wales Individual Patient Funding Request (IPFR) Policy (2025) All Wales Prior Approval Policy (2025)

	The following items were noted on the Consent Agenda: Non-Routine Committee Business (Forward Plan) Annual Cycle of Business Joint Commissioning Committee - Quality Safety and Outcomes Sub-Committee Highlight Report 31 March 2025 Infection, Prevention & Control Annual Report 2024/2025 Research & Development, Innovation & Improvement Biannual Update Individual Patient Funding Request Annual Report The Committee bid a fond farewell to Greg Dix, Executive Director of Nursing / Deputy CEO, as this is his last meeting, and thanked him for his commitment, dedication and contributions to the Committee.

4. Assessment

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not applicable 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 Board is asked to NOTE the highlights outlined in section 3 of this report.

Agenda Item
5.4.2

CTM Health Board

Highlight Report from the Strategic Development Committee

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Kath Palmer, Vice Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
EPMA	Electronic Prescribing and Medicines Administration

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Strategic Development Committee at its meeting on 1 October 2025.

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

2. Purpose of this Meeting

2.1 In summary, the purpose of the Strategic Development Committee is to:

Provide evidence based and timely strategic assurance to the Board to assist it in discharging its functions and responsibilities with regard to the:

- Strategic direction;
- Strategic planning and associated investments;
- Long term financial sustainability
- Setting our Culture;
- People retention and succession planning.

Scrutinise strategic risks on the Board Assurance Framework and their impact upon CTMUHB's ability to deliver its strategic ambitions.
Provide assurance to the Board in relation to strategic decision-making, ensuring it is supported with a robust understanding of risks in relation the achievement of organisational goals and strategic objectives.
Provide assurance to the Board that, wherever possible, CTMUHB plans are aligned with partnership plans developed with Regional Partners, Local Authorities, Universities, Collaboratives, Alliances and other key partners.

3. Highlight Report

Alert / Escalate	The Committee would like to alert the Board to the following: A sobering update was received on Health Care Inequalities which highlighted that health inequalities in CTM are significant, with people in deprived areas living shorter, less healthier lives. It was identified that inequalities are evident across multiple health conditions, including mental health, cancer, and COVID-19, with deprived populations experiencing higher rates of illness, hospital admissions, and mortality. Strategic and policy frameworks support tackling these inequalities were explained, however, the challenge to the Committee and wider Health Board was to routinely apply an inequalities lens to CTM data and service transformation. In indicating the next steps, the

	presentation highlighted the need for practical steps, innovation, and explicit strategies to address inequalities, emphasising the need for measurable impact and collective action across CTM and its partners.
Advise	Adulthood Living Well Strategy was a spotlight presentation to the Committee and highlighted the "three P's – (Promote, Prevent, Prepare)" policy to support patients waiting for care and the success of the hepatitis C elimination programme in Parc Prison, both showing significant progress through partnership, data-driven improvements, and patient engagement initiatives. The Strategic Clinical Services Plan Update was noted by the Committee, recognising that a detailed presentation was received at the Public Board meeting on the 25th September 2025, and therefore attention was drawn specifically to the foundational products required for a number of strategic change programmes for Members consideration. In relation to the Diabetes 5yr Strategic Plan – the Committee received an overview of diabetes prevalence in CTM and the long-term complications and costs associated with diabetes, emphasising the importance of prevention and effective management. The update also covered current initiatives across prevention, early diagnosis, treatment optimisation, and end-of-life care, highlighting the busy and multi-disciplinary nature of diabetes work in the region. The Committee were advised that the strategic plan's high-level objectives are aligned with national programs, focusing on prevention, reducing poor outcomes, and improving equitable service provision. The plan was endorsed by the Committee for Board approval. The Digital and Data Transformation Programme Update outlined the transformation progress with the support of CTM's Strategic Partner to deliver the Health Board's Strategy. Attention was drawn to the focus on ensuring that there is a robust digital infrastructure, cyber security, safe data storage, and improved interoperability with both national and third-party systems. Key challenges in terms of leveraging current programmes to drive change, supporting the shift to community care, and joining up digital initiatives across the CTM was highlighted, as well as the challenges faced around workforce capability and technical resource constraints. Digital inclusion and upskilling the workforce were identified as priorities within the report, with current programmes like EPMA being used to enhance digital capability. The upcoming

	delivery programmes were also noted and the ongoing work to align digital investments with IMTP planning was reiterated. The presentation of the Director of Public Health Annual Report for 2024-2025 focussed on the importance of early years (preconception to school readiness) for long-term health outcomes. The activity underway within CTM and the significant challenges faced by the Health Board, such as high maternal smoking, obesity, low birth weight, poor breastfeeding rates, childhood obesity, and dental health issues were noted. In concluding the update, it was recognised that the report calls for improved regional coordination and multi-agency action, aligning with the upcoming regional partnership strategy for babies, children, and young people. The report was endorsed by the Committee for Board approval. The Health Protection Strategic Update highlighted the following points to the Committee: • The public winter vaccination programme has launched, with staff vaccination progressing well and a focus on addressing inequalities in uptake. • Innovative engagement with community leaders is underway to boost vaccination awareness and participation. • National pandemic planning (Operation Pegasus) is ongoing, with learning being captured, and the COVID-19 inquiry is relevant to children and young people. • Health protection team capacity has improved; however, challenges remain with recruitment and funding parity compared to other health boards, impacting areas like out-of-hours support and partnership work. • A multi-agency risk log has been developed, and further funding requests will be made to Welsh Government. Climate Action Update – the update provided the Committee with a detailed update on Climate action and the Carbon Emission Report for 2024-2025 which was submitted to Welsh Government by the deadline of the 1 September. The update provided a summary of the significant action across the decarbonisation programme over the past year. The update also captured the response to the findings of the NWSSP Internal Audit Services report on Decarbonisation which was undertaken during the year. The progress and development of the Strategic Delivery Plan (SDP) which was available to the Committee in its draft form was also outlined. The Committee commended CTM's Sustainability Manager and the Estates and Facilities Team for leading this area of activity.

Assure	A "Building Healthier Communities" Strategy Deployment update was welcomed by the Committee which presented a proposal for a central strategy deployment framework to better connect the organisation's vision and goals with frontline activities, aiming to create a clear "golden thread" from strategy to delivery. Recognising the work already undertaken the presentation provided clarity on the sequencing, and engagement across the organisation, with further work planned on management systems and performance accountability. The Strategic Financial Planning and Impact – outputs from programme budgeting report described how the Committee could receive assurance on the longer term strategic finance position by providing a more strategic review of how the Health Board allocates and applies its resources over a longer period and if the direction of travel is consistent with the broader strategy of the Health Board. The Committee supported the following programme of reporting which will provide a longer-term view of where the Health Board incurs expenditure, how that is changing and where CTM's strategy is taking the Health Board. It was also welcomed that the following reports would be presented individually to the Committees over the course of a year, and be updated annually to assess what changes have been reported along with the Financial Plan and planning assumptions as part of our Integrated Medium Term Plan (IMTP). • *Programme Budget Review Report – October 2025 Meeting* • *IMTP Financial Planning Assumptions – February 2026 Meeting* • *Locality Based Resource Utilisation Report – May 2026 Meeting* • *Healthcare Sector Based Resource Utilisation Report – August 2026 Meeting* The Strategic People Plan update provided the Committee with an update following its launch and the focus on communications and engagement over the past three months to ensure staff awareness and involvement. The Committee were made aware of the efforts to maintain co-development, including a live microsite, visual communications, and direct invitations to all line managers for briefing sessions co-delivered by Executive Colleagues, Trade Unions, and Care Group Leaders. The Committee were delighted to note the early deliverables, which include a new people services telephone line, a line manager reference group, bite-size management development sessions, "you said, together we did" communications, appointment of Speaking Up Safety Guardians, anonymous reporting systems, the success of the first Seren Award Event, and a new people metrics dashboard. It was noted that whilst these are mostly tactical actions, they demonstrate momentum, and further updates on the strategic focus will be provided to the

	committee every six months as to the output measures and success of the actions being taken. Integrated Medium Term Plan – Assurance on Process for 2026-2027 – the Committee were assured that there is a structured plan and timeline in place for the IMTP 2026-2027 development. Challenges were acknowledged in terms of achieving ministerial requirements whilst still maintaining the transformational change programmes. The Committee noted the process is being adapted based on feedback from Welsh Government and discussions internally. The Committee acknowledged the risks and challenges to delivery of a balanced financial plan.
Inform	Estates Strategic Update – Whilst captured on the agenda the Committee noted that this item had been deferred to February 2026 as CTM is developing its Strategic Clinical Services Plan and that this plan is integral in establishing the future Estates requirement of the Health Board and it is this which will inform the Estates Strategy. It was noted that in the absence of Estates Strategy, the rolling 3-year plan for estates is managed and articulated within the IMTP. Regional Partnership Board (RPB) Update - The Committee welcomed the update which summarised how the RPB is focussing on standardising and stratifying measurements across organisations. It was noted that the framework aims to align strategy deployment with population health outcomes, using a performance delivery matrix based on wellbeing, safety, healthy lifestyles, and independent living. It was acknowledged that further work is needed on the content of the matrix, however, the Committee recognised this as an opportunity to connect strategic efforts to long-term health determinants and resource allocation. Public Services Board (PSB) Update / PSB Annual Report – the Committee acknowledged that the PSB has gained new momentum under its new chair, with active development of workstreams. It was noted that the CTM is leading initiatives on climate resilience and infrastructure pinch points and is involved in projects on active travel and food resilience. The Committee noted that the Primary Care and Transformation Programme Update was also received in detail at the Public Board Meeting on the 25th September 2025 and therefore this was removed from the agenda to avoid duplication.

	The Committee supported the actions for closure on the Action Log and noted that the remaining open actions were either being dealt with on the agenda or are on track for completion. The following items were Approved on the Consent Agenda: Unconfirmed minutes of the Strategic Development Committee held on the 3 July 2025. The following items were Noted on the Consent Agenda: Strategy Group Updates Committee Annual Cycle of Business Committee Forward Work Plan
Appendices	Not applicable.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Sustaining Our Future If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	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))*	Effective If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Refine 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 due to the nature / purpose of this Highlight Report.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: Not Applicable due to the nature / purpose of this Highlight Report.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	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)	
	There are areas of the updates within the Highlight Report which refer to financial / resource challenges.	

5. Recommendation

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

Agenda Item
5.4.3

CTM Health Board

Highlight Report from the Stakeholder Reference Group

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Julie Powell-Jones Planning Business Support Manager
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Claire Thompson, Interim Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation Choose an item.

Pwrpas yr Adroddiad / Report Purpose	For Approval

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

Acronyms / Glossary of Terms	
PCH	Prince Charles Hospital
CTMUHB	Cwm Taf Morgannwg University Health Board
CTM	Cwm Taf Morgannwg

IMTP	Integrated Medium Term Plan
SRG	Stakeholder Reference Group
POWH	Princess of Wales Hospital
WAST	Welsh Ambulance Service Trust
RCTCBC	Rhondda Cynon Taf County Borough Council
BCBC	Bridgend County Borough Council
IMTP	Integrated Medium Term Plan
NRI	National Performance Indicator

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the CTMUHB Stakeholder Reference Group at its meeting on 15th October 2025.

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

2. Purpose of this Meeting

2.1 The purpose of the CTMUHB Stakeholder Reference Group is to provide independent advice on any aspect of UHB business. This may include: -

- Early engagement and involvement in the determination of the UHB's overall strategic direction;
- Provision of advice on specific service proposals prior to formal consultation; as well as
- Feedback on the impact of the UHB's operations on the communities it serves.

2.2 The CTUHB Stakeholder Reference Group will: -

- Provide a forum to facilitate full engagement and active debate amongst stakeholders from across the communities served by the UHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the UHB's decision making.
-

3. Highlight Report

Alert / Escalate	Membership Update Following approval by the Board on 17th July, three new members were welcomed to the SRG meeting on 15th October representing: Care and Repair Bridgend RCT Third Sector CTM Mind

	Two new expressions of interest were received and endorsed by the SRG for escalation to Board for sign-off. These included representation from: Interlink Community Voluntary Council RCT Carers Support Project. In line with the Terms of Reference, several Members were contacted to confirm ongoing representation. Resignations were received and thanks extended to the WAST, and the RCTCBC and BCBC representatives. Correspondence is ongoing to secure replacement representation. Following advice from the Health Board's Safeguarding Lead, conversations are progressing to secure young persons representation with the Health Board's *Project Search* and *Apprenticeship Academy Leads* who oversee apprenticeship opportunities for young people living in the CTM catchment area. Welsh language representation has also been sought and advice offered from the Health Board's Welsh Language Lead.
Advise	It was agreed that in future, SRG Minutes would be available bilingually, and accompanying documents would be circulated in English unless otherwise requested by Members.
Assure	<u>CTM Veterans Day- update</u> An insightful update was received on the Veterans Day event hosted by the health board earlier in the year. It was praised for its strong partnership working, inclusive design, and value for money. The event left a positive impact on veterans across CTM and is seen as a replicable model for future initiatives. <u>Key Points:</u> The event raised awareness of support services. The Marketplace supported direct access to local help. The event highlighted the need for cross-sector education on veterans' needs and the necessity to improve self-identification among veterans accessing services. The Third Sector played a central role, especially in the event delivery. An equal partnership between the Health Board, Third Sector, the Local Authorities and Primary Care supported a cohesive approach.

Next steps include publishing the event report and expanding engagement through veteran hubs.

A lack of awareness was commented upon of the Veterans Charter among some professionals. Plans to address this through broader education and improved data collection was shared.

Organ Donation

The Organ Donation Senior Nurse provided an update on organ donation activity, including registration and transplant data and recent awareness initiatives.

Key Points:

Tribute Artwork: Daffodil-themed installation at Prince Charles Hospital honours donors; includes bilingual poem.
Commemorative Event: Held during Organ Donation Week with donor families, choir performance, and media coverage.
Awareness Campaigns: Included "Turn the Garth Pink" walk, Cardiff Devils partnership, and BBC coverage.
Future Focus: Emphasis on early conversations, emotional support for families, and service improvement.

Mental Health & Learning Disabilities Strategy

The Service Director, Mental Health and Learning Disabilities provided an overview of the strategy's integration into existing workstreams.

Key Points:

Embedded Approach: Strategy principles are being aligned with ongoing transformation efforts within the care group.
Strategic Alignment: Focus on connecting the strategy to current priorities and planning.
Leadership Context: Reflecting on the Team's strategic journey undertaken over the past 11 months.
Next Steps: A care group meeting is scheduled for the end of October to discuss incorporating the strategy into the Integrated Medium-Term Plan (IMTP).
Vision: Commitment to a seamless, person-centred mental health services across NHS, local authorities, third sector, and lived experience communities.
Service Goals:

- Timely, appropriate support
- Reduced delays

	o First-contact resolution without barriers
Inform	<u>IMTP Update</u> An update was given by the Assistant Director of Transformation on the strategic plan, focusing on the context to the plan and expectations on health organisations to deliver outcomes and key performance as set out in the NHS Wales Planning Framework, the NHS Wales Performance Framework and the ministerial priorities set by Welsh Government. <u>Key Points:</u> The health board submitted a balanced plan for 2025 – 2026. There are risks to achieving a break-even position, however the health board finance at month 5 is currently indicative of a break-even at year end. Supportive actions are in place to mitigate risks to the health board's savings plans. Significant financial pressures remains across the health and social care sector and the forthcoming plan will be delivered in a challenging context. The health board plan must meet the requirements of the NHS Wales Performance Framework which sets out key performance metrics from population health (e.g. smoking and health lifestyle behaviour) to operational performance (ED access, ambulance handovers, planned care). The health board's corporate goals, (within the CTM 2030 framework) and the developing Strategic Clinical Services Plan provide the context for the IMTP (2026–2029). The plan is required to set out how the health board will meet all statutory requirements and during the next plan there will be a number of key developments such as the regional work with other health organisations which includes developments such as the Llantrisant Health Park. Commissioning Intentions were set for 2025-2028 planning. These are the priority areas set by the health board. They are currently under review but it is anticipated that many will remain consistent into the coming planning period. Next Steps: Further discussion planned with the SRG when the commissioning intentions have been reviewed and updated to ensure the SRG is able to contribute to the setting of future priorities and planning. <u>Service Change Updates</u>

An update was provided by the Assistant Director of Transformation on the upcoming engagement activities and potential service developments relevant to the SRG.

Key Updates

Two priority areas for further engagement were highlighted:
- Maesteg service developments
- Llantrisant Health Park site

Due to their significance, an exceptional SRG meeting may be proposed if timing does not align with the regular schedule.
Relevant documents will be shared in advance to support informed discussion.
Broader stakeholder input will be sought through Community Leaders Groups and other forums.
The SRG's role in shaping major service changes was emphasised.
Additional changes are anticipated and will be shared with the group as they enter the engagement phase.

Integrated Performance Indicators (IPI) Summary

The Assistant Director of Transformation outlined how the IPI Report aligns with national frameworks and priorities. A new summary format is in development.

Performance & Quality

Most indicators show amber status with static trends.
Complaints: 75% responded to within 30 days; delays due to complexity.
National Reportable Incidents (NRI) progress in reducing long-standing cases.

Access & Operations

GP Access: Generally, 100% compliant; minor dip noted.
ED Access: Amber status; ambulance handover times improving.

Workforce

Staff wellbeing and development are key focuses.
Turnover rates are decreasing.

Finance

Forecasting break-even, though savings plans are under pressure.

Work Programme

The Work Programme was circulated prior to the meeting of the SRG on 15th October 2025. A future presentation by CTM MIND has been noted for the February 2026 Meeting.

	Any Other Business None received.
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 *(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:
	No - Not Applicable

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below:

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

Agenda Item
5.4.4

CTM Health Board

Highlight Report from the (Operational Delivery Committee)

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Rachel Rowlands, Independent Member, (Chair of Operational Delivery Committee)
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
Not applicable.		

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
CT	Computed Tomography
EDI	Equality, Diversity & Inclusion
ePMA	Electronic Prescribing and Medicine Administration
LIMS	Laboratory Information Management System

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Operational Delivery Committee at its meeting on 28 October 2025.

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

2. Purpose of this Meeting

2.1 The purpose of the Committee is to provide assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of service delivery.

2.2 The Committee ensures that evidence based, and timely interventions are implemented to drive forward improved performance thereby allowing the Health Board to achieve the requirements and standards determined for the NHS in Wales, and as outlined within CTMUHB's Integrated Medium Term Plan.

3. Highlight Report

Alert / Escalate	System Implementations - Key Digital Programmes In response to the update on Digital and Data activity the Committee agreed to alert the Board to the risk regarding the congestion of multiple major digital system deployments (radiology, pathology, OpenEyes, maternity) all scheduled for completion by March 2026, with significant concerns regarding any potential delays, cost overruns, and the impact on staff welfare and operational delivery if deadlines are missed or if resources are insufficient. It was noted that in mitigating the risk, the Director for Digital and the relevant teams will continue to review capacity of services to deliver programmes within current timescales. Financial Health The Committee noted that whilst the financial position at month 6 had improved, with a reduced deficit and a break-even forecast, that this is contingent on mitigating a substantial savings shortfall and resolving outstanding pay-related funding issues. The main risks brought to the attention of the Committee related to the unconfirmed future pay award funding, a large potential liability from the Welsh Risk Pool, unresolved national

	pay disputes, and other cost pressures not yet reflected in the forecast. The Committee were informed that whilst there are some opportunities, they are not expected to fully offset these risks, and these are challenges which are shared across all Welsh health boards, with ongoing uncertainty about national funding allocations. One of the mitigating factors noted by the Committee specifically, was the need for a three-year "base case" scenario to be communicated with agreed mitigations as it is anticipated that the future direction will be investment free plans. Positive Alerts: Princess of Wales Hospital – Roof and Compliance Programme The Committee were delighted to note that the programme of work had concluded within the expected timelines and key services had resumed delivery on the site where required. It was also noted that the final account on the main roof programme has been agreed with the contractor and is in line with the forecast position. The other expenditure items are being finalised; however, the outturn position is expected to remain within the revised allocation. The Committee recognised the significant achievement in delivering this programme of work at pace, acknowledging that the business case was only submitted the previous year. The Committee expressed thanks to all those involved in the programme. Ambulance Handover Performance The Committee commended the teams for the positive improvements highlighted in relation to Ambulance handover, acknowledging that CTMUHB is the top performing health board in Wales for October, with >93% handovers within target at all sites.
Advise	Staff Survey update and Care Group Action Plans The current response rate of 17.5% (as at 28 October 2025) was reported and the Committee noted that this represented over 900 more responses than the same period last year and the highest among Welsh health boards; the all-Wales average is 12.3%. It was recognised that there is significant variation in response rates across directorates, and the Committee were apprised of the ongoing activity to increase the response rates. Digital & Data Activity The update on this item reiterated to the Committee how complex and multi-faceted the Digital & Data Delivery Programme is to deliver. The update focussed in detail on the following specific matters for consideration:

Digital System deployments
Digital Delivery
Digital Transformation
Data & Compliance

In concluding the update, and as highlighted in the alert section of this report, the Committee recognised the challenges and that due to delays in some programmes, and therefore re-planning of dates, system implementations of key programmes are landing in March 2026, which will be a capacity issue CTM will need to manage and collectively prioritise, especially for critical systems.

Month 6 Finance Report

The Committee noted that the financial position at month 6 has improved, with a reduced deficit and a break-even forecast, but this is contingent on mitigating a substantial savings shortfall and resolving outstanding pay-related funding issues. The risk of financial sustainability was agreed as an alert item in this highlight report to Board.

Month 6 Financial Performance Report

It was highlighted to the Committee that the CTM's savings delivery plans are behind target, with a significant gap between planned and forecast savings, especially in centrally led transformation schemes. It was noted that this shortfall is contributing to a growing underlying deficit for the next financial year. Key risks were as captured in the Month 6 Finance Report update and as reflected in the alert section of this report.

The Committee discussed the importance of communicating a clear and unified message which highlights the need to shift from a focus on investments to a focus on value and delivery.

Capital Delivery Monitoring Report

An overview of the capital delivery monitoring report highlighted the scale and complexity of the current programme, the challenges of prioritising equipment replacement, and updates on disposals and major capital schemes. The report reflected a significant workload managed by a small team, with ongoing coordination needed across care groups and services to ensure safe delivery.

The Committee noted that equipment allocation and prioritisation remain challenging, with risks sometimes emerging mid-year due to breakdowns or shifting priorities.

The disposal of Pontypridd Health Centre and Bryncethin Clinic were noted as progressing, with plans for vacating Pontypridd Cottage Hospital under review.

The update on 'Major Capital Schemes' drew the Committees attention to the following ongoing activity:

- Prince Charles Hospital Ground and First Floor Phase 2 and Phase 3
- Bridgend Health and Wellbeing Centre
- Princess of Wales Hospital Roof and Compliance Programme
- Maesteg Health and Wellbeing Centre.

Savings Delivery Programme Update Presentation

The update on the Savings Delivery Programme provided the Committee with an update which outlined the programme governance structure, data improvements across the savings programme, targeted audits and detail on the deep dives underway in areas where there is under performance against the plans. Attention was drawn to the key risks which included workforce capacity, digital readiness, and the challenge of embedding sustainable, systematic savings. The assurance provided to the Committee is that there are immediate actions to focus on accurate data, policy adherence, and sharing best practices, however, ongoing vigilance is needed to address delivery gaps and operational risks.

Integrated Medium Term Plan 2025-2028 – Quarter 2 Review

The update to the Committee reflected that quarter 2 shows mixed progress across the ministerial requirements, with some areas, such as ambulance handovers demonstrating significant improvement, while others are not yet fully delivered. The finance, capital, and people plan updates were captured within the update, with the financial position and some performance indicators highlighted as escalation areas.

IMTP in Year Performance Against Delivery for Care Groups – as at quarter 2:

Children & Family Care Group

The focus of the Children and Family Care Group was in relation to Gynaecology, Paediatrics, Maternity and Neonatal reflecting on the ongoing challenges and next steps.

Further clarity was sought on the challenges surrounding the Special School Nursing Provision and whether the situation was unique to CTM. The Committee were advised that the challenges were mainly specific to CTM due to having an increased number of special schools. The risk is being mitigated by support from community nursing where possible, however, it was noted that discussions are required with Welsh Government colleagues to seek clarity on the way forward prior to discussions with other stakeholders. Due to the significant risk that Special School

	Nursing Provision presents it was agreed that a more detailed briefing note would be shared with Members of the Committee. Unscheduled Care (USC)- Care Group The update from USC reported notable improvements especially in ambulance handover performance, recruitment for key clinical roles, and service transformation. Ongoing concerns were highlighted in terms of the risks related to 12-hour waits, stroke pathway performance, and workforce sustainability. Mental Health & Learning Disabilities (MHLD) Care Group The update from MHLD to the Committee highlighted progress in service redesign, digital transformation, and partnership working. Ongoing risks and concerns were recognised in relation to workforce fragility, regional service dependencies, and statutory performance in psychological therapies. Diagnostics, Therapies, Pharmacy and Specialties (DTPS) Care Group The DTPS update highlighted progress to the Committee arising from positive Health Inspectorate Wales and Internal Audit inspections in radiology, service harmonisation, and digital rollouts in terms of the EPMA. Ongoing risks and concerns were outlined in terms of CT service capacity, workforce capacity within haematology, digital system dependencies i.e. LIMS implementation, and delays encountered with other providers for some key service areas.
Assure	Staff Vaccination Programme Update The Committee were informed that the current focus of vaccination activity is on Staff flu vaccinations, using an integrated approach between Health Protection, Nursing, and Occupational Health Teams. An appraisal of the evidenced based models and approaches being used as drivers was noted with an emphasis on myth-busting and addressing vaccine safety concerns. Assurance was also provided on the accessibility improvements introduced including bookable slots, calendar invites, drop-in clinics, peer vaccination, and combining vaccination with staff survey roadshows. The Committee acknowledged the ongoing national data issues causing a time lag in real-time uptake reporting, however, noted that to date 34% of staff (4,437 people) have received the flu vaccine, nearly matching last year's total and placing the CTM among the top two organisations in NHS Wales. People Plan 2025-30 – Sickness Absence Analysis and Recommended Action Plans The presentation provided to the Committee highlighted sickness absence as a key priority, with a new Power BI dashboard being

developed for improved tracking. The Committee were informed that July's sickness absence rate was 6.97%, with stress, anxiety, and depression as the top reasons for the absence.

The presentation also highlighted concerns around data accuracy and ongoing work to improve reporting. Assurance on the actions being taken were noted by the Committee and included reviewing long-term absences, improving occupational health referrals, relaunching wellbeing services, and exploring fast-track options for staff on waiting lists. The internal target is a 1% reduction in sickness absence which was noted by the Committee.

Welsh Language Annual Report 2024-25

The Committee were assured of the significant progress in embedding Welsh language standards at CTM, including the launch of a compliance dashboard, full bilingual recruitment materials, and a record number of staff learning Welsh with measurable increases in workplace use.

It was noted that strategic plans now target key clinical areas, and new recruitment guidance ensures objective assessment of language needs. Staff engagement and leadership development around Welsh language have grown, and an audit methodology is in place. Priorities for the next year focus on strengthening impact assessments, ensuring recruitment compliance, and improving everyday service delivery standards.

Annual Equality Report 2024-25

The presentation of the Annual Equality Report captured how it is a statutory requirement to report progress on EDI activity, the summary outlined the progress across four strategic pillars, with input from diverse teams and networks. Notable achievements included the award-winning Maternity Data Bank Initiative and increased engagement in staff and community networks.

Through the report the Committee noted areas for further improvement, such as improved impact measurement of EDI initiatives, addressing workforce diversity challenges, and narrowing the gender pay gap. The Committee agreed that there needs to be sustained change and continued progress in embedding EDI in decision making.

All Wales Anti-Sexual Harassment Policy

The Committee approved the policy following an update that sought its launch to be coordinated with the Speaking Up Safely initiative. The Committee were assured that the policy responds to new legislative requirements and local needs and that it was developed collaboratively with all Welsh health boards with input

	from trade unions and reference to NHS England's approach. It was understood that that policy will sit alongside existing respect, resolution, and raising concerns policies, and will be supported by new training, including an all-Wales e-learning module and manager training sessions. The launch is proposed for November, in parallel with the Speaking Up Safely initiative. Organisational Risk Register A brief overview of the Organisational Risk Register was provided to the Committee, highlighting the significant changes in terms of new, closed and updated risks captured in the September iteration. Assurance was taken that the risks are being managed. Focus was drawn to Datix Risk ID 6052, "Patient hydration risks associated with the replacement of aged Beverage Trolley fleet (ultrakarts)", as assurance was sought and received in terms of the robustness of the maintenance of equipment programmes within CTM. Integrated Performance Dashboard (IPD) The update on the IPD highlighted the inclusion of the Cabinet Secretary priorities to ensure alignment with current ministerial priorities. The Committee were assured that key performance areas had already been discussed via the Care Group Updates and separate reports discussed in detail earlier in the meeting. Workforce Metrics Report The Committee acknowledged the improvements made to the format of the report following a refresh of the people metrics aligned to the people plan and noted ongoing work to review the Key Performance Indicators. The Committee welcomed the news that the lateral move scheme has been extended and that the scope will be widened. New Operational Escalation Framework & Associated Cards for 45 Minute Handovers The new operational escalation framework was presented to the Committee for approval which included the associated escalation cards for 45-minute ambulance handovers. The Committee were assured that the framework aligns with the 2024 Welsh Government urgent and emergency care requirements and that the escalation cards had undergone extensive review and iteration with teams throughout the year.

Inform	Consent items The following items were APPROVED under the consent agenda: Unconfirmed minutes of the Committee meeting held on the 29 July 2025. Unconfirmed minutes of the In-Committee meeting held on the 29 July 2025. Personal Data Request Procedure Asbestos Management Plan CCTV Policy Social Partnership Duty Annual Report 2024-2025 The following items were NOTED under the consent agenda: Months 4, 5 and 6 Financial Monitoring Returns to Welsh Government. More Than Just Words – Welsh Government Submission. Joint Commissioning Committee Planning, Performance & Finance Sub Committee Highlight Report. Committee Annual Cycle of Business 2025 CTMUHB Revised Escalation Status. Extra-ordinary Operational Delivery Committee meetings: The Committee supported the requirement to establish two additional extra-ordinary meetings in November and December to consider the following two items respectively: Invest to Save Bid – Funding Application for Decarbonisation Refit Measures Prince Charles Hospital Ground and First Floor Business Case. Closed In-Committee Session Due to business and commercial sensitivities the following items were considered in closed session: Organisational Risk Register – Business Sensitive Risks Cyber Resilience & Assurance Update Capital Delivery Monitoring Report – Commercial Sensitivities relating to Maesteg Health and Wellbeing Centre.
Appendices	N/A

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	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))*	Choose an item.
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Choose an item.
	If more than one applies please list below:

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: Highlight report so 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):	If no, please include rationale below: Highlight Report so 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.

Agenda Item
5.4.5

CTM Health Board

Highlight Report from the Clinical Advisory Group

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Dr Alex Brown, Chair of Clinical Advisory Group
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Dom Hurford, Executive Medical Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Dom Hurford, Executive Medical Director

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Clinical Advisory Group	16/09/2025	Summary of monthly meetings

Acronyms / Glossary of Terms	
CAG	Clinical Advisory Group

1. Introduction

1.1 This report had been prepared to provide the Board with details of the key issues considered by the Clinical Advisory Group at its monthly meetings.

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

2. Purpose of this Meeting

2.1 The purpose of the Clinical Advisory Group is to advise the CTMUHB Board on clinical topics and initiatives and to review items requested by the Board. The Clinical Advisory Group will act as a clinical voice within CTMUHB and advise the CTMUHB Board on aspects of Clinical Strategy.

2.2 Act as the Clinical Voice within CTMUHB

Work with and alongside Management Board and Executives and will be the representative voice of all clinical groups across the Health Board advising on clinical services and care.

Provide a balanced, multi-disciplinary view of healthcare professional issues to advise the Board on local strategy and delivery

Facilitate engagement and debate amongst the wide range of clinical interests within CTMUHB's area of activity, with the aim of reaching and presenting a cohesive and balanced healthcare professional perspective to inform the CTMUHB's decision making

3. Highlight Report

Alert / Escalate	Following the appointment of a new Chair, attendance and engagement within the Clinical Advisory Group have been reviewed. Across the five meetings held in 2025, average attendance has been five members (including the Chair and Deputy Chair) out of a total membership of twenty-five, with thirteen members unable to attend any meetings during this period. Other than the Chair and Deputy Chair, only one member has attended at least half of the CAG meetings. In accordance with the Group's Standing Orders, a review of membership and engagement is now under way to ensure representation remains active and reflective of the professional groups across the Health Board. All current members have been invited to confirm their continued participation, with six responses received after a month.

	Key drivers of low attendance include scheduling difficulties, a perception of a lack of clear and well-defined output from the CAG, and staff having moved on to other roles without being directly replaced. It is therefore the view of the new chair of the CAG that the CAG is not functioning as intended, and in its current form unable to deliver the role according to the standing orders of the Health Board. A full reset of the CAG is proposed, including the support of the board and particularly the Clinical Executives to work with the chair of the CAG to determine membership, expectations and direction. Membership of the CAG, as defined by the Standing Orders, is by appointment by the board, though the Chair is keen to be part of the process of reviewing the options for membership and function of the CAG going forward.
Advise	The September meeting was the first meeting chaired by the newly appointed Chair, Alex Brown. It was agreed that the Group would seek to consider how best the Group can advise, engage and develop actionable outcomes as a collective working alongside the Executive Body to ensure cross-disciplinary and cross-group collaboration. Members of the group find updates from the board helpful, though felt more proactive involvement with the board could be strengthened. The Chair has agreed to review and update the Group's Terms of Reference in line with Statutory requirements and ensuring multi-disciplinary membership. The Chair would also reset meeting dates going forward to quarterly meetings – these are currently bi-monthly but are proposed to reduce to quarterly.
Assure	The Chair has agreed with various clinicians, and has positive feedback for, the plan to develop ideas for themed sessions for agreement by the group. The Chair would seek to liaise with, as a starting position: o Strategy and Transformation leads to ensure the Group is fully engaged in the IMTP process and strategy work. In particular, clinical teams wanted to input on how IMTP is seen as more deliverable and accountable. o Quality and Safety teams to see how the CAG can help advise on improvements to how we respond when things go wrong. In particular, the CAG would want to work with the AMD and health board leads for Q&S to

	explore whether incident investigation could be made easier for staff, spending less time on the 'what' and extensive timelines, and more time on the 'why' and the root causes of incidents, how we share learning, and join up themes rather than dealing with incidents in isolation. o The Strategic Clinical Services team, to provide broad based clinical input in to this workstream – and to help make sense of what this workstream means for clinicians. o The People Team, to discuss the practical outputs of the approved People Plan. This could include for example, how we hold our clinical leads accountable for visibility and clinical direction, and how we support them to deliver this. It is hoped by having themed sessions, supported by relevant members of the leadership of CTM, that these will improve engagement with and the usefulness of the Clinical Advisory Group.
Inform	The new chair of the CAG would like to thank the previous Chair and Deputy Chair of the CAG, and to thank the members of the CAG who have provided their input over the last few years. The Chair does appreciate that shift patterns and work place constraints are likely to have contributed to the low attendance to date.
Appendices	Clinical Advisory Group Current Terms of Reference.

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:
	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))*	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))*	Effective If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Choose an item. If more than one applies please list below:

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

Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.
Enw da / Reputational	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 SUPPORT the highlights outlined in section 3 of this report.

Agenda Item
5.5

CTM Health Board

Director of Public Health Annual Report 2024/25 Starting Well, Living Well: Working together to support the Early Years of Life

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Rob Green, Consultant in Public Health
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Philip Daniels, Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
Strategic Development Committee	01/10/2025	Endorsed for Submission to Board

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 The Director of Public Health's Annual report is an opportunity to reflect on a key issue to the health of our population here in Cwm Taf Morgannwg.

1.2 This year's report focuses on the early years of life, a critical period for laying the foundations of lifelong health.

1.3 The report highlights key issues and examples of work being done across Cwm Taf Morgannwg (CTM) to improve outcomes for children and families.

1.4 Despite many positives, persistent inequalities remain, with a majority of families living in the 40% most deprived areas of Wales. Among other metrics, in CTM we have:

Higher rates of maternal smoking and obesity
Higher rates of low birth weight
Reduced breastfeeding rates
Increased levels of childhood obesity
Increased rates tooth decay

1.5 Our poorer outcomes in the early years feed through to reduced healthy life-expectancy.

1.6 With the national withdrawal of the Early Years Transformation programme in 2023 there has been a gap in regional collaboration and co-ordination to improve health outcomes in the early years.

1.7 The Regional Partnership Board's upcoming Babies, Children and Young People Strategy presents an opportunity for renewed focus in this space.

1.8 Prioritisation of action on the early years by partners across our regional system is essential if we are to turn the tide on patterns of increasing ill health in our region and reduce health inequalities.

2. Specific Matters for Consideration

2.1 The report emphasizes the importance of prioritising the health of the youngest members of society.

2.2 Action to improve health and wellbeing of children and families in the early years is essential for reducing health inequalities and improving long term health outcomes.

2.3 The report covers key opportunities for improving health and wellbeing in the early years, including:
Preconception and the first 1000 days, including maternal health, family bonding, and breastfeeding

Health improvement and protection, including vaccination, healthy weight, and oral health
The foundations of health, including child poverty and collaborating between health and education.

2.4 Overall, we highlight the need for a coordinated, system wide approach to address these issues and reduce health inequalities.

3. Key Risks / Matters for Escalation

3.1 There is currently a lack of prioritisation of action to improve outcomes in the early years across CTM.

3.2 There is currently a lack of regional co-ordination to improve outcomes in the early years across CTM.

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: Inspiring or people, improving care
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting 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: Cuts across all domains
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
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 relevant
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 relevant (Translated version will be published simultaneously)
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Working with partners to strengthen our approach in the Early Years will have a positive reputational impact	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	Yes (Include further detail below)	
	No direct impact, however the report is an opportunity to reflect how we resource and support work on the Early Years as a health board.	

5. Recommendation

5.1 The Board is asked to Approve the Annual Report, following which the report will be launched in collaboration with communications colleagues.

5.2 Our annual report makes a set of key recommendations, though these are not an exhaustive set of recommendations they provide an indication of opportunities for improvement across the system.

5.3 Recommendations include:

5.3.1 Cross Cutting Recommendations

- Reinvigorate and prioritise system-wide work across the early years, focusing on co-production, collaboration, and integration.
- Match collaborative action with joint commissioning and sustainable models of funding.
- Advocate for national action, where levers lie beyond CTM.

- Maximise long-term benefits by considering early years in wider programmes (e.g., smoking cessation in pregnancy).
- Explore better sharing and utilisation of existing data across the early years, linking data to system priorities.

5.3.2 Pre-conception and the first 1000 days:

- Develop a Maternity Public Health plan to take a systematic approach to prevention and equity.
- Review provision of long-acting reversible contraception across CTM to improve access, focusing on priority groups.
- Learn from the preventative approaches developed by the CHOICE and Local Authority pre-birth programmes to build sustainable models of preventative care in the first 1000 days.
- Deliver the CTM infant feeding strategy, and ensure that breastfeeding rates are monitored at a strategic level.

5.3.3 Health Improvement and Protection in the Early Years:

- Take a whole system approach to healthy weight, working alongside the PIPYN programme to understand the lives of young families.
- Work to expand access to healthy, affordable food for children and families.
- Continue to work for high levels of vaccination for mother and child in CTM, with a focus on reducing inequalities.
- Learn from Designed to Smile access to dentistry pilots, sharing progress with educational colleagues.

5.3.4 Foundations of Health – Child Poverty and Education:

Prioritise action on child poverty as part of regional collaborative working on the early years.
Consider how system-wide efforts to benefits maximisation can work with families with young children.
Strengthen partnership working between health and education, and consider how data can be better used to understand challenges such as school readiness.
Continue to lobby for clear national and UK level commitments to action on child poverty, including the lifting of the two-child benefit limit.

6. Next Steps

6.1 The report will be socialised across relevant stakeholder forums as part of our work advocating for action across the Early Years.

Cwm Taf Morgannwg University Health Board Director of Public Health Report 2024 - 2025

Starting Well, Living Well: Working together to support the Early Years of Life

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Foreword

I'm pleased to present this year's annual report as Executive Director of Public Health for Cwm Taf Morgannwg University Health Board. This year we focus on the early years of life, a critical window where the foundations for lifelong health are laid.

In this report we give an overview of some of the key issues relating to the early years, and just a few examples of some of the excellent work taking place throughout Cwm Taf Morgannwg (CTM) to give children a better start in life.

The early years are complex, but full of opportunity. Across our health board, three local authorities of Rhondda Cynon Taf, Bridgend and Merthyr Tydfil, and numerous voluntary and community organisations, there is a wealth of positive work underway to improve outcomes for children and families in CTM.

While there are many positives, it's difficult to get away from the persistent inequalities in our region. A majority of our families live in the 40% most deprived areas of Wales. As a result, we see higher rates of maternal smoking, low birth weight, reduced breastfeeding, and increased tooth decay. Disparities such as these mean a child born in our most challenged communities can expect 11 fewer years of good health than one born in the most affluent areas.

In our report we look at key areas for giving children a better start and reducing health inequalities. We begin with preconception and the first 1000 days, including maternal health, family bonding and breastfeeding. We then focus on vaccination and core aspects of health improvement in the early years, including healthy weight and oral health. Underpinning the long-term health of our children are the foundations of health – here we examine the impact of child poverty, and opportunities for working together between health and education.

By highlighting some of the brilliant work going on in CTM, we show some of the many opportunities for building on success and sharing learning across the region. It may be a cliché, but children are the future of our society. Investing in their health and wellbeing now is essential if we want a healthy and prosperous future.

Philip Daniels
Executive Director for Public Health

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Bridgend County Borough Council
Merthyr Tydfil County Borough Council
Rhondda Cynon Taf County Borough Council
Our Community and Voluntary Sector partners across CTM
Cwm Taf Morgannwg Regional Partnership
Public Health Wales

Introduction

Purpose of this report

This report aims to give an overview of key issues relating to public health and the early years, alongside some examples of the excellent work being undertaken across the region to give children a better start in life.

This report is not an exhaustive account of the early years; capturing the breadth of work being undertaken in CTM, across a wide range of issues is beyond the scope. We aim to show the vital importance of prioritising the health of our very youngest members of society, and some of the ways in which we already do this.

The recommendations from the report do not constitute an Early Years strategy but are a series of pointers for us to consider as a system. More important than specific recommendations is the system wide prioritisation of work on the early years for the long-term gains of improving health and wellbeing and reducing inequalities.

Taking a life-course approach, we start at the point of preconception, highlighting the importance of good parental health, and support to plan pregnancies to give babies the best start. We then look at the importance of establishing our babies within the family unit, from infant feeding, maternal mental health and the parent infant relationship.

Following on, we look at key public health topics through an early year's lens, including healthy weight, immunisations and oral health. Finally, we consider those wider building blocks of health, focusing on education, from pre-school to school readiness and taking a look at the wider impact of poverty on children growing up in CTM.

What's missing?

We are mindful that there are many areas that we could have covered in more detail. A range of professionals and programmes play a vital role in giving children a better start. Community midwives, health visitors, speech and language therapists and other health professionals play an essential part in the early years, as do local authority commissioners, social workers and family support workers and more.

There are established national programmes, such as Healthy Child Wales, and the Flying Start programme which are delivered locally, and form important parts of our early years system. This report touches on these but is not a detailed review. We also do not look in depth at significant agendas, such as the Adverse Childhood Experiences (ACEs) agenda.

Early Years Definitions

In this report we are looking at the early years as the period from birth to the start of full-time schooling, between the ages of 4 and 5. We also include the concept of the first 1000 days – from conception to 2 years old, recognising the importance of a healthy pregnancy (and the impact of our health before conception).

Welsh Government defines the early years as the period of life from pre-birth to the end of Foundation Phase, or 0 to 7 years of age.
To give a flavour of key areas in the early years we structure our report around three themes:

- Preconception and the first 1000 days
- Improving and protecting health
- Working on the wider determinants

Data and our children in CTM

This report gives an overview of some of the key data relating to the early years in CTM. This shows that:

- We have a higher birth rate than many areas of Wales.
- Our children are born into higher-than-average levels of deprivation.
- Parents are affected by higher rates of risk factors for ill health, such as obesity and smoking.
- As a result, more children are born at a low birth rate (indicating a higher risk of a range of outcomes)
- By the age of 5 we can already see health inequalities, with higher rates of tooth decay and childhood obesity.

Beyond these highlighted figures routinely available data on the early years is limited, often with significant time lags. However, there is a wealth of data collected around the system, presenting an opportunity to improve our understanding of issues across the early years.

Spotlights on work in the Early Years

Throughout the report we highlight some of the great work underway around CTM, looking at the vital roles played by partners from our local authorities, voluntary sector and across the health board. Each one of these case studies has a lesson for our system.

St David's Baby Bank in Merthyr Tydfil show the value of hyper-local community action in mitigating the impact of the poverty too many of our children grow up in. Our CHOICE service shows the value in tailoring services to the needs of underserved groups as we work to reduce health inequalities. The work undertaken through the Sarn Flying Start Scheme shows how we can bring local partners together to take a holistic view of family needs and work with families whatever their challenges. These examples show the importance of coming together collectively.

Investing in the Early Years

Investing in early years and family support programmes is one of the most effective ways to improve population health, reduce inequalities, and generate long-term savings across public services. The Heckman Curve (Figure 1) shows the potential value of investing in the early years. A recent Public Health Wales review on investing for health, identified the following key areas:

Key areas for investment

- Support for pregnant women, new mothers, and young families, including social and health protection.
- Breastfeeding and nutrition programmes that improve health outcomes and reduce demand on services.
- Affordable, high-quality childcare, education, and health services, with a focus on universal access.
- The first 1000 days as a critical window for intervention.

What the evidence tells us

- All UK vaccination programmes are highly cost-effective.
- Consistent delivery of early years programmes, such as the Healthy Child Wales Programme, is essential.
- Parenting programmes can return £15.80 for every £1 invested.
- Enhanced mental health screening by midwives has delivered £490 million in net benefits over ten years.
- Breastfeeding promotion could save the NHS around £50 million annually.
- Early years education, especially for low-income families, returns £1.31 for every £1 spent.
- School and community programmes that support physical activity, nutrition, oral health, and mental wellbeing are cost-saving.
- Reducing exposure to unhealthy food advertising and non-educational screen time can help reduce obesity risk.
- Integrated programmes involving schools, communities, and parents show promise in preventing early alcohol use.

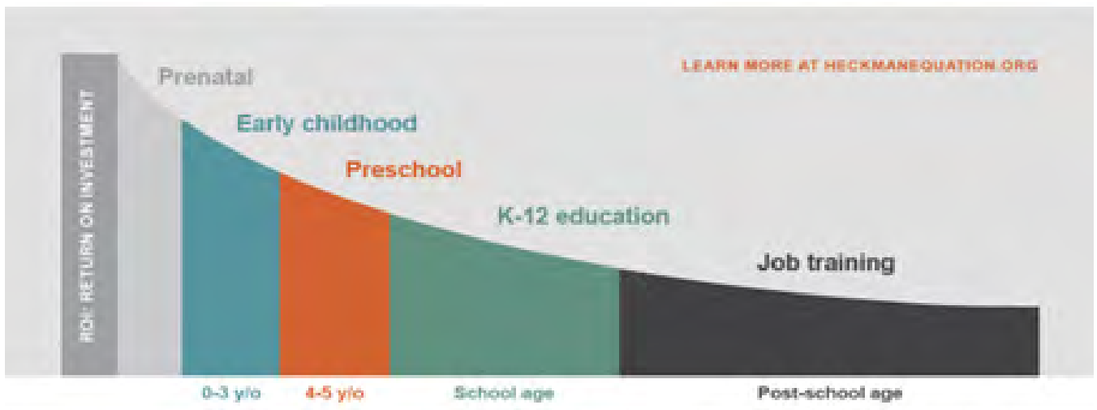


Figure 1: The Heckman curve shows the potential value of investing in the early years

Strategic Links

There is no current national strategy specifically covering the Early Years. However, a range of policies and strategies stress the importance of a co-ordinated approach to take preventative action in the early years for lifelong health and wellbeing benefits.

Key Policies & Strategies and Frameworks include :

- Well-being of Future Generations Act (WBFG) (Welsh Government 2015)
- The United Nations Convention on the Rights of the Child (UNCRC, 1990)
- Child Poverty Strategy (Welsh Government, 2024)
- Collaborative Healthcare in Wales (RCPCH Report, 2025)
- Mental Health and Wellbeing Strategy 2025 to 2035 (Welsh Government)

A number of national programmes operate to improve child health and reduce health inequalities. These include:

- The Healthy Child Wales Programme (HCWP): a core universal health visiting programme.
- Childcare and Early Years Capital Programme (2025–2028): funding to local authorities to improve childcare facilities.
- Flying Start & Families First: a national early years programme for families in our most disadvantaged areas.

The Best Start in Life: A Framework for Action

Public Health Wales's framework sets out a vision for improving outcomes for babies, young children, and families in Wales by strengthening the early years system.

Developed collaboratively with professionals, parents, and carers, the framework defines what "the best start in life" means: a society where babies are safe, loved, and able to play and explore, supported by nurturing relationships and inclusive environments.

The framework identifies three foundational components:
1. A society that values and listens to babies, children, and families
2. Shared vision, strategy, and leadership
3. Enabling structures and ways of working

It also outlines seven thematic building blocks essential for reducing inequalities:

- Family-friendly, safe, and sustainable environments
- Safe and suitable homes
- Supportive communities and networks
- High-quality play, learning, and care
- Maximised family income and fair work
- Family-focused services
- High-quality universal and enhanced health services

Each component includes benchmarks for local, regional, and national action, offering a structured guide for identifying gaps and prioritising improvements.

Implementation is flexible, allowing different sectors to use the framework according to their context. It encourages collaborative leadership and cross-sector accountability. The framework also calls for an updated outcomes framework to measure progress and ensure alignment with shared goals.

A call to reinvigorate local action

In 2023 the national Early Years Integration and Transformation Programme closed, leaving a gap in national direction and regional co-ordination of work across the early years. In related work to look at ambitions to support Starting Well the following draft set of system ambitions was produced:

Ambition 1: Infants and children reach their full health and wellbeing potential
Ambition 2: Families are resilient and are able to access the advice and support they need in the right place at the right time
Ambition 3: A regional multi-agency vision for Early Years provision is in place that is focused on positive outcomes for children
Ambition 4: Children are ready for entry into Nursery at age 3 and have confidence in their own abilities

The new Children and Young People's strategy for CTM, produced by the CTM Children's Board offers an opportunity to reinvigorate collaborative working on the early years, with an existing set of local ambitions as a starting framework.

Inclusive Language

The language we use in this report reflect that most pregnant and post-natal people identify as women. In practice this means that most commonly we use the terms "woman" or "women" to refer to these service users in the information we produce. However, we also recognise diverse gender identities, and the importance of inclusivity and inclusive language and will use gender neutral language as well.

Recommendations

Recommendations here give a sense of work and approaches that could be taken forwar
better start.

Cross Cutting

Pre-conception and the first 1000 days

Health Improvement and Protection in the Early Years

Foundations of Health – Child Poverty and Education

Cross Cutting

- Reinvigorate and prioritise system-wide work across the early years, focusing on co-production, collaboration and integration.
- Match collaborative action with joint commissioning and sustainable models of funding.
- Advocate for national action, where levers lie beyond CTM.
- Maximise long term benefits by considering early years in wider programmes (e.g. smoking cessation in pregnancy).
- Explore better sharing and utilisation of existing data across the early years, linking data to system priorities.

Pre-conception and the first 1000 days

- Develop a Public Health & Maternity plan to take a systematic approach to prevention and equity.
- Review provision of long-acting reversible contraception across CTM to improve access, focusing on priority groups.
- Learn from the preventative approaches developed by the CHOICE and Local Authority pre-birth programmes to build sustainable models of preventative care in the first 1000 days
- Deliver the CTM infant feeding strategy and ensure that breastfeeding rates are monitored at a strategic level.

Health Improvement and Protection in the Early Years

- Take a whole system approach to healthy weight, working alongside the PIPYN programme to understand the lives of young families.
- Work to expand access to healthy, affordable food for children and families.
- Continue to work for high levels of vaccination for mother and child in CTM, with a focus on reducing inequalities.
- Learn from Designed to Smile access to dentistry pilots, sharing progress with educational colleagues.

Foundations of Health – Child Poverty and Education

- Prioritise action on child poverty as part of regional collaborative working on the early years.
- Consider how system wide efforts to benefits maximisation can work with families with young children.
- Strengthen partnership working between health and education and consider how data can be better used to understand challenges such as school readiness.
- Continue to lobby for clear national and UK level commitments to action on child poverty, including the lifting of the two-child benefit limit.

Early Years in CTM: Rapid Data Overview

Our rapid data overview gives some context to the health of our communities in CTM, where our bies will grow up. We are working as a team to publish more in-depth health profiles.

449,346
people living in CTM

Age

There are 449,346 people living in CTM – 26,400 are aged between 0-5 years. CTM has a similar proportion of 0–5-year-olds (5.9%) to the Welsh average (5.7%). CTM has a slightly higher birth-rate, with more than 4,000 babies born in CTM every year, making up 14.6% of all births in Wales.

Life expectancy

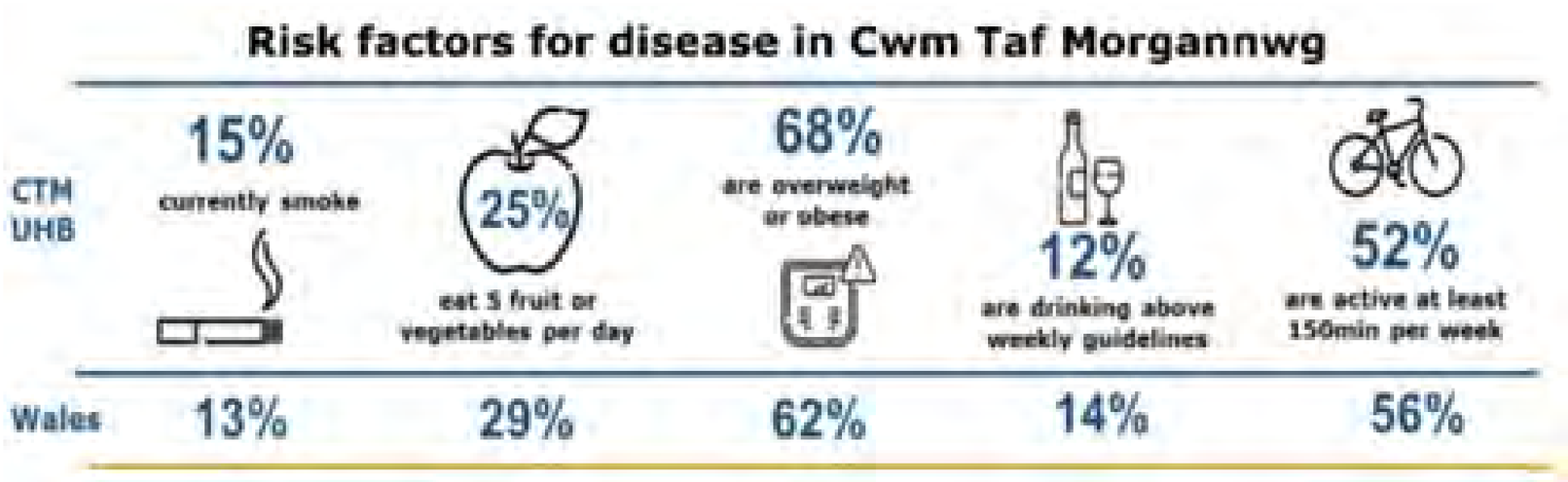
Healthy life expectancy is lower in CTM than the Welsh average.
Life expectancy is lowest in our most deprived areas (7 years less for men, 5 years less for women). Healthy life expectancy is lower in our more deprived areas (10 years less for men, 12 years less for women).

Deprivation

Cwm Taf Morgannwg University Health Board serves some of the most deprived populations in Wales. 56.5% of the population in CTM are living in the two most deprived fifths in Wales (WIMD, 2019).

Risk factors and healthy behaviours

In CTM there are significantly higher proportions of people who smoke, live with overweight or obesity or struggle to meet activity recommendations.



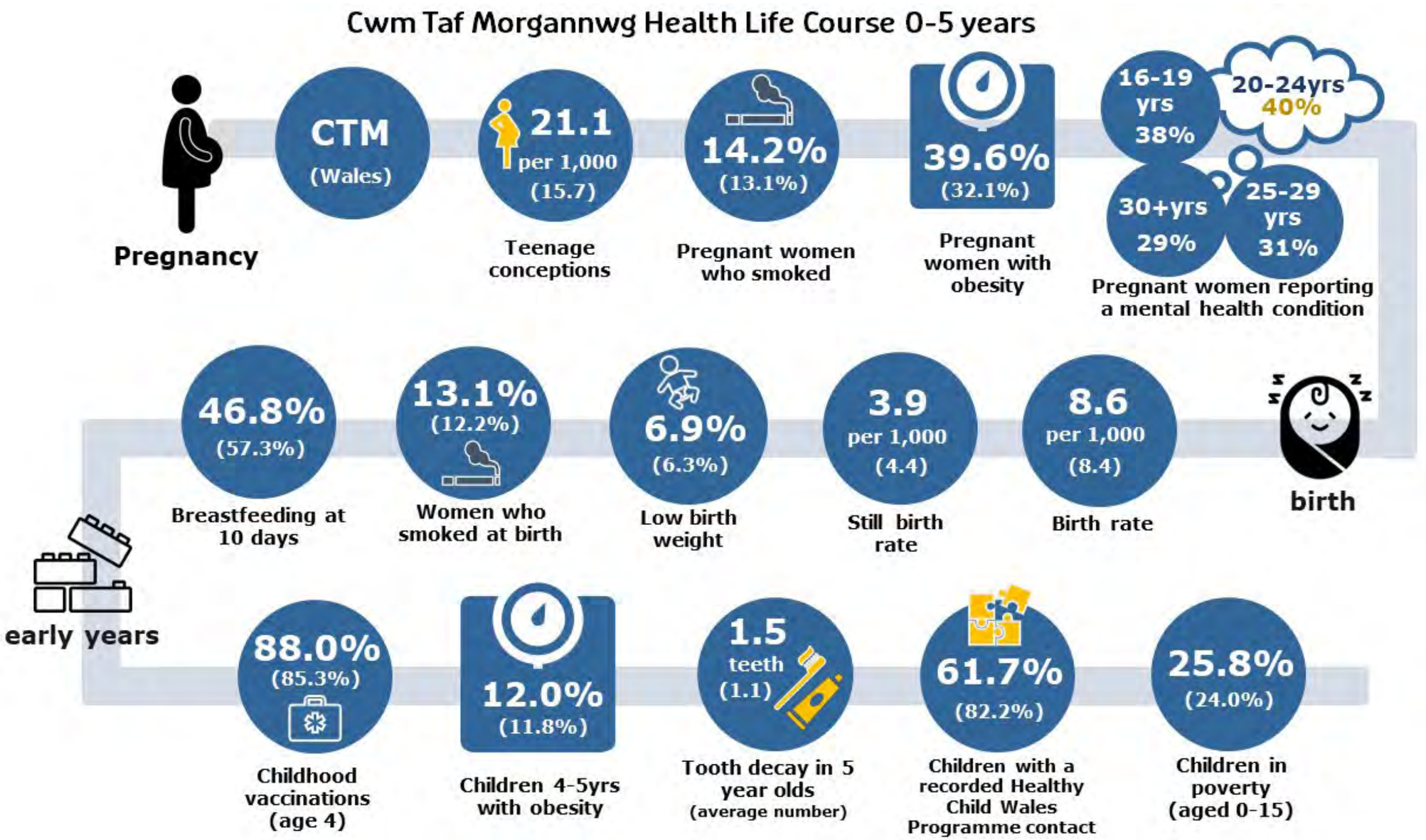
Health in the Early years

CTM has poorer outcomes on a number of measures of a healthy pregnancy such as high numbers of teenage conceptions, high numbers of pregnant people who smoke, or living with obesity.

CTM also has higher than the Welsh average numbers of babies born with low birth weight, and some of the lowest levels of breastfeeding in Wales.

CTM encounters many challenges around the health and wellbeing of under five-year-olds with high rates of childhood obesity, poor oral health and those living in poverty.

Our infographic below shows some of the key data for babies being born in CTM.



Preconception and the First 1000 Days

Good maternal health and wellbeing before conception, support around pregnancy planning, and health in pregnancy are all important staging posts in giving a child the best start.

This chapter covers the period before conception, and the first 1000 days of a child's life. These are critical windows for improving long-term health outcomes.

This includes looking at:

- Preconception health
- Planning for pregnancy, and ensuring access to contraception
- Case studies to show how we can support vulnerable families
- The importance of parent infant relationships, and giving babies a voice
- Infant feeding

There are many opportunities to improve individualised support. A whole system approach; better prioritising and integrating work across the system to improve the foundations of health with pre-conception and perinatal health, will be the most effective.

Preconception health
Preconception refers to the period before pregnancy begins. Health in this phase strongly influences pregnancy outcomes and has lasting effects across generations.

Preconception health is impacted by a range of factors such as maternal weight, smoking, alcohol and substance use, folic acid intake, immunisation status, long-term conditions, previous pregnancy complications, age, and exposure to domestic violence. In CTM UHB, these factors are more prevalent due to higher levels of deprivation.

Even among those planning a pregnancy, few make health-related changes beforehand. Improving preconception health means identifying and supporting those considering pregnancy, while also addressing wider population health, especially among people of childbearing age.

Improving maternal health offers a wider opportunity for population health gains, with long-term benefits for families and economic returns. For example, reducing smoking in pregnancy (currently 14%) and supporting healthy weight (40% of pregnant women live with obesity) could yield significant impact.

Planning for Pregnancy and contraception

A planned pregnancy is likely to be a healthier one, as unplanned pregnancies represent a missed opportunity to optimise pre-pregnancy health. Data on unplanned pregnancies and teenage conceptions is limited in Wales, but research from England found that 45% of pregnancies and one third of births are unplanned. While many unplanned pregnancies lead to positive outcomes, some can have lasting health impacts for mothers and babies.4

National data shows a 39% rise in terminations between 2016 and 2022, with around half of under-18's pregnancies ending in termination. CTM UHB has the highest rate of terminations in this age group across Wales, indicating a high level of unplanned pregnancies.4

At school level, nearly a quarter of 15/16-year-olds in CTM report having had sex – the highest rate in Wales. Over half did not use a condom during their last intercourse, and 12.5% used emergency contraception.4

Currently 15 of our 43 General Practices are unable to provide a full range of long-acting reversible contraception (LARC) – the most effective forms of contraception.

Early intervention is vital to prevent unintended pregnancies. Support around reproductive health, access to contraception, and preconception care should be prioritised. Helping individuals prepare emotionally and physically for pregnancy is key to giving children the best start in life.

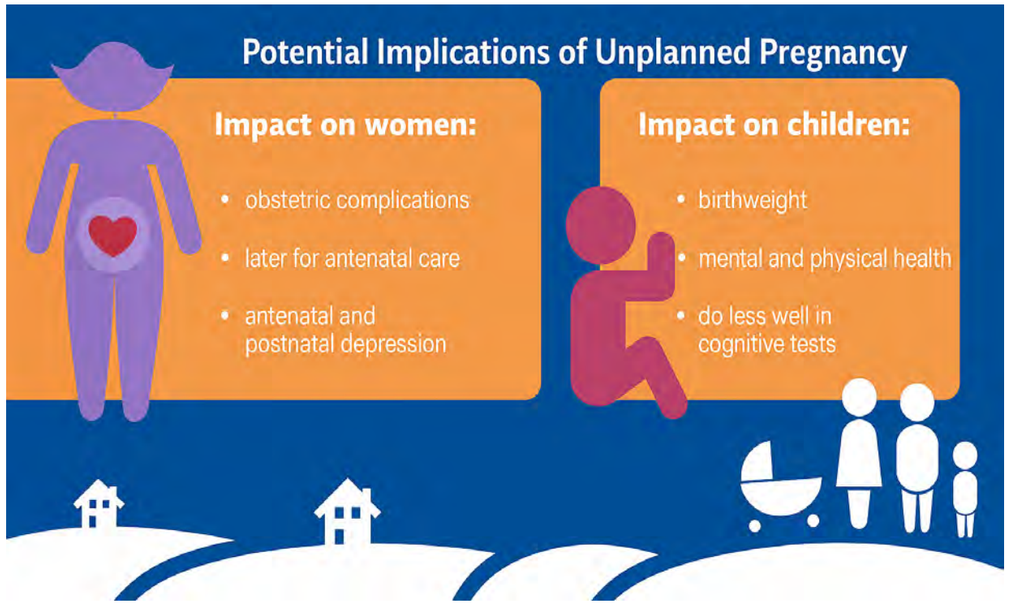


Figure 3: Potential Implications of Unplanned Pregnancy, PHE

The CHOICE service shows the importance of helping people plan their pregnancies, helping to reduce the number of children taken in to care and giving people control over their lives.

Maternal Health in Cwm Taf Morgannwg

A healthy pregnancy is one in which both the mother and baby experience good physical and mental health & wellbeing.

Supporting maternal health improves outcomes through pregnancy and delivery, ensuring babies have the best possible start in life.

However, in Cwm Taf Morgannwg, the impact of deprivation and inequality on family circumstances is reflected in poorer maternal and infant health outcomes. These challenges are evident across a range of indicators.

There is a range of work across CTM to support women's health and wellbeing during their pregnancy, starting with our universal community midwifery programme.

The Flying Start programme provides an enhanced community midwifery service to families in greatest need, with different models in operation across our three local authorities.

Our Help Me Quit for Baby service helped 354 pregnant people to make a quit attempt in 2024/25, while the Bump Start programme provides additional support to women with a BMI of 40+.

Primary care work hard to ensure ppregnant people receive key vaccinations in pregnancy, however system challenges to vaccinate at every opportunity remain. Reducing rates of whooping cough vaccination across the UK have seen incidents of child death in recent years.

However, as shown in our infographic on page 16-17 we have significant challenges, associated with higher levels of deprivation.

- Women living with obesity make up the largest group of expectant mothers in CTM - 2 in 5 mothers have a BMI over 30.
- Women with obesity are 3 to 4 times more likely to develop Gestational Diabetes (GDM) than those of a normal weight.
- 37% of pregnant women in CTM reported a mental health condition at booking (approx. 1,800 out of 5,000), compared to 32% across Wales.
- 14.2% of women smoked at initial booking assessment (13.1% in Wales).
- CTM has a high rate of teenage pregnancy (21.1 per 1,000 women <18 years in 2022).
- Many women do not receive key vaccinations in pregnancy, with 58.1% being vaccinated against whooping cough, and 46.5% against RSV.

Poorer maternal health leads to increased risk of poor birth outcomes, and longer-term poorer health for mothers and children. Low birth weight is a key indicator of a healthy pregnancy. Since 2011, CTM has consistently reported the highest percentage of babies born with low birth weight across Wales.

System wide work to support maternal health will be essential to giving children a better start.

Case Study: CHOICE: Supporting Vulnerable Women to Plan their Pregnancies and Protect their Health

The CHOICE service was established in 2020 to deliver a 'clinic in a box' approach to sexual health care for women and their partners in priority groups across CTM. The service aims to help vulnerable women who find it difficult to access mainstream services plan their pregnancies and control their reproductive and sexual health.

CHOICE is a collaboration with CTMUHB Integrated Sexual Health and Public Health, focusing on education, support and access to preventative interventions by working with community partners and building trusted relationships.

'Being local and helping you with a time that is best for you. Seeing the same person and being comfortable within your appointment.'

Impact

Prior to its introduction, there was no dedicated pathway to meet the often-complex sexual health needs of underserved populations, exacerbating existing health and social care inequalities.

'Lots of our clients would not have been able to access routine clinics or treatment and having a direct route through CHOICE has made the difference to so many clients' (CHOICE Nurse)

In 2024/25 key activity included:

- Receiving referrals for 548 clients
- Providing 845 contraceptive items
- 58 episodes of cervical screening
- 164 STI screens completed.

Case Study: The Magu Project

The Magu Project was developed by Rhondda Cynon Taf County Borough Council in support of the Welsh Government's strategy to keep families together and reduce the number of Looked After Children in Wales. The name "Magu" (Welsh for "to nurture, raise") reflects the long-term support needed to improve outcomes for children and families.

Magu provides an integrated care pathway for pregnant women and families, focusing on early intervention and edge-of-care services. It aims to build skills and resilience, reduce risk, and prevent children from entering care at birth. Support begins from 12 weeks of pregnancy and continues until the child turns one, even if the child is removed from parental care. The service aims to:

- Reduce the number of babies under one becoming looked after.
- Minimise parent-child separations and their duration.
- Increase rehabilitations of separated babies back to parental care.
- Reduce repeat care proceedings and care-experienced parents having children removed.
- Enhance father involvement and parental resilience.

Early outcomes from the first year (as of June 2024) show promising results:

- 22% reduction in under-1s entering care.
- 10% reduction in reliance on parent-child placements.
- Only 1 of 9 placements ended in separation (previously 30–40%).
- 41/ 46 babies supported remained or returned to parental care.
- High father involvement (53 of 78 families).
- 100% reported improved wellbeing and resilience.
- 90% of cases resulted in children remaining with parents.

One parent commented,

"Magu has been an incredible support for me during a challenging period in my life. I truly feel that my thoughts and feelings have been acknowledged."

Supporting Parent Infant Relationships

The first 1000 days of life, from conception to age two, is a time of unique opportunity and vulnerability for babies and toddlers. They are growing rapidly, and this is a time when the foundations for their later health, well-being, relationships, behaviour and development are established.

During this time babies' brains are shaped by their environment, experiences, relationships and interactions they have with the trusted grown-ups who care and look after them. When early experiences are optimised, children are able to acquire a secure early skill base and are better enabled to go forward in life, gaining further skills and becoming more successful at managing and undertaking the core activities of daily life.

Around one in five babies born in the Cwm Taf Morgannwg region are likely to experience a parent-infant relationship difficulty sufficient to risk their later mental and physical health, social relationships, progress at school and in work. The scale of need is high due to local communities experiencing high levels of trauma and adversity which contribute to increased pressure on the parent-infant relationship.

In recognition of these challenges, a regional Parent-Infant Relationship (PIR) service across the CTM region has been developed addressing a significant gap in support for families with children under two experiencing serious PIR difficulties. The service is designed to:

- Promote good emotional health and wellbeing in babies, infants, and their caregivers.
- Deliver preventative interventions to reduce the need for late-stage services like CAMHS and children's social care.
- Support families to stay together safely, particularly those at the edge of care.
- Direct support: Specialist casework for families with serious parent-infant relationship difficulties.
- Upskilling staff: Training and consultation for early years professionals to embed knowledge across health, social care, and education.
- Integrated working: Multi-agency collaboration with a 'no wrong door' approach, ensuring families can access support wherever they present.
- Regional consistency: Common service offer across CTM's three local authorities

The development of the CTM Parent-Infant Relationship service is an important example of how we can work across regional partners to maximise resources across a shared challenge.

Case Study: Baby and Toddler Voice

LLAIS BABANOD A PHLANT BACH
CWM TAF MORGANNWG
BABY AND TODDLER VOICE

Regional partners working across health, the three local authorities, third sector, parents and parents-to-be have worked together to co-produce the CTM Baby and Toddler Voice statements to bring into focus the needs of the infant across the first 1000 days.

The CTM Baby and Toddler Voice statements aim to promote the United Nation Convention on the Rights of the Child (UNCRC), an international agreement that protects the human rights of children up to the age of 18.

Some examples of these statements include:

- I need you to understand that my experiences now will impact my future.
- I need my trusted grown up to look after my, and their health before, during and after my arrival and to reach out for help if things are not right.
- We need important people to understand how vital my early years are for me to reach my full potential and reflect this in all documents related to me and all little ones.

There are 15 statements in total, covering a range of needs for young children as they grow. They provide a useful guide for thinking about how we centre services around the needs of

Infant Feeding in CTMUHB: Why It Matters

Infant feeding is a cornerstone of early childhood health and development. Breastfeeding offers an important opportunity to strengthen mother-baby bonding. It also offers lifelong health benefits for both infants and mothers, helping to reduce health inequalities and prevent conditions such as obesity, diabetes, and infections.

Breastfeeding rates in CTMUHB remain among the lowest in the UK. The 2024 data shows 56% of women in CTMUHB are breastfeeding exclusively at birth, which is lower than the average in Wales of 61.9%.

Breastfeeding rates are no longer part of the NHS performance framework, reducing the visibility of this key public health indicator.

Spend on specialist infant formula in primary care in CTM has increased from £487,000 in 19/20 to £742,000 in 24/25, suggesting parents are not getting the support they need to maintain chosen feeding methods.

An overview of the CTMUHB breastfeeding data is outlined on page 27 in Table 1. As can be seen, rates of breastfeeding are consistently below the Welsh average at every stage, with only 1 in 6 women breastfeeding for the recommended 6 months.

Table 1: Breastfeeding data for CTM and Wales, Stats Wales 2024.

	At birth (exclusive)	10 days (exclusive)	6 weeks (exclusive)	6 months (exclusive)
Wales	61.9	38.7	30.7	23.2
CTM	56.0	29.6	23.0	16.7

While breastfeeding has many important benefits, there are lots of reasons why a person may not be able to breast feed their baby or may choose not to.

Regardless of feeding method, it is important that people get the support they need to make an informed choice and develop a healthy feeding relationship with their baby.

Infant Feeding Strategy

The CTMUHB infant feeding strategy aims to create a culture where breastfeeding is normalised, visible, and supported across all communities. Through a whole-system approach, we are working to ensure every family receives consistent, compassionate, and informed s upport—regardless of how they choose to feed their baby.

Key objectives include increasing breastfeeding rates, enhancing parent-infant relationships, reducing childhood obesity, and supporting safe and responsive formula feeding.

Key initiatives involve enhancing antenatal resources and parent education, incorporating user feedback to provide individualised care, improving digital resources, and offering targeted support for feeding difficulties.

Through these efforts, the strategy aims to create a supportive environment that prioritises the health and wellbeing of infants and their families, leading to improved nutritional outcomes and stronger community health.

Case Study: Breastfeeding Network

Insights on women's experiences and support needs relating to breastfeeding were needed to develop a meaningful infant feeding strategy for CTM.

Through appreciative enquiry, mums shared their experiences in safe, familiar spaces online or in local coffee shops. These stories revealed:

- The critical importance of early support and quality information in the first hours and days after birth.
- A strong desire for peer support, especially networks that had collapsed during the pandemic.
- The need for accessible, culturally relevant resources, including Welsh language support and better awareness of the National Breastfeeding Helpline.

This work has led to the development of the breastfeeding network which looked to rebuild the peer supporter networks. In 2024-2025 peer supporters were active in their local communities, creating local, empathetic connections that bridge mums with support systems they need to breastfeed.

The emphasis of the peer support network is focusing on changing the culture around infant feeding, making breastfeeding support visible, normalised, and community driven. It's about creating environments where mums feel heard, supported, and empowered to breastfeed their baby.

Health Improvement and Health Protection in the Early Years

Many of our children grow up in families with low incomes, facing significant barriers to living healthy lives. We start to see the impact of deprivation before children reach primary school, with inequalities in vaccination rates, levels of obesity and tooth decay.

Working to reduce these inequalities is at the heart of our approach to health improvement and protection in the early years. Here we look at three key areas:

- Healthy Weight
- Oral Health
- Vaccination and Immunisation

Our healthy weight work focuses on understanding the barriers families face, listening to them and taking an upstream, equity focused approach to reduce levels of obesity. Our vaccination programmes focus on maintaining high population levels of vaccination, while working hard to reduce inequalities. Oral health initiatives, such as Designed to Smile, contribute to long-term wellbeing and reduce inequalities.

While these programmes often focus directly on the early years, it's important to recognise the potential impact we can have with wider programmes. Tailoring smoking cessation support, or work to reduce substance use to the needs of young families is essential to giving these children a healthier start.

Supporting Healthy Weight from the Earliest Years: A Whole System Approach in CTM

Breastfeeding has an important preventative role in working as a system to reduce rates of obesity. As a health board we spend between £98.5 million and £205.2 million on treating the consequences of obesity each year.

1 in 8 children aged 4-5 in CTM are living with obesity

1 in 4 children aged 4-5 are overweight

The Healthy Weight: Healthy Wales strategy is a national framework for tackling obesity, working as a system to build healthier environments, healthier settings and provide support to individuals and families at risk of, or living with obesity. In CTM, we're aligning this with local priorities and exploring how we can place the early years at the heart of our approach to healthy weight.

Early childhood is a critical time when lifelong habits around food, movement, sleep, and emotional wellbeing are formed. Children are highly influenced by their surroundings, whether it's the food offered in childcare, opportunities for active play, or the messaging from caregivers.

Focusing on the early years also helps address health inequalities before they become entrenched. Listening to families, we have learned that children are growing up with limited access to good quality food and safe outdoor spaces.

Our learning has shown the importance of taking a whole system approach to healthy weight. The causes of obesity are complex, and potential levers are held by many disparate individuals and organisations. Figure 5 shows us some of what our families have told us.

Unless we work as a system with shared beliefs and goals around the causes and solutions to obesity, we will not be successful in giving our children the best chance for a healthy weight.

This work reflects the whole system approach, recognising that no single intervention is enough. Using tools like appreciative enquiry and human learning systems to understand what works and why, and to support communities in designing their own solutions based on lived experience is required .

Ultimately, this is about more than preventing obesity. By working to create healthier environments in the early years, we're improving outcomes for children today and shaping healthier futures for generations to come.

Case Study: PIPYN – Working with Families for Healthier Lives

The PIPYN programme is a key part of our work to improve healthy weight in the early years, supporting families with children aged 3-7. Since the launch in February 2023, over 470 families, with over 750 children have engaged, to share their challenges around food, activity and wider supporting behaviours such as sleep and screen time.

What makes PIPYN unique is the combination of family focused, tailored interactive sessions and work on the wider factors that make it hard for them to access good quality food or stay active. PIPYN empowers families to build healthy habits around food, play, and wellbeing and works within our wider whole system approach to start to create a better environment for children to grow up in. The project's emphasis on upstream change ensures that children grow up in environments where healthy choices are easy, equitable, and sustainable, laying the foundations for lifelong wellbeing.

What our families tell us:

- Lack of transport can make it almost impossible to get to supermarkets where fresh fruit and vegetables are more affordable.
- Working long hours and multiple jobs can make it difficult to find the time or energy to prepare healthier meals for families.
- Transitioning to solids can be daunting, and there isn't always the support that's needed.
- Antisocial behaviour means people don't feel safe playing with their children outside.
- Constant promotion of unhealthy options, or takeaway leaflets through the door puts pressure on families to eat unhealthily.

Immunisations

Childhood immunisation provides essential protection against serious illness, disability, and death from vaccine-preventable diseases . Ensuring children are fully immunised before starting school protects individual health, supports early educational engagement and reduces health inequalities.

In 2024/25, immunisation uptake by four years-old in Cwm Taf Morgannwg (CTM) remained relatively high but varied across the three local authority areas (Table 2):

Area	Number of Children	Coverage (%)
Bridgend	1,255	90.8%
Rhondda Cynon Taf	2,095	87.3%
Merthyr Tydfil	528	84.5%
CTM UHB Total	3,878	88%
Wales Average	25,674	85.3%

While these figures reflect strong efforts across the region, they remain below the national target of 95%. Achieving this target is critical to prevent outbreaks of vaccine-preventable diseases and protecting our most vulnerable.

Despite overall high immunisation uptake among young children in Wales, children in the most deprived areas consistently have lower uptake than those in the least deprived areas. Since the COVID-19 pandemic, a gradual decline in uptake has been seen across all groups, likely influenced by post-pandemic challenges. Addressing these disparities is vital to ensure that all children are equally protected, regardless of where they live.

Improving Immunisation Uptake Among Children and Young People

CTM aims to ensure fair and equal access to vaccines for all children and to improve immunisation uptake rates using a combination of approaches. Key developments include:

- Targeted School Support: School Health has adopted a universal, enhanced, and intensive model to provide tailored input to schools. This approach ensures that support is proportionate to need.
- Universal Offer Through HCWP 2: The Healthy Child Wales Programme 2 continues to provide school-aged immunisations to all children and young people. This ensures equitable access and consistent delivery across the population.
- Engagement with Electively Home Educated Families: Work is underway to map children and young people who are electively home educated and develop engagement strategies to ensure this equitable immunisation access for this group.
- Supporting GP practices: We continue to support GP practices by facilitating one-off mop-up clinics, offering Making Every Contact Count training and providing Bank staff to cover workforce absences.

Looking Ahead

- Digital and Communications Investment: School Nursing has invested in digital infrastructure and communications support to deliver vaccine-literate, targeted information to parents and carers.
- Expansion of e-Consent: Phase 2 of the e-consent pilot will be launched in Merthyr and Bridgend schools to support the school nasal flu programme. The initial pilot demonstrated improved uptake through increased return of positive e-consents compared to paper forms. The aim is to transition to a fully paperless system by January 2026.

From July 2025 and January 2026, the childhood vaccine schedule will be simplified to provide earlier protection for children and greater convenience for families. Pilot areas trialling the revised schedule have reported an increase in uptake of the second dose.

Increasing uptake of Live Attenuated Influenza Vaccination (LAIV) in two-year-olds: A pilot intervention in CTM UHB

The Live Attenuated Influenza Vaccine (LAIV) protects two-year-old children against influenza and serious illness. Uptake across Wales is below Welsh Government targets. We piloted providing set appointment times to parents when they were notified their child was due for the vaccine to investigate impact on uptake of LAIV.

Parents/guardians of two-year-olds in pilot practices were sent a personalised letter, a scheduled vaccination appointment and an evidence-based Frequently Asked Questions (FAQ) sheet. For comparison, children in non-pilot practices received only a general letter and FAQ sheet, without a scheduled appointment.

Compared to the previous year, pilot practices saw a median increase in LAIV uptake amongst two-year-olds of 30·4%, while non-pilot practices saw a median decrease of 4·7%. Uptake increased for 100% of the pilot practices, but for only 35% of non-pilot practices, compared to the previous year. Qualitative feedback noted advantages including saved administration time and improved planning but also disadvantages including wasted clinical time from appointments that were not attended.

The findings indicate that issuing appointment dates and times should be considered as part of a range of measures to improve LAIV uptake in two-year-olds in GP practices with low uptake. However, the pragmatic, unblinded nature of the study design and the within practice annual comparisons are limitations, and mean results should be interpreted with caution.

Further evaluation, including assessment of lost time due to appointment non-attendance and feasibility of scaling up this approach is required.

Designed to Smile: Improving oral health for children in CTM

Tooth decay (dental caries) is the most common oral disease in childhood and is strongly associated with deprivation. It is a key predictor of poor adult dental health and a leading cause of hospital admissions among children, often requiring extractions under general anaesthetic (GA).

Although largely preventable, tooth decay begins early. Teeth start forming during pregnancy, making maternal nutrition a critical factor. In early childhood, barriers to good oral health include limited access to dental services, low parental awareness, and insufficient resources to support healthy habits.

CTM has the highest rates of childhood dental caries in Wales. The average number of decayed, missing, and filled teeth (dmft) among children in CTM is 1.5, compared to the Welsh average of 1.1.

As of Sep 2025, there are 494 children waiting for GA assessment. With current waiting times it is estimated that 75% of these children (371) will go on to require GA for dental treatment. However, if children can be assessed and treated sooner, we can reduce the number of children needing these costly, invasive procedures. A return to pre-Covid levels of 47% of children assessed needing dental treatment under GA would prevent around 120 procedures.

To reduce dental decay in CTM we need to continue to work on:

- Promoting breastfeeding and healthy infant feeding
- Reducing consumption of sugary foods and drinks
- Increasing parental education and engagement
- Ensuring regular access to dental care and daily tooth brushing

Case Study: Designed to Smile (D2S) Programme

Designed to Smile is a national oral health improvement programme targeting children aged 0-7. Delivered by our Community Dental Services, it operates in partnership with education and early years professionals to reduce tooth decay.

The core components of Designed to Smile include :

- Distribution of toothbrushes and fluoride toothpaste
- Encouragement of dental visits before age one
- Daily supervised tooth brushing in schools and nurseries
- Twice-yearly fluoride varnish application

In CTM, 70% of eligible primary schools and 91% of nurseries participate in daily brushing, while 99% of schools take part in fluoride varnish application.

The D2S team also engages with families through breastfeeding groups, Language and Play sessions, and baby massage groups, working alongside Health Visitors. Partnerships continue to expand, involving community-focused schools, family liaison officers, ALN specialists, primary care teams, and the PIPYN team.

In 2024, 2,136 decay cards were issued during fluoride varnish visits. In response to our high need, and listening to feedback from parents and schools, a new care pathway will be piloted in autumn 2025. This pathway prioritises children with decay cards for allocation of an NHS Dentist, tackling one of the barriers to good oral health experienced by families

Foundations of Health: Child Poverty and Education

The health of children is affected by how and where they live, including family relationships, income, housing type and quality, neighbourhoods, environment, education and care.

In this report we focus on poverty and education as two of the fundamental building blocks of health, giving children the best chance of happy, healthy lives. Beyond these, systems work is being undertaken with registered social landlords to build healthier communities, improve neighbourhoods and better listen to the priorities of residents. While this work doesn't focus directly on the early years, if successful the impact will be felt by future generations.

Child Poverty

Child poverty can mean going hungry, not sleeping on a bed, missing out on fun, play and activities. Poverty can affect children before they are born, throughout childhood and beyond. Children born into and living in poverty are:

- More likely to have a low birth weight and less likely to survive the first year of life
- More likely to suffer from diseases in childhood like asthma, and poor health later in life
- More likely to have poor mental health
- Less likely to do well in education and have poorer future job opportunities1

The percentage of children aged under 16 living in relative low-income families (2023/24) varies by local authority within CTM.

Percentage of Children living relative low income families (2023/24)

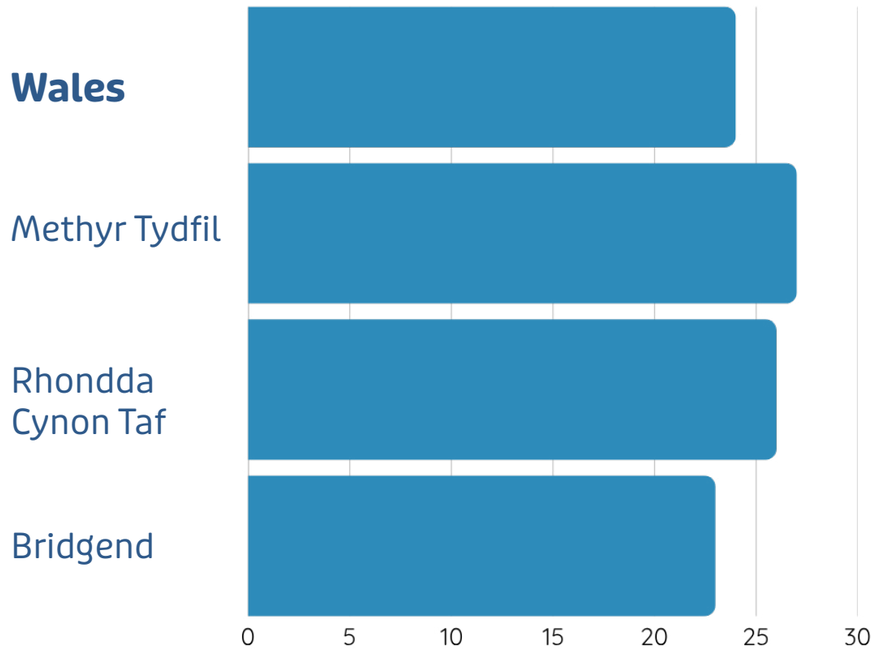


Figure 6: Child poverty rates in CTM

It has been estimated that the total cost of raising a child to the age of 18 is £259,000 for a couple, and £290,000 for a lone parent. Different family types including those out of work and those working full-time can struggle to meet the minimum cost of living. Seven in ten children who are living in poverty have at least one parent who is in paid work.

Child poverty is affected by the two-child limit to means-tested benefits, with End Child Poverty, Child Poverty Action Group and others calling for this limit to be scrapped.

Services in CTM

There are many different services available to families with young children across CTM, aiming to improve access to necessities including food and clothing, and to help with the cost of living. The supported childcare scheme in Bridgend is an excellent example of linking health and social support with wider support such as employment. St David's Baby Bank in Merthyr shows the power of voluntary action to help families in need.

Case study: Bridgend's supported childcare scheme

Gwasanaeth Gwybodaeth i Deuluoedd
Pen-y-bont ar Ogwr
Family Information Service
Bridgend

Bridgend's Supported Childcare Scheme, managed by the local Early Years and Childcare Team and funded through Families First, is an example of impactful targeted support. The scheme enables low-income households with children under three to access free, high-quality childcare.

The success of the scheme lies in its joined-up working with professionals across services, including Basic Skills for speech and language, Employability Bridgend, Early Help, and Perinatal Mental Health. In 2024–2025, the scheme supported nearly 90 families, with 100% of parents reporting satisfaction with the service. The scheme continues to expand across Bridgend with an emphasis on early, tailored support enabling children and their families to flourish.

Case Study: St David's Baby Bank

St David's Baby Bank

Started in 2021, St David's Baby Bank supplies clothes for children in Merthyr Tydfil from new-born up to three years of age. Run by a group of volunteers, donated, preloved baby clothes and other necessary items and equipment are sorted into packages for families. Packages are arranged to cater to the needs of local families referred to the service from local providers.

St David's Baby Bank serves about 100 families every year and has provided more than 425 packages since its inception.

Healthy start scheme

The Healthy Start scheme involves payments to eligible pregnant women and parents of children under 4, to help buy milk, fruit, vegetables, pulses, formula milk and vitamins.

Not all who are eligible receive these payments, meaning that there are families missing out. The estimated value of unclaimed payments is shown below, with CTM totalling an estimated £422,419.40.

Local authority	Average uptake of Healthy Start	Estimated value of unclaimed payments [12]
Bridgend	64%	£134,180.28
Rhondda Cynon Taf	68%	£223,633.80
Merthyr Tydfil	70%	£64,605.32

Recent work to increase uptake of pension credits shows how the CTM system can work together to maximise the incomes of our residents.

Responding to child poverty in Wales and CTM

In the past few years there have been a variety of thinking and frameworks for action to reduce and mitigate child poverty in Wales. From a Welsh Government perspective there is the 2024 national 'Child Poverty Strategy for Wales', and the intention for Wales to become a Marmot nation, alongside the Well-being of Future Generations Act. Public Health Wales have similarly undertaken an analysis of child poverty in Wales.

All of these highlight the significant impact of child poverty on our society, and on children and families themselves.

There is a broad consensus on the required actions to reduce and mitigate child poverty:

- reducing costs and maximising incomes of families,
- creating pathways out of poverty,
- supporting child and family wellbeing,
- challenging the stigma of poverty and ensuring children and families are treated with dignity and respect

The Children's Commissioner for Wales has called for a clear action plan, targets and measurable outcomes.15

Tackling child poverty is essential but will require action and changes from all organisations working in partnership.

Education in the early years: Learning as we grow and getting ready for school

Early years education is key to a child's development and lifelong learning. Quality early years education is an important part of getting ready for school. School readiness reflects a child's ability to thrive in formal education and is linked to long-term health and wellbeing. It includes physical, emotional, social, cognitive, and language development, as well as curiosity and attitudes toward learning.

There is currently no national data collected on school readiness, but school leaders report widespread concerns with children entering primary school with an increasing range of challenges hindering their learning.

This concern is echoed nationally. A UK-wide survey found that many children are entering school already behind, struggling with basic skills such as sitting still, following instructions, communicating, interacting with peers, and being toilet trained.

Research in Wales has identified several factors that negatively impact school readiness, including poverty and deprivation, unemployment, low birth weight, poor child health, maternal smoking and alcohol use, poor parental physical and mental health, inadequate housing, and limited access to childcare.

Although there is currently no system-wide approach to understanding and improving school readiness, there is a range of good practice around the system that could provide a foundation for such an approach.

Colleagues in Health Visiting are due to work with a selection of schools and families to understand what they can do to better to support children getting ready for school, while the Early Years Language Project in RCT focuses on strengthening support for speech, language and communication needs. Work to embed outdoor learning in Bridgend is improving physical fitness, gross motor skills and emotional wellbeing.

Pre-school settings offer an important opportunity to help children get ready to learn, and our Healthy and Sustainable Pre-School Scheme help settings to improve health and wellbeing across a range of domains. Flying Start Sarn is a particularly strong example of working together as a local system to improve outcomes for children and families in the early years.

Case Study: Tackling Health Inequalities Through Outdoor Play in Bridgend

The Bridgend Early Years and Childcare Quality and Impact Team has actively supported early years settings to embed outdoor learning as a strategy to improve physical fitness and emotional wellbeing.

Bridgend includes 19 non-maintained early education settings and 48 maintained nursery classes. A 2024 baseline assessment revealed:

- Low levels of physical activity, with some children reluctant to play outdoors
- Overreliance on fixed equipment, limiting challenge and creativity
- Disproportionate impact on children from more deprived areas

To address these inequalities, the team allocated Early Education funding to improve outdoor spaces. Through a scored application process, 19 schools/settings received targeted investment to create inclusive, movement-rich environments.

“Our children are more active and more settled. Outdoor play has become our most powerful tool for supporting their health.”
Evaluation in July 2025 showed:

- Increased vigorous activity (running, climbing, building)
- Improved balance, coordination, stamina, and motor confidence
- Better emotional regulation and calmer transitions
- Greater practitioner enthusiasm for outdoor learning

Outdoor play promotes movement, wellbeing, and readiness to learn. Investing in outdoor spaces helps reduce inequality, ensuring all children benefit from active, exploratory play.

Case Study: The Early Years Language Project (Rhondda Cynon Taf)

The Early Years Language Project (EYLP) helps schools and settings to identify speech, language and communication needs through universal Wellcomm screening, and support and train staff to deliver high quality Speech, Language and Communication Needs (SLCN) interventions.

The pilot project saw the participation of 9 schools and 8 early years settings. Phase 2 of the EYLP consisted of 52 schools and early years settings. Sixty-four schools and early years settings participated in the final phase rollout of the project, from September 2024.

The Early Years Language Project has continued to grow in strength as it is rolled out across RCT, showing clear evidence of improvement in early language provision. Practitioners now feel more confident in identifying SLCN and better supported in addressing needs within their settings. Parents have been engaged in the programme through the Talk With Me/Siarad Gyda Fi initiative, reinforcing the home to school connection and improving effectiveness of interventions.

The combination of universal screening, staff training, collaborative support, and community involvement has led to measurable improvements in practice. Continued investment in this approach will be essential to sustaining its impact.

The Healthy and Sustainable Pre School Scheme in CTM

The Healthy and Sustainable Pre School Scheme (HSPSS) is a national initiative designed to put health and wellbeing at the core of early years settings. In CTM we focus on settings that offer Flying Start places to best reach families on lower incomes.

The scheme emphasises early intervention and prevention, aiming to instil lifelong healthy habits that positively influence health outcomes. It provides a quality assurance framework to guide settings in implementing health-promoting activities across topic areas such as:

- Nutrition and Oral Health
- Physical Activity and Active Play
- Mental and Emotional Wellbeing

Current Delivery In CTM, HSPSS supports 108 pre-school settings, primarily in areas of deprivation. These include Flying Start childcare, nurseries, Cylchoedd Meithrin, childminders, and playgroups.

Settings by Local Authority

- Merthyr: 22 settings signed up to the scheme (9 accredited)
- RCT: 56 settings signed up to the scheme (23 accredited)
- Bridgend: 30 settings signed up to the scheme (7 accredited)

The local scheme priorities link to our wider public health ambitions, maintaining and promoting a healthy weight, increasing physical activity, and promoting emotional and mental wellbeing.

The team support early years settings through tailored self-assessment, accreditation and peer learning. Additional support includes newsletters, annual training plans, menu advice, and collaboration with local authority leads.

Future plans focus on supporting all 108 settings toward accreditation, reducing attrition, piloting virtual training, embedding strengths-based approaches, and sharing best practice regionally to ensure consistent, high-quality health promotion across the sector.
The HSPSS is a key tool in maximising the long-lasting health and wellbeing benefits of early years childcare and giving children the best chance for a successful transition to primary school.

2 The national Flying Start Scheme helps families in disadvantaged areas with free places at pre-school settings.

Case Study: Flying Start Sarn: A Targeted, Integrated Approach to Reducing Health Inequalities

In Bridgend, Flying Start Sarn has become a vital support hub for local families, offering an innovative integrated approach to early childhood health and wellbeing.

The Sarn setting exemplifies collaborative working—bringing together health visitors, midwives, speech and language therapists, dietitians, psychologists, and social services to provide coordinated support from pregnancy through to school transition.

The HSPSS lead has helped Sarn embed health promotion in daily practice, including healthy snacks, physical activity, and supervised toothbrushing, alongside promotion of breastfeeding, immunisation and emotional wellbeing.

Recent reaccreditation by HSPSS highlighted Sarn as an example of excellence, recognising innovation, including participation in the ‘Do Be Mindful’ pilot. Staff wellbeing is also prioritised through work towards the Small Workplace Health Award.

What makes Flying Start Sarn exceptional is its commitment to tackling the wider determinants of health through a whole-setting approach, demonstrating how a place-based, collaborative approach can address the wider determinants of health, improving outcomes for children and families in areas of greatest need.

Conclusions

This report has highlighted the importance of the early years as a foundation for lifelong health and wellbeing. From preconception through to school readiness, we have explored the challenges faced by families in Cwm Taf Morgannwg and the opportunities for system-wide action to improve outcomes.

The evidence is clear: investing in the early years delivers long-term benefits, not only for individual children and families, but for our communities and public services. The persistent inequalities in our region demand a coordinated, compassionate response. We must continue to work together across sectors, including health, education, local government, and the voluntary sector to give more children a better start.

Throughout this report, we have seen examples of innovation, collaboration, and impact, from targeted support services like CHOICE and Magu, to community-led initiatives such as St David's Baby Bank. These case studies show what is possible when we listen to our residents, work across boundaries, and focus on what matters most.

As we look ahead, our challenge is to build on this momentum. We must embed early years as a strategic priority, strengthen our partnerships, and ensure that the voices of babies, toddlers, and their families are central to service design and delivery.

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Agenda Item
6.1

CTM Health Board

Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open / Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Jose Roper, Senior Performance Monitoring Officer
Cyflwynydd yr Adroddiad / Report Presenter	Claire Thompson, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, 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**
Claire Thompson	14/11/2025	Endorsed for Approval

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

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

1. Situation / Background

During January 2025 the Welsh Government released the NHS Performance Framework for 2025/26, setting out the Minister's priorities and key deliverables and is available to read at the following URL: NHS Wales performance framework 2025 to 2026 | GOV.WALES

2. Specific Matters for Consideration

This report sets out the UHB's performance against the Welsh Government's Performance Framework and a small number of local priority measures such as Ambulance lost hours following notification of Handover and Stroke Quality Improvement Measures.

During the summer of 2025, the Cabinet Secretary for Health and Social Care reflected on the priorities set out by the Minister and consequently set areas of focus for the coming year, of which, improving access to services and reducing waiting times is one such priority and the access delivery scorecard is found on page 5.

There is also a one page summary of the UHB's recent performance against the highest profile indicators within the Welsh Government framework, which have been the focus of the Executive Directors over the past quarter (provided on page 6). Over the past month improvements have been noted in 9 out of the 16 areas.

In line with recommendation 21 of the Ministerial Advisory Group Report earlier this year[1], the Welsh Government have drafted a review of current Health Board performance reporting and suggested some recommendations for standardisation of reporting, as below:

Standardise SPC chart adoption across all Health Boards.

Improve transparency on data quality issues.

Shift from descriptive to analytical insights for predictive capability.

Alignment to NHS Wales Performance Framework.

Finance and workforce risks are highlighted alongside operational performance.

Whilst these are not yet mandated and a number of elements are already features of our Health Board IPR, we are already looking to update our IPR as part of a strategy deployment framework approach (briefed to SDC in October 2025, Board in January 2026) and will adopt best practice from the review within this.

[1] NHS Wales performance and productivity: independent review

2.1 The Cabinet Secretary's Priority Delivery Actions

Priority Delivery Actions for Better Health & Care 2025/26

Planned Care

Measure	Trend
Deliver the Welsh Government ambition of zero patients waiting in excess of 104 weeks from referral to treatment	Number of patients waiting over 104 weeks for Referral to Treatment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	1,168	1,177	463	615	794	495	725					
2024/25	2,435	2,680	2,738	2,956	3,226	3,277	3,516	3,736	3,643	3,189	2,277	856
2023/24	5,855	5,430	4,031	3,447	3,185	3,015	2,980	2,938	2,973	2,854	2,804	2,364

Measure	Trend
Provide outpatient appointments within 26 weeks for 75% of patients and within 52 weeks for 100% of patients	% of patients waiting less than 26 weeks for an Outpatient Appointment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	53.1%	52.5%	54.4%	54.5%	54.1%	56.6%	60.5%					
2024/25	53.7%	53.0%	53.2%	53.5%	52.1%	51.4%	51.3%	51.4%	51.1%	51.2%	52.8%	53.4%
2023/24	54.9%	55.4%	57.2%	57.6%	56.9%	56.1%	56.4%	56.1%	53.9%	52.8%	53.6%	54.0%

% of patients waiting less than 52 weeks for an Outpatient Appointment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	80.5%	79.9%	80.7%	79.8%	79.8%	83.1%	86.0%					
2024/25	80.7%	79.9%	79.3%	78.7%	77.8%	77.7%	77.5%	77.2%	77.4%	78.9%	80.0%	80.6%
2023/24	80.1%	80.8%	82.0%	82.0%	81.8%	82.2%	81.8%	81.3%	80.6%	80.8%	80.7%	81.0%

Measure	Trend
Ensure maximum wait for diagnostic imaging and endoscopy does not exceed 8 weeks	Number of patients waiting more than 8 weeks for Diagnostic Endoscopy

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	1,270	1,461	1,382	1,397	1,331	948	792					
2024/25	1,138	1,196	1,234	1,130	1,140	1,042	1,124	1,343	1,387	1,618	1,585	1,398
2023/24	2,902	2,751	2,587	2,453	2,515	2,416	2,149	1,738	1,500	1,281	1,187	1,203

Number of patients waiting more than 8 weeks for Diagnostic Radiology

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	1,223	2,805	2,838	3,889	4,882	5,578	4,484					
2024/25	2,948	3,175	3,668	3,264	2,920	2,566	1,246	683	625	565	449	179
2023/24	11,212	11,353	10,159	8,835	8,402	7,993	6,833	6,073	6,179	5,748	4,125	3,387

Cancer Care

Measure	Trend
Ensure >63% compliance with the Single Cancer Pathway measure (point of suspicion to receiving first definitive treatment within 62 days)	% of SCP patients receiving first definitive treatment within 62 days

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	62.7%	59.8%	63.0%	58.6%	63.3%	64.5%						
2024/25	50.0%	56.2%	53.4%	51.4%	56.7%	56.8%	61.3%	61.4%	63.1%	61.8%	60.7%	60.2%
2023/24	47.9%	49.0%	47.9%	48.7%	50.5%	50.6%	51.3%	55.0%	53.0%	51.8%	49.4%	57.9%

Measure	Trend
Ensure maximum wait for diagnostic imaging and endoscopy does not exceed 8 weeks for Single Cancer Pathway Patients	Number of SCP patients waiting more than 8 weeks for Diagnostic Endoscopy

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	44	105	115	110	106	109	97					
2024/25	99	101	116	105	103	95	104	101	98	74	65	41
2023/24	82	87	90	79	94	78	67	67	77	91	84	100

Number of SCP patients waiting more than 8 weeks for Diagnostic Radiology

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	2	2	4	2	6	5	7					
2024/25	0	0	0	0	9	6	0	2	1	0	0	0
2023/24	11	10	8	10	10	9	9	9	8	8	3	0

Urgent & Emergency Care

Measure	Trend
Ambulance conveyed patients completing handover to emergency departments within one hour of arriving at a hospital site (45 min MAG recommendation)	Number of patients waiting more than 45 mins to Handover

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	1,163	1,011	416	302	335	355	116					
2024/25	1,226	1,269	1,141	1,169	669	946	1,010	866	1,184	1,228	827	1,043
2023/24	1,150	595	743	918	921	929	1,265	896	1,077	1,168	1,174	1,129

Number of patients waiting more than 1 hour to Handover

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	1,011	836	306	215	233	258	85					
2024/25	1,045	1,116	973	991	525	784	859	727	1,045	1,050	689	
2023/24	952	445	594	756	780	764	1,079	752	883	1,024	1,049	

Measure	Trend
Ensure maximum patient wait time from arrival at an emergency department for treatment, admission or discharge does not exceed 12 hours	Number of patients waiting more than 12 hours at an ED

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	1,689	1,843	1,785	2,086	2,050	2,039	2,020					
2024/25	1,745	2,015	1,914	1,928	1,569	1,610	1,642	1,566	1,832	1,745	1,420	1,691
2023/24	1,760	1,402	1,536	1,833	1,932	1,957	1,965	1,712	1,949	1,837	1,831	1,856

2.2 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

4 NRI's remain open >90 days ↓

This is a reduction of 2 on the previous period & is at its lowest observed level

88.62 is the rate of E.coli per 100,000 population (2025/26) ↑

Compared to 2024/25 the rate was 81.52

The rolling 12 month mortality rate is 2.52% →

This is similar to the rate during the equivalent period of the previous year (2.50%)

83.3% of complaints received a response within 30 days →

Compared to last month the rate was 81.3%

Population Health

Based on Qtr 1 data, it is predicted that 6.74% of adults who smoke will make a quit attempt via the smoking cessation service during 2025/26 ↑

Compared to 2024/25, 5.94% of smokers made a quit attempt

During the 2024/25 flu season campaign, 69.3% of adults aged 65+ received the influenza vaccine →

The 2023/24 campaign saw a compliance rate of 72.2%

89.1% of children aged 5 were up to date with their vaccinations during Qtr 1 2025/26 →

Compared to the previous quarter the rate was 90.3%

Operational Performance

61.0% of patients were seen within 4 hours from arrival at an Emergency Department →

Compared to last month compliance was 59.1%

95.5% of GP Practices have achieved in-hours access standards during 2024/25 ↓

The rate the previous year was also 100%

Provisionally 725 patients are waiting longer than 2 years for referral to treatment ↑

Compared to the previous period 495 patients had waited this length of time

During September 64.5% of patients started their cancer treatment within 62 days →

The rate the previous period was 63.3%

People

7.13% of staff have been absent due to sickness during the 12 mth period (Oct 24 to Sep 25) →

Compared to the previous year the rate was 6.74%

The CTMUHB Nursing & Midwifery reported turnover rate to July 2025 is 5.43% ↓

Compared to July 2024 the rate was 7.24%

As at October 2025, 70.4% of staff have received their PADR ↑

Compared to October 2024 the rate was 66.7%

As at October 2025, 81.4% of staff have completed Level 1 mandatory training →

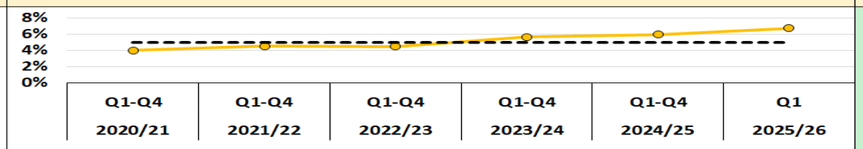
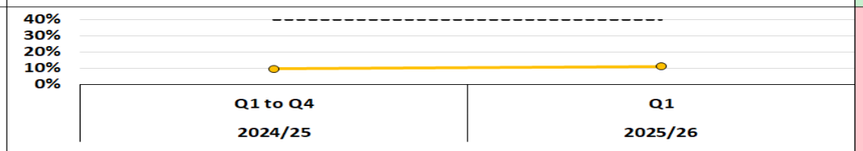
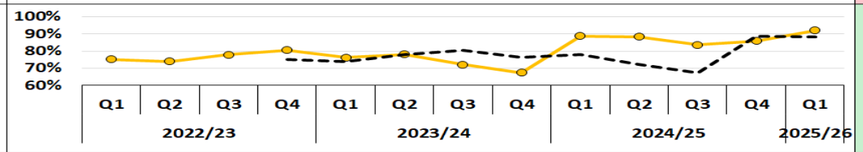
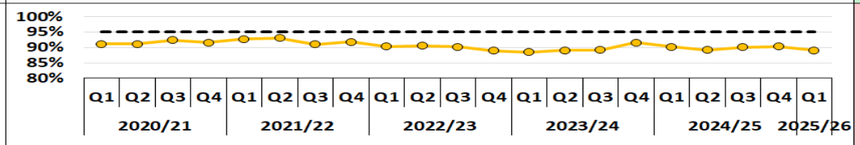
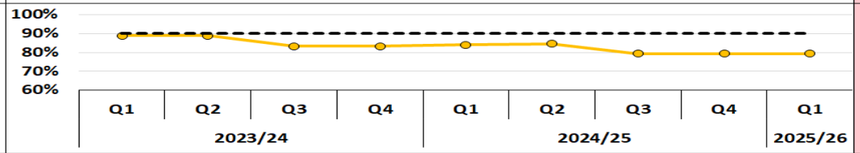
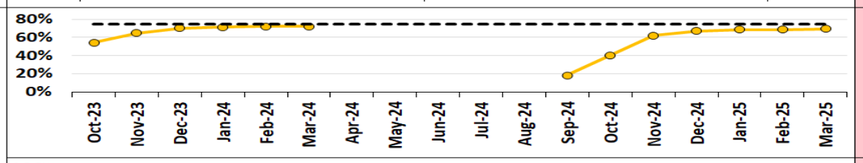
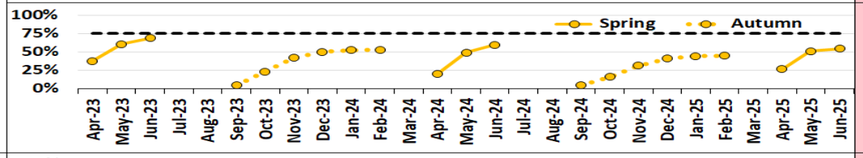
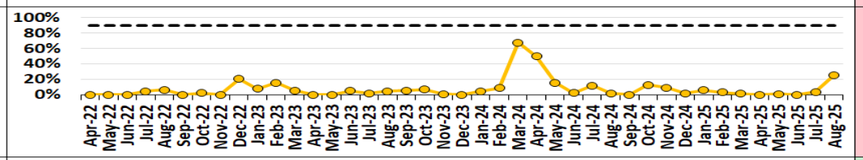
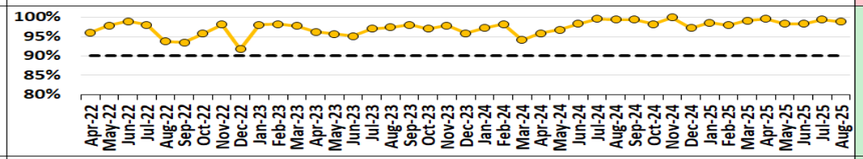
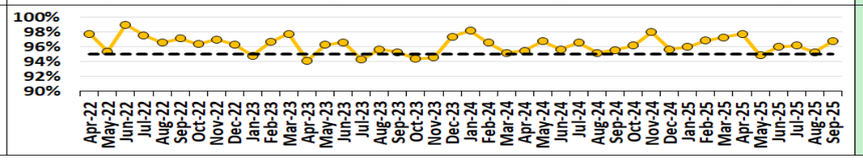
Compared to October 2024 the rate was 80.5%

Finance

The Month 6 YTD financial position is reporting a £4.3m deficit for 2025/26 ↓

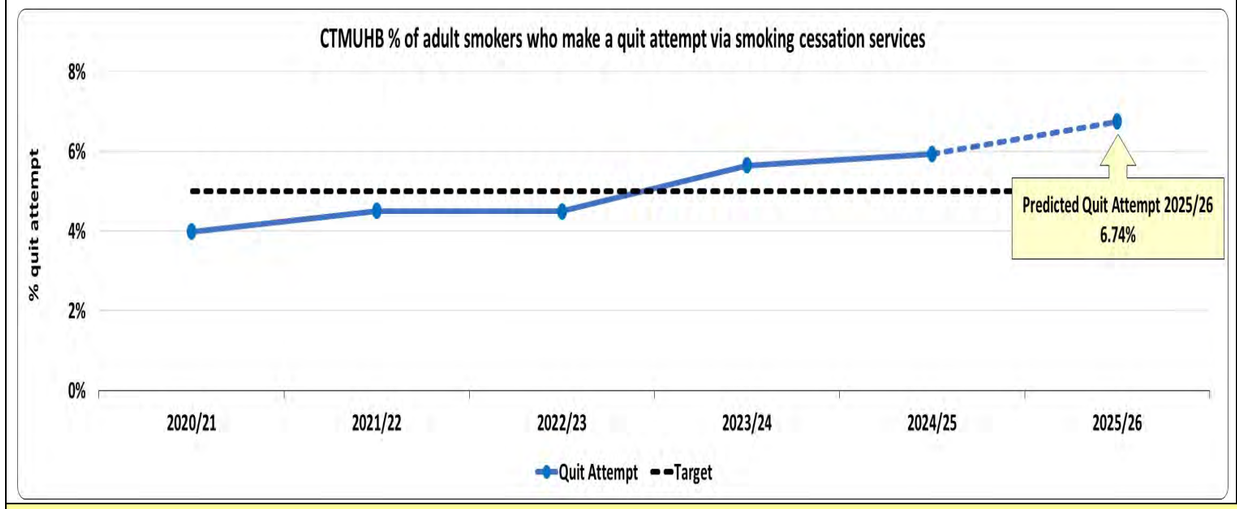
2.3 Welsh Government Performance Indicators: Quadruple Aim 1 - Improving Population Health & Wellbeing

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: Hit Target / Target Failed — Latest Position	
Prevention	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target		Predicted 2025/26 6.74%	Q1 2025/26
	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		11.25%	
	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		92.0%	Q1 2025/26
	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose)	95%		89.1%	
	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 *(applicable during 01.04.25-30.06.25 & 01.01.26-31.03.26)*	90%		79.4%	
	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over *(applicable during 01.09.25 - 31.03.26)*	75%		69.3%	March 2025 (awaiting autumn update)
	Percentage uptake of the COVID-19 vaccination for those eligible - Spring & Autumn booster 2025: All eligible people *(applicable 01.04.25 - 30.06.25 & 01.09.25 - 31.03.26)*			54.4%	June 2025 (awaiting autumn update)
	Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%		25.4%	Aug-25
	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%		98.9%	
	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%		96.8%	Sep-25

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
Quarter 1 – 1.68% - Predicted Performance for 2025/26 – 6.74%	**Quarter 1 - 2025/26 – 11.25%**



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
45,900	**12.4%**	**2,300**
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 - 2025/26		
773	**87**	
1.68%	**11.25%**	

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

Challenges:

Resource – Exceeding the 5% target for a second year during 2024/25 is extremely positive, which reflects the hard work of the team, with predicted performance for 2025/26 at 6.74%. However, further increasing numbers of smokers treated will be limited by capacity within smoking cessation services.

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

CO validation of 4 week quits: It is proving very challenging to meet this new target, for several reasons, including:

a large proportion of clients are receiving remote support via telephone, rather than face to face and it is logistically very difficult to obtain CO readings (collected in person) in this situation.

Most clients prefer a remote service and find it flexible and accessible.

It should be noted that other Health Boards are experiencing similar challenges in achieving the target. It is hoped this issue will be addressed via a change to the national HMQ (Help Me Quit) in Community Pharmacy service specification shortly.

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.

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 is accountable to the Creating Health board. Presently, prevalence is c.12.4% with the all Wales rate being 13.1%. The plan includes actions to address the challenges as follows:

Resource:

Seeking to identify further investment to expand HMQ services

CO validation of 4 week quits:

Self-reported and CO validated quit data is being collected locally to give a fuller picture.

The Help Me Quit community service is piloting models of face to face and hybrid delivery in community venues to enable CO validation.

The national HMQ in Community Pharmacy service specification will include CO validation when clients collect their pharmacotherapy. This is currently going through national approval processes.

Other actions in the reducing smoking prevalence programme include:

Continued implementation of Help Me Quit (HMQ) in Hospital model, with a focus during 2025/26 on pre-admission pathways to ensure smokers can be identified and offered support at the earliest opportunity.

Ensuring all pregnant smokers are identified and offered support to quit with the Help Me Quit for Baby service.

Developing the HMQ service community offering, including increased community engagement, offering more face to face appointments and outreach to workplaces and community groups.

Supporting mental health division to integrate smoking cessation offer into community and in-patient pathways.

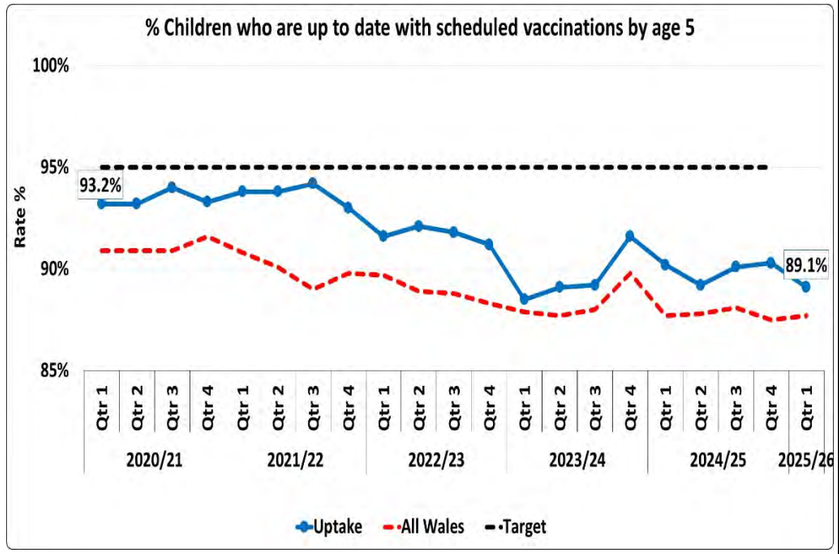
Implementing a communications plan to promote uptake of HMQ services.

Engaging stakeholders across organisations, using the opportunity of the Tobacco and Vapes Bill and smoke-free 2030 target, to increase activity aimed at reducing smoking prevalence.

CTMUHB Improving Population Health & Wellbeing

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

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



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

Quarter 1 2025/26 Local Authority Uptake	
Merthyr Tydfil LA	80.5%
RCT LA	89.9%
Bridgend LA	91.8%
CTMUHB	89.1%

Quarter 1 2025/26 Welsh HB's Uptake	
ABUHB	85.0%
BCUHB	88.8%
C&VUHB	85.6%
CTMUHB	89.1%
HDUHB	89.6%
PTHB	91.4%
SBUHB	89.0%
All Wales	87.7%

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

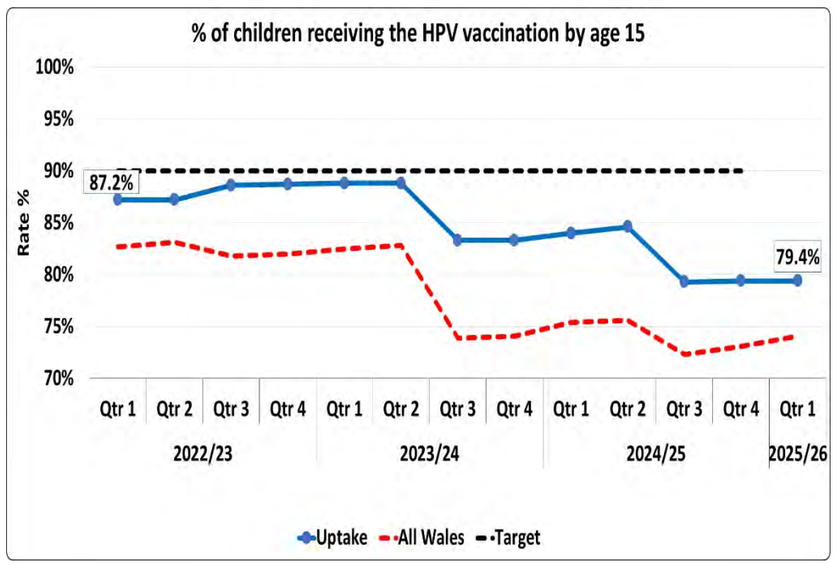
Challenges:

- Scheduled Immunisations – The changes to the childhood Immunisation schedule started early July 2025.
- MMR uptake – 95% uptake of 2 doses of MMR is needed to prevent transmission, smaller outbreaks of measles have been identified in Wales in the past 2 years.
- Influenza – challenges remain in delivering to 3 year old's attending LA nurseries in Merthyr & RCT areas.
- Data systems – poor communication between data systems. Information between systems are still paper based and allow for human error in the transfer of data.
- Transition from Health Visiting to School Nursing – immunisation history and recall for any outstanding vaccines.

Actions:

- Scheduled immunisations – CYPRIS (Children & Young Persons Integrated System) has not yet amended the scheduling for baby Immunisation in line with the changes - this is being monitored. Additional changes with the introduction of the varicella vaccine on 01/01/2026 are due.
- MMR uptake – CTM's MMR uptake of 1 dose at 2nd birthday at 94.5% & 2 doses at 5th birthday at 90.3%; these are both lower than previous report, however since this data was reported in the April – June (COVER report 155) - outstanding catch-up vaccinations during the summer were offered.
- Influenza – the delivery of Influenza nasal vaccine to children in LA nursey schools in RCT and Merthyr is underway and the 1st set of data should be available shortly.
- Data systems – the WIS (Welsh Immunisation System) should be feeding back to all systems with details of flu vaccines given - there have been some issues with this not happening and DHCW are aware and working to resolve the problem.
- Transition from Health Visiting to School Nursing - The ISSAC (Immunisation Standards for School Age Children) have been reviewed and are awaiting national sign off, this is delayed by the review of Child Health Immunisation Process Standards (CHIPS) that are relevant to ISAAC.

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



(reporting frequency is quarterly, and applicable during 01.04.25 to 30.6.25 & 1.1.26 to 31.03.26)

Quarter 1 2025/26 Local Authority Uptake	
Merthyr Tydfil LA	77.0%
RCT LA	79.5%
Bridgend LA	80.2%
CTMUHB	79.4%

Quarter 1 2025/26 Welsh HB's Uptake	
ABUHB	66.4%
BCUHB	71.7%
C&VUHB	71.3%
CTMUHB	79.4%
HDUHB	76.6%
PTHB	77.9%
SBUHB	85.9%
All Wales	74.1%

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

Challenges:

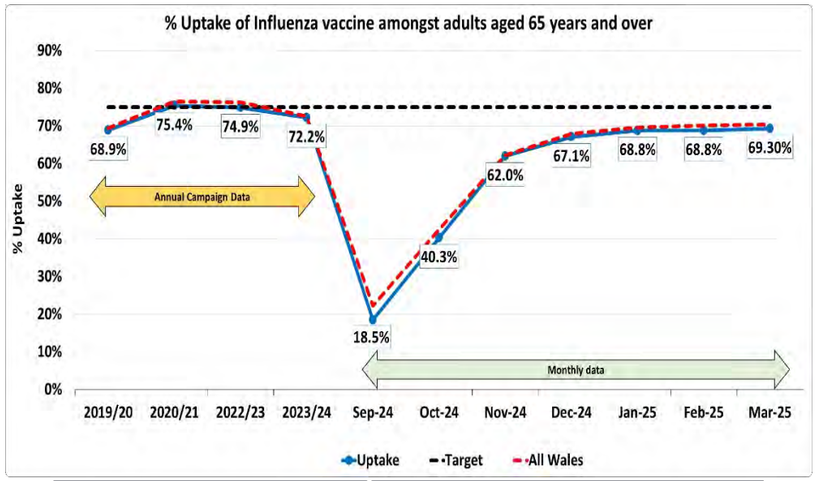
- Communication support - School Nursing Service continues to engage with schools and CTM comms. to utilise all social media platforms available. Staff deliver information to pupils in assemblies and are aiming to increase visibility at parents' evenings in secondary schools to raise the profile of all immunisations.
- Personal data accuracy (address, contact number, school attended) – Recent Fluenz and MMR catch up programme has further highlighted that postal addresses and contact details used by the team are not always accurate.
- Obtaining consent – A considerable amount of work is required to chase outstanding consents, despite communication and engagement undertaken by the school nursing team - directly impacts on immunisation uptake rates.

Actions:

- Communication support – is now included as a standing item in the monthly Childhood Vaccination Group. The immunisation calendar details all Immunisation programmes for academic year (schools informed during summer term). There is an action (school nursing and communications team) to develop a calendar for pertinent times of the year when support is required. At an All Wales level, PHW have been asked to increase a variety of assets and communications developed to support immunisation programmes e.g. TV/Radio and alternative social media platforms to have a wider reach and engagement with children and young people.
- Uptake – utilising a targeted approach with those schools with low uptake rates. Working with head teachers and school staff to raise importance of immunisation programmes. Undertaking large number of phone calls to parent/carers to obtain consents and utilising Frazer competency assessment that allows pupils to self-consent in the absence of a consent form. Working with HB colleagues to facilitate catch up sessions in CVC's.
- 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 identifying/supporting electively home educated children. Following this pilot, aim to expand the process to Merthyr Tydfil and Bridgend. Validation of existing lists (where contacts are unavailable) via support from GPs and schools continues.
- Obtaining consent – A newly developed E-consent system was successfully piloted in May 2025. This pilot was extended into September, with the aim of being paper free by January 2026.

CTMUHB Improving Population Health & Wellbeing – *Autumn update not available at the time of writing this report*

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



Local Authority Uptake 2024/25	
Merthyr Tydfil LA	76.7%
RCT LA	79.5%
Bridgend LA	80.3%
CTMUHB	79.4%

Uptake of Influenza Vaccine amongst adults aged 65 years plus - Welsh Health Boards 2024/25	
ABUHB	72.9%
BCUHB	73.0%
C&VUHB	70.3%
CTMUHB	69.3%
HDUHB	65.6%
PTHB	69.3%
SBUHB	68.6%
All Wales	70.4%

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

Challenges:

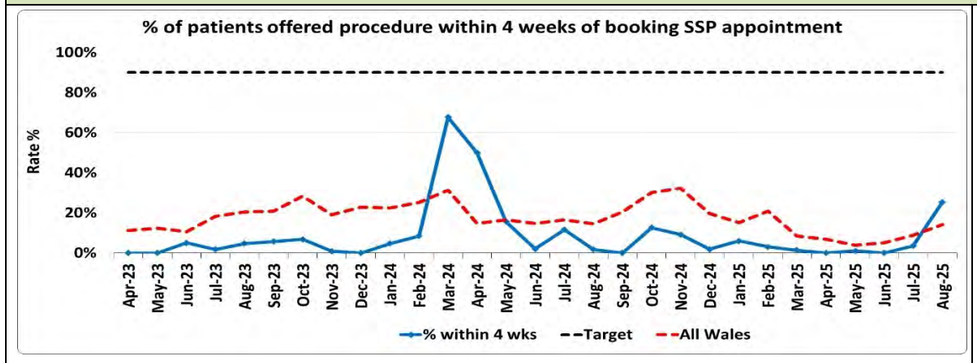
- Vaccine fatigue – across all heath boards and vaccination campaigns there is an increasing apathy towards vaccination, particularly since the COVID-19 Pandemic.
- Joint Committee on Vaccination and Immunisation (JCVI) and Welsh Health Circulars (WHCs) instructed a change in priority to the start of the adult flu vaccination campaign, moving the required start date back to 1st October 2024; a delay on the usual September start.
- Demand on vaccination services – the winter campaigns of Flu and COVID were impacted by the introduction of the year-round RSV campaign.
- Uptake of Flu & COVID -19 – Staff uptake of the flu vaccine in CTM has fallen this year to 34.4% (All Wales 33.9%) and similar reductions have been seen in the Fluenz offer to 3 year olds in RCT and Merthyr. COVID-19 vaccination uptake dropped to 44.8% of the eligible population.
- Community pharmacies – pharmacies continue to balance an increasing demand for clinical services against limited resources, including trained vaccination staff and appropriate consultation space. The impact of central procurement of vaccines in 2025/26 is not known at this stage, although the potential for increased vaccination rates via pharmacy remains realistic.

Actions:

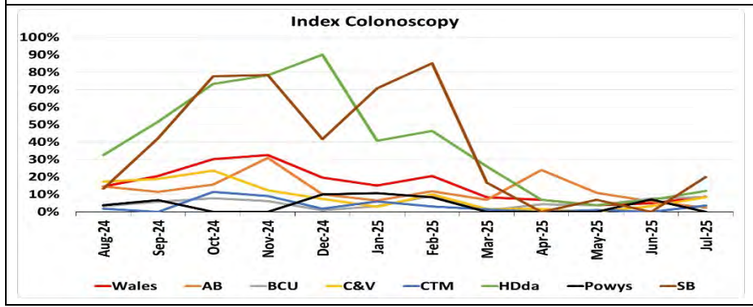
- Vaccine fatigue - Vaccine Programme Wales is supporting health boards with the establishment of a misinformation and vaccine literacy group in line with and the HB vaccine equity strategic plan. The Health Protection Team will be attending the community leaders' network with hopes of establishing community links to engage with the public. The Specialist Immunisation team is engaging with public groups and undertaking vaccination awareness session with many groups of staff.
- Demand on vaccination services – planning is underway for the winter campaign 2025/26 - working with primary care providers.
- Uptake of flu and COVID-19 – An online booking system for staff vaccinations was positive with additional recommendations, including stronger communication & additional peer/walkabout opportunities; these will be included in the winter planning. New models of delivering Fluenz to 3 year old's in LA nursery schools are being planned. The spring COVID-19 vacc. campaign commenced 1st April with a smaller targeted population.
- CTM will support the 2025/26 national community pharmacy premises improvement grants program, which saw 7 pharmacies awarded funding to increase and optimise consultation room facilities during 2024/25.
- Pharmacy technicians in CTM undertook 1,652 flu vaccinations during 2024/25; over 9% of the total vaccinations recorded by community pharmacies. CTM will continue to encourage pharmacy contractors to accredit an appropriate mix of staff via HEIW's vaccinator accreditation framework and increase the availability of vaccinations within community pharmacies.
- CTM will support preparation for and implementation of the new national primary care vaccine programme, including delivery of centrally procured vaccines and the routine use of the Welsh Immunisation System (WIS).

CTMUHB Planned Care Group - Index Colonoscopy

% patients offered index colonoscopy procedure within 4 weeks of booking Specialist Screening Practitioner assessment appointment. Target 90% - Aug 25 = 25.4%



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



Status as at July 2025		
Health Board	Compliance	Rank
SB	20.0%	1st
HDda	12.0%	2nd
BCU	8.5%	3rd
C&V	8.3%	4th
CTM	**3.6%**	**5th**
AB	2.4%	6th
Powys	0.0%	7th

How are we doing & what actions are we taking?

A shortage of accredited BSW Endoscopists continues to impact activity. It is expected that one additional Endoscopist will achieve accreditation in due course, all whilst balancing clinical and leadership commitments. Other potential options are being explored with a further two individuals intending to pursue accreditation. Our locum BSW accredited Endoscopist has started BSW lists from the 4th November to provide additional capacity and we are in late stage discussions with a leading BSW accredited Endoscopist from another health board to provide 2 lists a week on a regular backfill basis.

As of 10th November, there were 188 patients waiting for an index colonoscopy, of which, 122 have a booked appointment. Unfortunately, 97 patients will have waited longer than 4 weeks for their procedure and of these, 39 patients will have waited more than 8 weeks.

The operational challenges that have an impact on activity are:

Participant, patient choice and refusal continue to remain an ongoing issue when booking across CTM.

Providing adequate cover for periods of leave and on-call commitments, particularly due to the limited pool of BSW accredited consultants. This continues to be managed through the 6-4-2 process which has seen an increase in adhoc cover, plus additional backfill of BSW lists. The 6-4-2 process continues to be an effective method for driving optimal utilisation of Endoscopy lists.

Uptake and current conversion to surgery continues to be monitored and escalated.

There is currently sickness absence within the SSP team which is contributing to assessment times being longer than desired.

Actions being taken:

Use of text remind and broadcast messenger services to mitigate against patient choice, refusal of offer and high DNA rates.

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

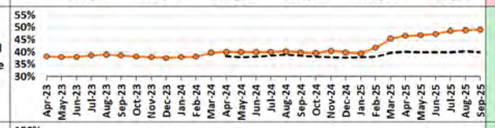
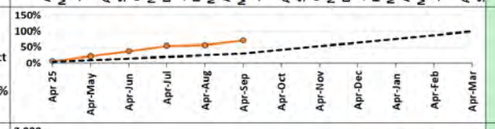
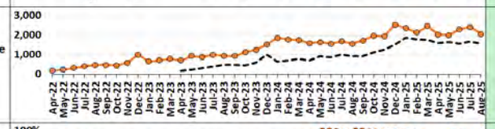
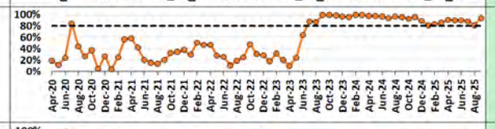
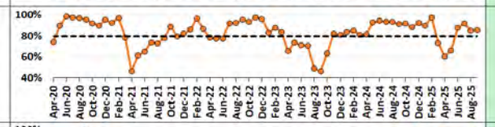
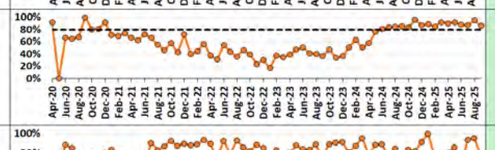
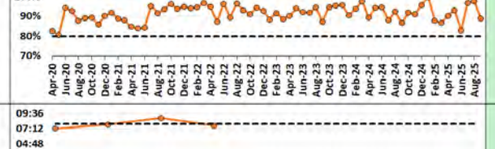
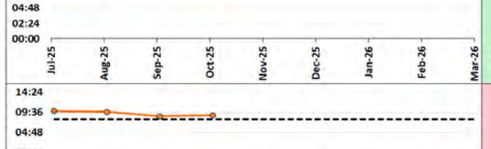
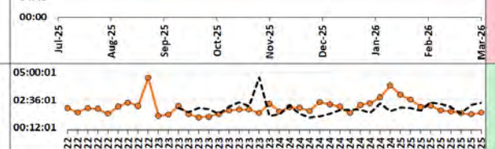
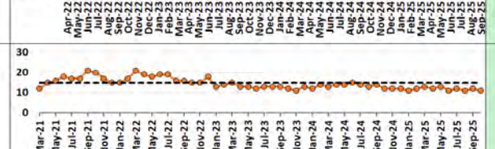
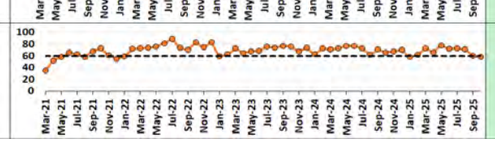
The Endoscopy service is working with theatre services to develop robust general anaesthetic provisions where appropriate.

The Endoscopy service is exploring the use of a flexible insourcing contract for a BSW accredited Endoscopist (using BSW funding) to bolster the BSW service provision.

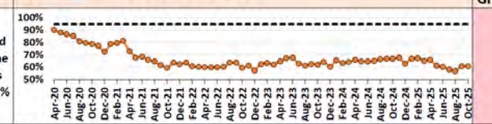
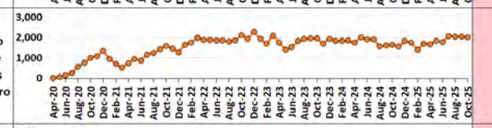
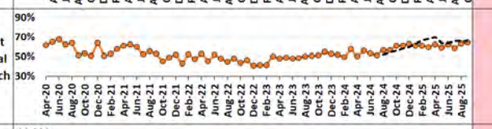
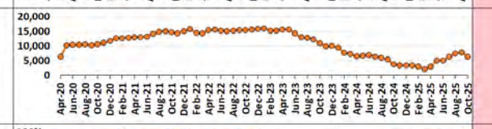
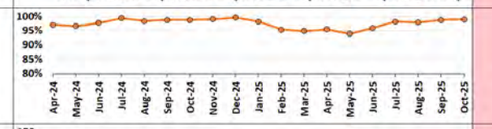
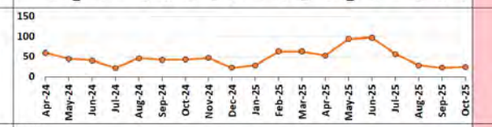
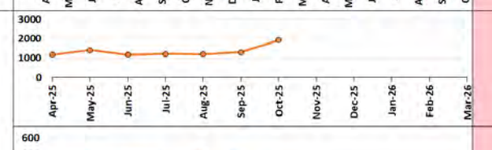
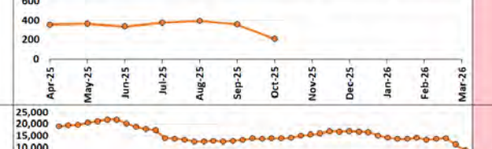
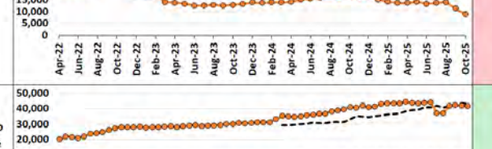
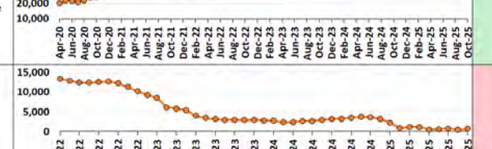
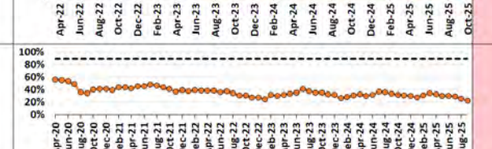
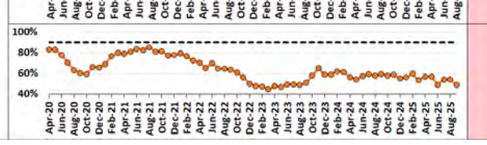
(The 6-4-2 process, primarily used for surgical and endoscopy planning, is a scheduling model that aims to improve efficiency and patient experience by streamlining the planning and review of surgical lists).

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

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

	Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Hit Target / Target Failed Latest Position	
Services Delivered Close to Home	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		95.5%	2024/25
	Percentage of patients (aged 12 yrs and over) with diabetes who received all eight NICE recommended care processes	Improvement compared to the same month in the previous year		49.2%	Sep-25
	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026		71.2%	Apr-Sep 2025
	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Increase compared to the same month in the previous year		2,045	Aug-25
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)	80%		94.1%	Sep-25
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)	80%		85.8%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)	80%		86.6%	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80%		88.8%	
Access Hospital Services Quickly	Median emergency response time to Purple (Arrest) Calls	6-8 minutes median		07:45	Oct-25
	Median emergency response time to Red (Emergency) Calls			08:58	
	Median emergency response time to amber calls	12 Month Reduction Trend		01:30	Sep-25
	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less		11	Oct-25
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	60 minutes or less		58	

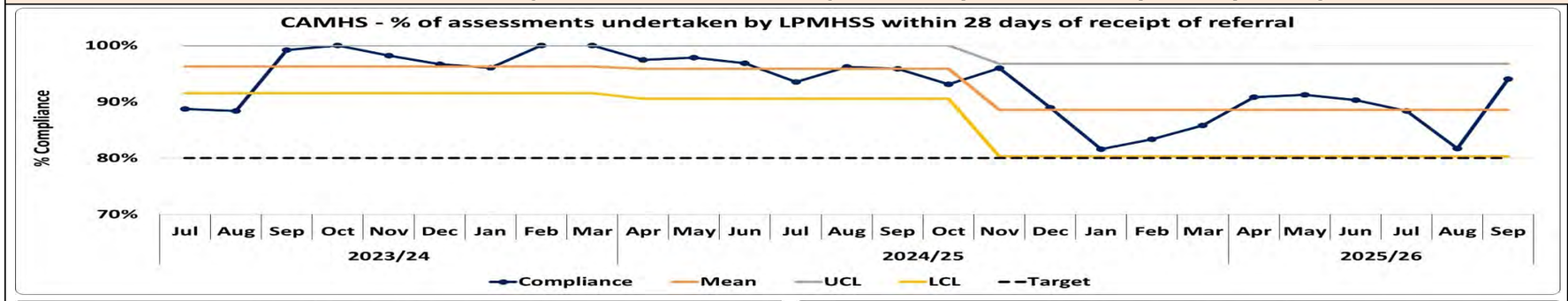
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

	Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Hit Target / Target Failed Green = Target Met / Red = Under	
Access Hospital Services Quickly	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Improvement compared to the same month in the previous year, towards the national target of 95%		61.0%	Oct-25
	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Reduction compared to the same month in the previous year, towards the national target of zero		2,020	
	% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	12 month improvement trend towards a national target of 80% by 31 March 2026		64.5%	Sep-25
	Number of patients waiting more than 8 weeks for a specified diagnostic	Zero		6,307	
	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	100%		99.0%	
	Number of patients waiting more than 14 weeks for a specified therapy (all ages)	Zero		25	
	Number of adults waiting more than waiting more than 14 weeks for all audiology pathways (to include new & existing pathways for hearing aids, tinnitus & balance	Month on month reduction		1,944	Oct-25
	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)			210	
	Number of patients waiting over 52 weeks for a new outpatient appointment	Zero		8,864	
	Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	Reduction compared to the same month in the previous year		41,687	
	Number of patients waiting more than 104 weeks for referral to treatment	Zero		725	
	% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%		22.3%	Sep-25
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			49.1%	

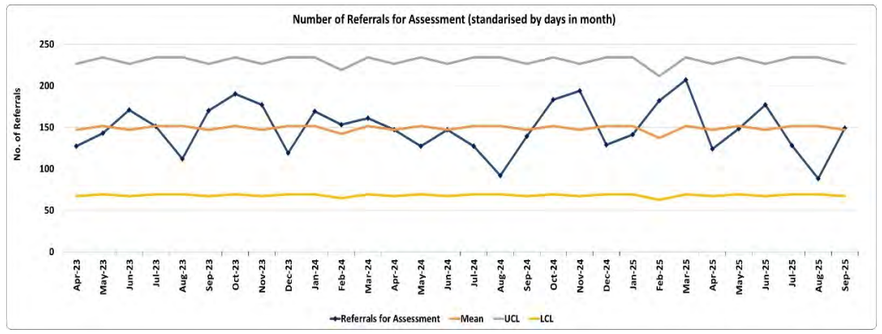
CTMUHB Mental Health & Learning Disabilities Care Group

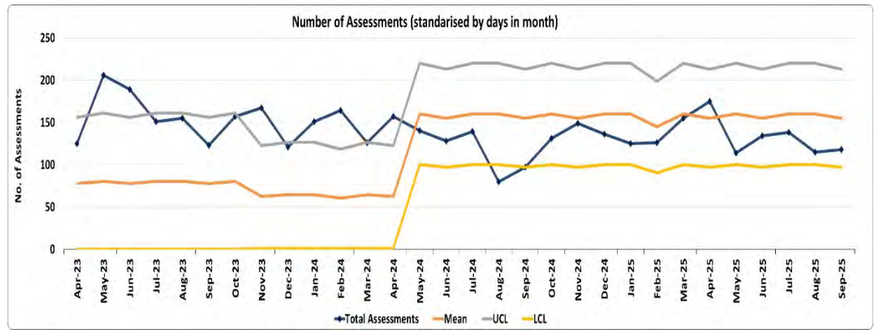
CAMHS & Specialised Services – September 2025

% of CAMHS assessments undertaken by LPMHSS within 28 days of receipt of referral (94.1%) - 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. During September the compliance for the CAMHS service improved to 94.1%.





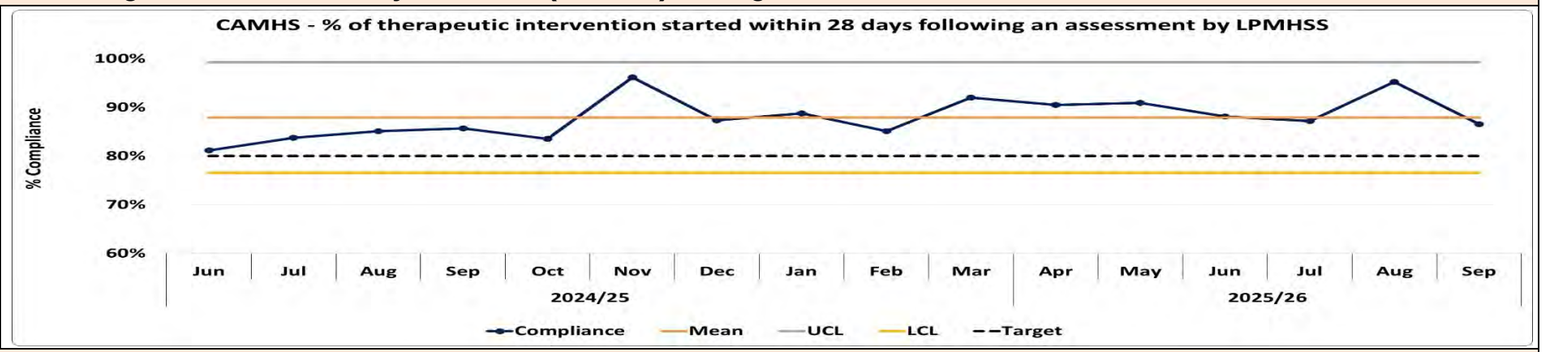
As seen in the chart to the left, the number of referrals each month remains within normal limits, given the variability in the number of working days in the month.

However, the number of assessments is influenced by seasonal variation as observed during August & September, where staff annual leave resulted in fewer assessments carried out.

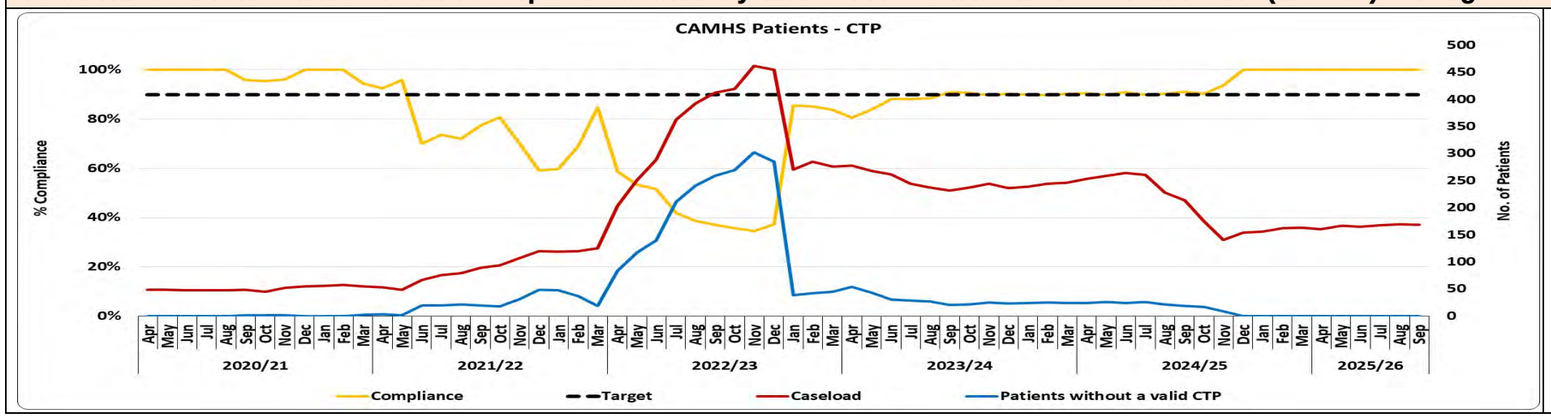
CAMHS - % of therapeutic intervention started within 28 days following an assessment by LPMHSS (86.6%) - Target 80%

Compliance for the proportion of therapeutic interventions starting within 28 days following an assessment by LPMHSS was 86.6% during September, with the UHB remaining compliant with the WG target of 80%.

Maintaining compliance is facilitated by continuing to develop local groups within the directorate, in partnership with the third sector. The Service also engages with the SilverCloud digital offer and attendance at the All Wales co-ordination meetings continues.



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



Part 2 of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month continued to observe a compliance rate of 100% during September, surpassing the WG set target of 90%.

CAMHS & Specialised Services - continued

How are we doing and what actions are we taking?

Actions being taken in CAMHS:

The improvement action plan & trajectory implemented during 2024 to improve compliance in Parts 1 & 2 of the Mental Health Measure continues to successfully deliver in all three areas.

Part 1a: Further work is 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 and demand & capacity guidance 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, with ten groups starting each month and delivered in each of the three local authority areas. Referrals to the SilverCloud digital platform continues to increase month on month 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 coordinators has helped to improve the quality of Care Treatment Plans (CTPs), including joint training between Adult Mental Health services and CAMHS.

Monthly supportive meetings are in place with the NHS Executive, helping to sustain compliance.

The CAMHS Clinical Network, as part of its work following the publication of the new CAMHS Service Specification, is developing proposals around the standardisation of referral criteria into Specialised CAMHS.

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. During September there were 149 referrals for assessment, just below the 12-month average of 153.

Part 1b: We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions delivered in September was 82, which is higher than the 12-month average of 75 per month.

The introduction of referral-based access to the online digital platform SilverCloud has further helped with providing timely interventions.

Part 2: The results of the caseload audit completed at the end of last year is helping to focus on quality in relation to CTP's. The CTP audit tool is regularly applied to the CAMHS caseload. We have reviewed care co-ordination numbers, which appear to be higher than other Health Boards across Wales (the current caseload stands at 169).

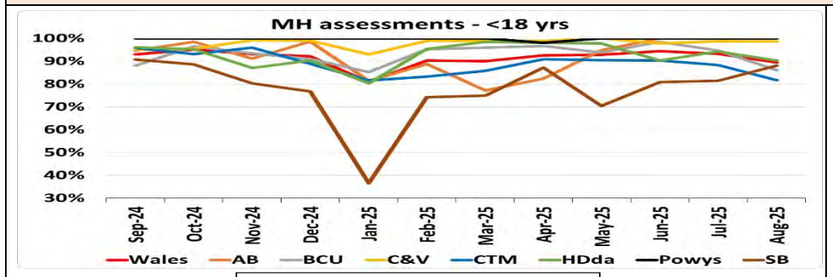
Main areas of risk:

The CAMHS service experiences regular fluctuations in demand and this can have a negative effect on waiting times for assessment and treatment. The service will plan to temporarily increase capacity to help address any anticipated rise in referrals where necessary.

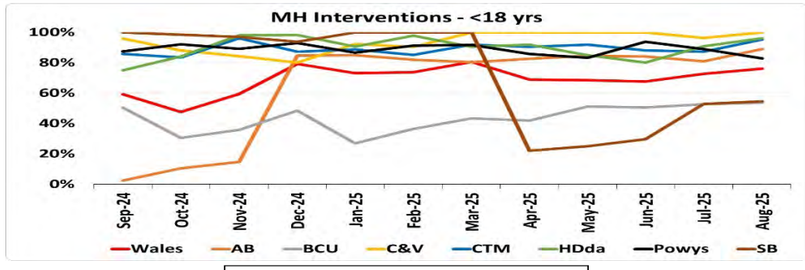
The service is prioritising recruitment to vacant positions. Good progress has been made in filling community team gaps.

Clinical colleagues continue to report rising acuity within their patient population, which may impact future delivery.

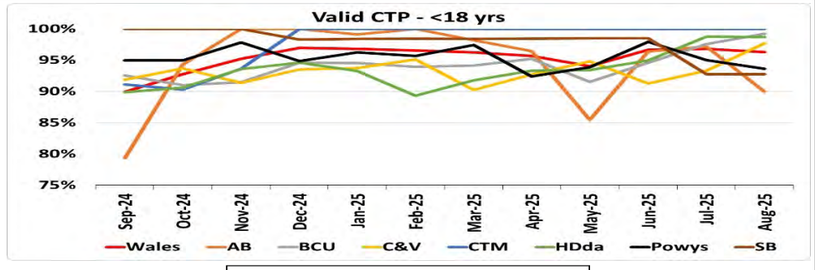
How do we compare with our peers?



Status as at August 2025		
Health Board	**Compliance**	**Rank**
AB	100.0%	1st
Powys	100.0%	1st
C&V	98.6%	3rd
HDda	90.4%	4th
SB	88.0%	5th
BCU	86.0%	6th
CTM	**81.7%**	**7th**



Status as at August 2025		
Health Board	**Compliance**	**Rank**
C&V	100.0%	1st
HDda	96.1%	2nd
CTM	**95.2%**	**3rd**
AB	88.9%	4th
Powys	82.8%	5th
SB	54.5%	6th
BCU	53.7%	7th

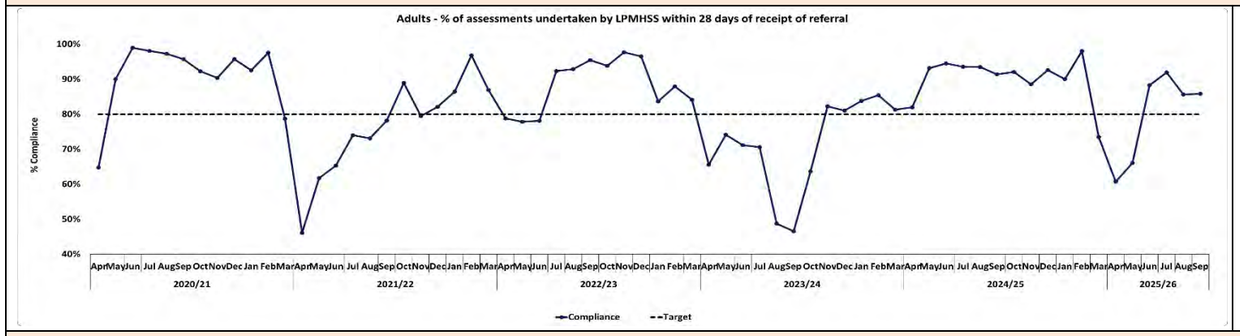


Status as at August 2025		
Health Board	**Compliance**	**Rank**
CTM	**100.0%**	**1st**
BCU	99.2%	2nd
HDda	98.7%	3rd
C&V	97.7%	4th
Powys	93.6%	5th
SB	92.8%	6th
AB	90.0%	7th

CTMUHB Mental Health & Learning Disabilities Care Group

Adult Mental Health Services – September 2025

% of Adult assessments undertaken by LPMHSS within 28 days of receipt of referral (85.8%) - 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 remained stable at 85.8% and remains above the WG target of 80%.

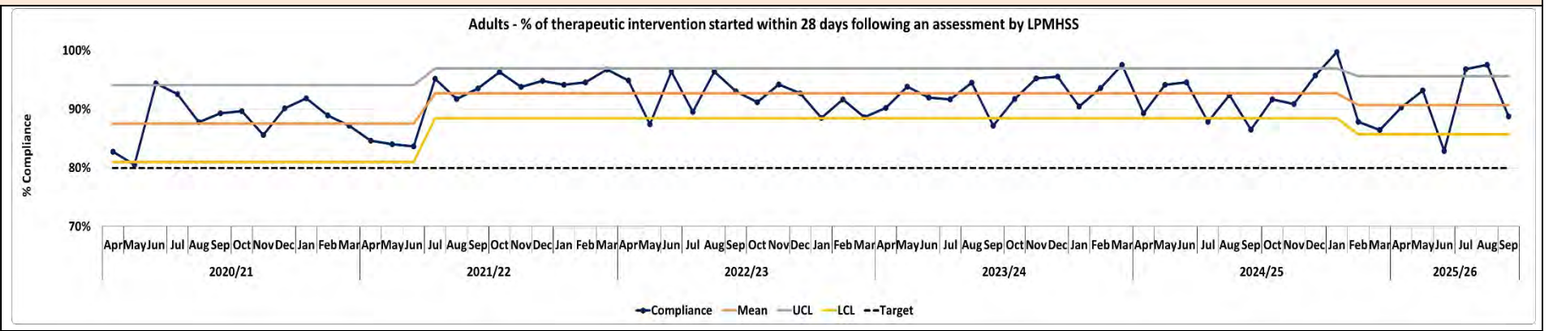
Staffing pressures across administrative and clinical teams have led to the use of additional bank sessions.

Referrals during September totalled 885, with the monthly average for thus far for 2025/26 equating to 864 referrals per month. Referrals remain lower than pre-Covid, where levels were in the region of 1,000 to 1,100.

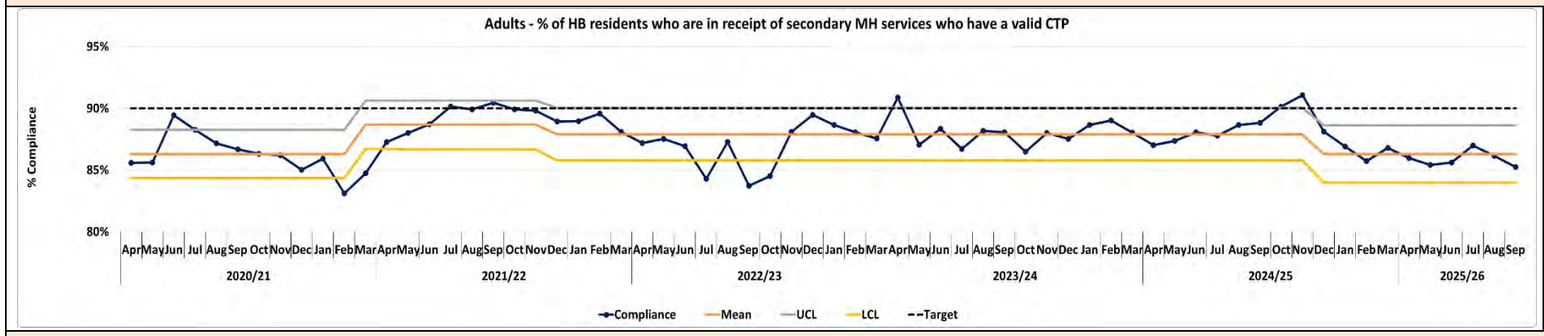
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (88.8%) - Target 80%

Overall, the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS during September fell to 88.8% but continues to remain above the WG target of 80%.

During the month, 142 of the 160 interventions commenced within the 28-day timeframe.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (85.2%) - Target 90%



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month saw a compliance rate of 85.2% during September, a slight dip on the previous period and continuing to remain below the 90% WG standard; as has been the case since December last year.

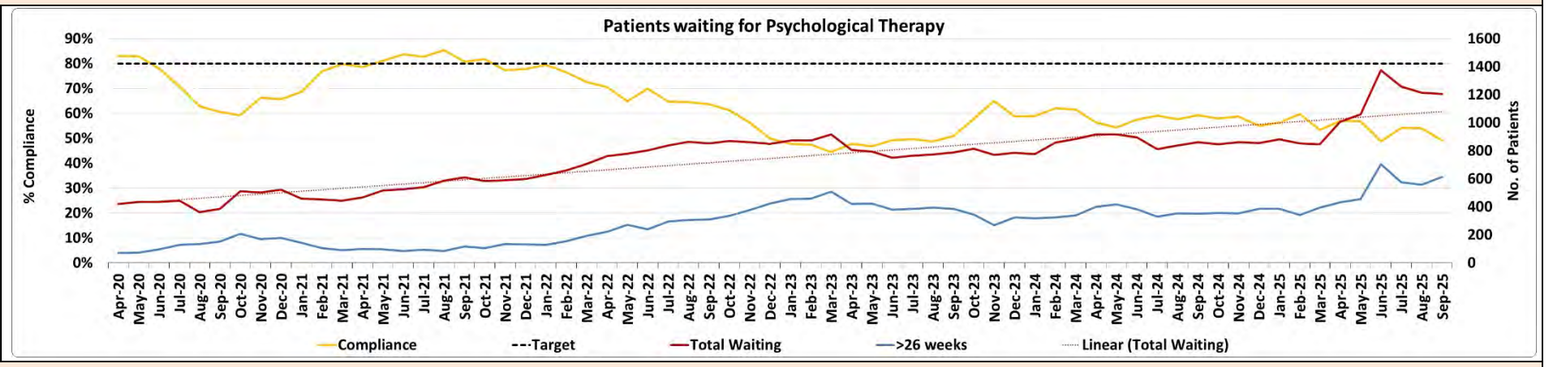
Part 3: There were no requests made under the Part 3 measure during September (Part 3 of the Measure requires that Health Boards and Local Authorities have arrangements in place to receive self-referrals of this kind and to undertake timely assessments).

% of patients waiting less than 26 weeks to start a Psychological Therapy (49.1%) - Target 80%

During September, Psychological Therapies compliance stood at 49.1%, with performance continuing to remain below the 80% target threshold set by WG. The last time CTM achieved the target was October 2021 (81.7%) and compliance during the past 12 months has fluctuated between 48.9% and 59.7%.

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 1,206 patients. During the past year the list has ranged between 847 and 1,375 patients, with the monthly average being 1,022 patients.



Adult Mental Health Services continued on the next page…

Adult Mental Health Services – continued

How are we doing?

Part 1a: During September compliance across all teams remained stable at 85.8%. Due to an increase in demand and a reduction in capacity of admin and clinical staff, additional bank shifts were required to maintain access standards.

Part 1b: Performance continues to be above target and is at 88.8%.

Part 2: Overall compliance for both Adult, Older Adult and Learning Disability Services was 85.2% with compliance for the services shown below:

Adult Services – 83.8%
Older Adult Services – 90.5%
Learning Disability Services – 83.5%.

Psychological Therapies: The overall waiting list position at the end of September stands at 1,206 patients. Those patients waiting over 26 weeks currently stands at 614 service users. The Psychological Therapies Waiting Lists associated with this WG metric is comprised of 8 waiting list service areas across Adult & Older Adult mental health. The area with the highest number of waiting patients is Local Primary Mental Health Support Services.

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

Part 1a:

Nursing capacity: There are currently no capacity issues across the service

Primary Care: Administrative shortages have the potential to impact on our ability to meet the Welsh Government target for Part 1a and 1b. With expected demand for LPMHSS likely to increase during the winter months, urgent action is being undertaken to increase our administrative capacity. Pathway standardisation is under review as part of the wider community redesign; with discussions scheduled for Quarter 3.

Room availability: Limited clinical space in Rhondda, Bridgend, and Taf (Dewi Sant) continues to restrict face-to-face appointments. A strategic review of accommodation is scheduled for Quarter 4.

Administrative shortages: Administrative shortages across all localities currently driven by sickness (13%), is affecting the completion of outcome assessments and the ability to meet key deadlines. Referral processing, data collation and performance reporting have also been impacted. In response, an administrative action plan has been developed collaboratively with A&C and clinical managers to monitor progress and address backlogs. Weekly escalation meetings are in place and bank hours are being utilised to provide interim support. Recruitment is progressing with onboarding expected to continue through Quarter 3. A detailed review of administrative challenges is planned for Quarter 3 to inform future service improvements and ensure sustainable capacity.

IT systems: Work is progressing to introduce automation, standardise processes and centralise booking and telephone lines to reduce variation and improve efficiency.

Part 2:

Older Adult Services: Compliance in September dropped to 90.5% -cases that remain non-compliant are being actively monitored to ensure appropriate follow-up and support.

Adult Services:

CPN Compliance: Compliance rates exceed 90% across all areas except for Rhondda and Taf Ely, which currently stands at 84% and 87% respectively.

Social Worker Compliance: Compliance in Merthyr is the only area above the 90% threshold. Local Authorities have been informed and attribute the shortfall to ongoing staff sickness and vacancies. Agency staff are being considered or utilised to support service delivery.

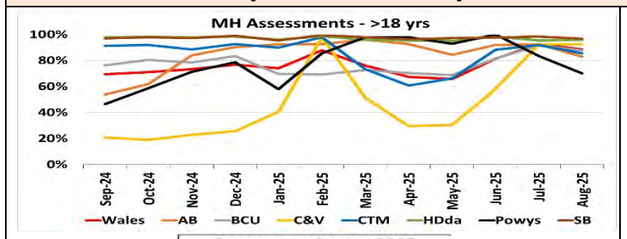
Medical Performance: All areas except for Taf Ely are reporting medical compliance below 90%. This is particularly concerning in Rhondda, where 54 service users are currently care coordinated by medical staff amidst significant staffing shortages. Recruitment efforts are ongoing to address these vacancies and stabilise performance.

Psychological Therapies: The service continues to face operational challenges primarily driven by workforce shortages and administrative capacity constraints. Some parts of the service are experiencing significant data validation issues, impacting reporting accuracy and service delivery. To mitigate the impact, unused resources are being redirected to reduce waiting times. The Consultant Psychologist is prioritising clinical activity in the area with longest wait and service users are being asked about their willingness to travel or engage in online therapy to improve access.

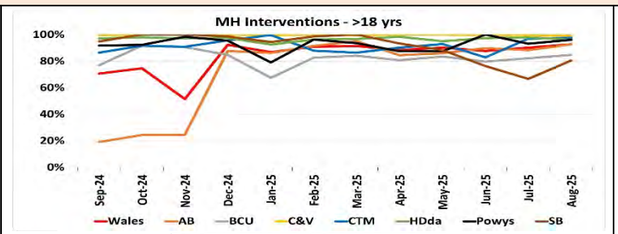
Actions taken to improve position:

Staff hours increased where possible - vacancies tracked and posts advertised promptly.
Longest waiting patients reviewed to inform demand & capacity work.
HIT post restructured into qualified Psychologist role within CMHT.
Vacant CAAP/AP posts under review for conversion to Psychologist roles in LPMHSS
CMHT CAAP & Consultant Psychologist supporting RTE locality weekly.
Referral forms now include travel and online therapy options.
LPMHSS & Psychological Therapies included in 2025/26 IMTP; progress reported via ICB & IPM.

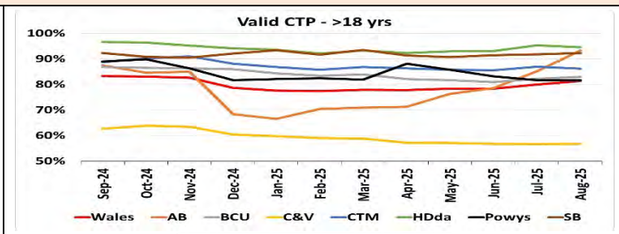
How do we compare with our peers?



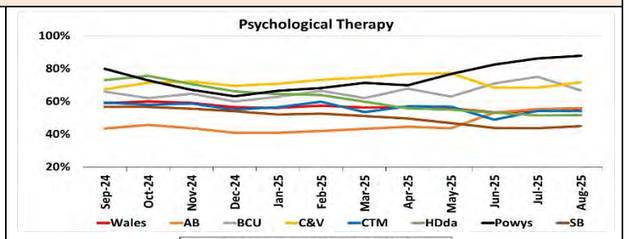
Status as at August 2025		
Health Board	Compliance	Rank
SB	96.8%	1st
HDda	95.8%	2nd
C&V	92.5%	3rd
BCU	87.8%	4th
CTM	**85.6%**	**5th**
AB	83.1%	6th
Powys	70.1%	7th



Status as at August 2025		
Health Board	Compliance	Rank
C&V	99.0%	1st
CTM	**97.6%**	**2nd**
HDda	96.2%	3rd
Powys	96.1%	4th
AB	92.7%	5th
BCU	84.8%	6th
SB	80.6%	7th



Status as at August 2025		
Health Board	Compliance	Rank
HDda	94.6%	1st
AB	93.3%	2nd
SB	92.3%	3rd
CTM	**86.2%**	**4th**
BCU	83.0%	5th
Powys	81.6%	6th
C&V	56.8%	7th



Status as at August 2025		
Health Board	Compliance	Rank
Powys	87.8%	1st
C&V	71.6%	2nd
BCU	66.7%	3rd
AB	55.9%	4th
CTM	**54.0%**	**5th**
HDda	51.6%	6th
SB	45.0%	7th

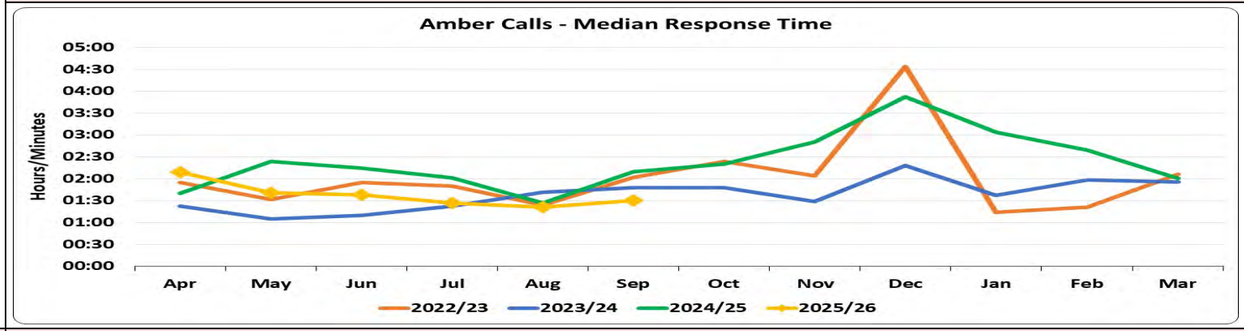
CTMUHB Unscheduled Care Group - *Please note that this page is in development whilst the new WAST measures are embedded*

Emergency Ambulance Services – October 2025

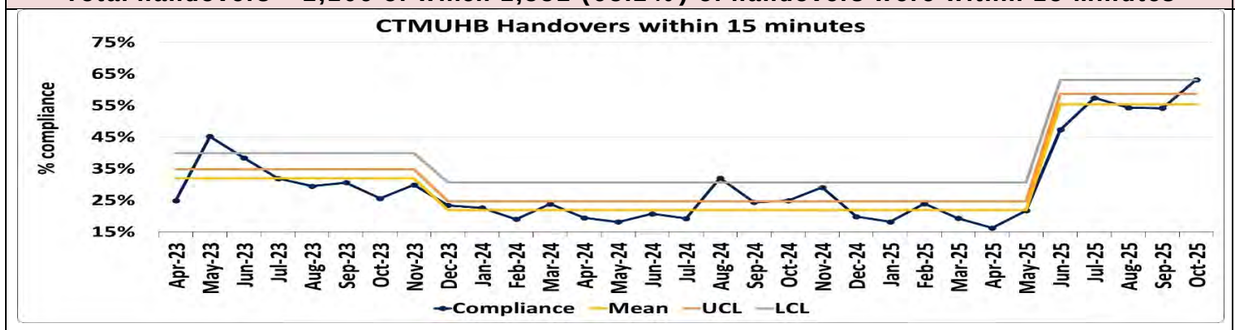
Median emergency ambulance repsonse time to purple arrest category calls & Median emergency ambulance response time to red emergency category calls - each measure has a set Target of 6-8 minutes median.

Period	Merthyr Tydfil		RCT		Bridgend		CTMUHB	
	Purple - Median Arrest Response	Red - Median Emergency Response	Purple - Median Arrest Response	Red - Median Emergency Response	Purple - Median Arrest Response	Red - Median Emergency Response	Purple - Median Arrest Response	Red - Median Emergency Response
Jul-25	04:57	08:18	08:19	09:36	07:49	11:16	07:17	09:53
Aug-25	04:13	08:45	09:28	10:25	08:13	09:45	07:54	09:45
Sep-25	08:54	08:33	09:29	09:13	07:22	08:16	08:55	08:43
Oct-25	04:02	05:58	08:16	09:38	09:31	10:09	07:45	08:58

Median emergency response time to Amber Calls – Target is 12-month reduction trend
Sep 2025 - 1 hour 30 minutes *(N.B. there is a time lag in the data of approx. 1 month)*



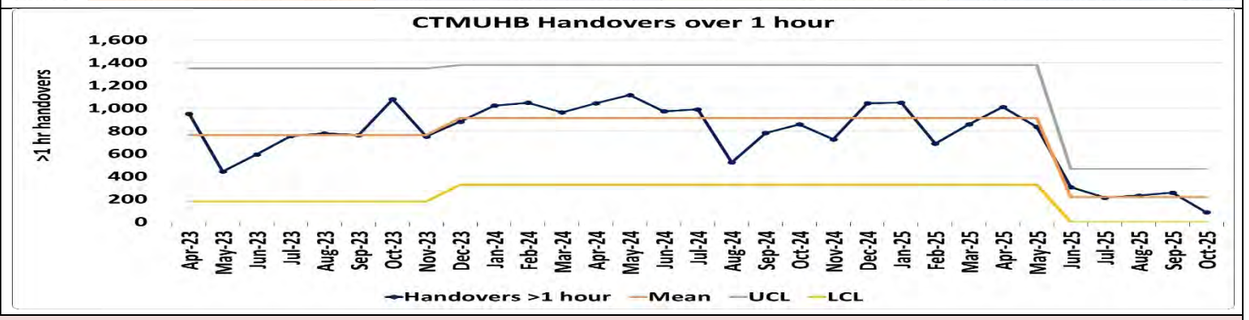
% of ambulance patient handovers within 15 minutes – Target is improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes.
Total handovers – 2,109 of which 1,332 (63.2%) of handovers were within 15 minutes



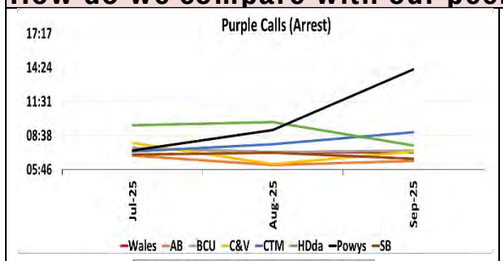
Number of ambulance patient handovers over 1 hour – Target Zero

85 handovers were over 1 hour (96% of handovers were within 1 hour)

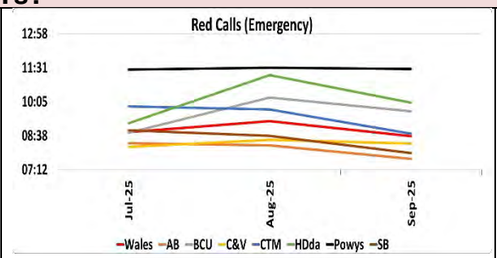
Period	PCH			RGH			POW			CTMUHB		
	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins	Total Handovers	% <15 mins	% <60 mins
Oct-24	811	17.6%	47.7%	808	30.3%	61.4%	475	28.2%	74.1%	2094	24.9%	59.0%
Nov-24	806	20.7%	58.9%	792	39.8%	66.3%	391	24.8%	67.0%	1989	29.1%	63.4%
Dec-24	782	15.3%	48.2%	909	24.4%	53.7%	416	18.3%	47.4%	2107	19.8%	50.4%
Jan-25	788	16.8%	51.9%	950	17.3%	45.1%	371	23.7%	59.8%	2109	18.1%	50.2%
Feb-25	639	19.2%	60.9%	787	28.8%	58.8%	316	21.2%	63.6%	1742	23.9%	60.4%
Mar-25	694	15.6%	59.1%	873	21.8%	50.5%	378	20.6%	61.9%	1945	19.3%	55.8%
Apr-25	741	13.6%	49.4%	893	17.2%	47.0%	397	18.9%	58.9%	2031	16.2%	50.2%
May-25	771	15.0%	53.6%	920	26.3%	57.5%	368	24.5%	76.4%	2059	21.8%	59.4%
Jun-25	696	26.7%	73.7%	781	73.4%	93.3%	423	33.1%	83.2%	1900	47.3%	83.9%
Jul-25	775	51.4%	91.5%	904	74.1%	90.6%	388	30.7%	83.5%	2067	57.4%	89.6%
Aug-25	745	57.2%	99.5%	916	61.8%	83.5%	456	34.4%	82.9%	2117	54.3%	89.0%
Sep-25	722	67.2%	99.9%	851	55.2%	81.9%	475	32.4%	78.3%	2048	54.2%	87.4%
Oct-25	770	54.2%	96.1%	844	74.4%	94.9%	495	58.0%	97.6%	2109	63.2%	96.0%



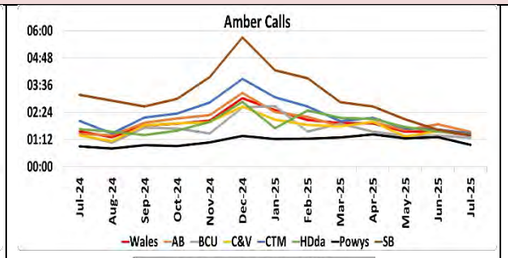
How do we compare with our peers?



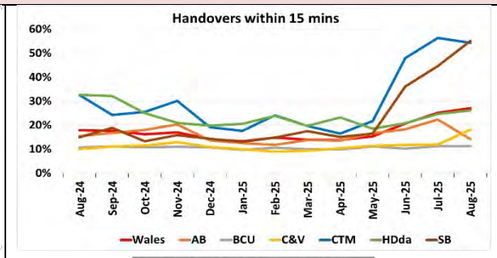
Status as at September 2025		
Health Board	Compliance	Rank
AB	06:30	1st
SB	06:41	2nd
C&V	07:17	3rd
BCU	07:23	4th
HDda	07:48	5th
CTM	**08:55**	**6th**
Powys	14:15	7th



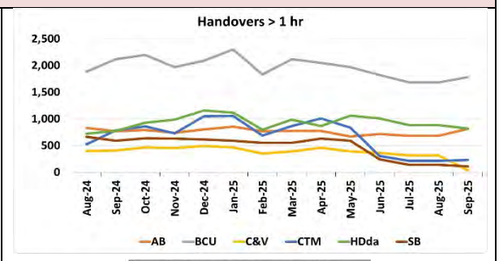
Status as at September 2025		
Health Board	Compliance	Rank
AB	07:39	1st
SB	07:54	2nd
C&V	08:18	3rd
CTM	**08:43**	**4th**
BCU	09:40	5th
HDda	10:02	6th
Powys	11:28	7th



Status as at July 2025		
Health Board	Compliance	Rank
Powys	00:58	1st
BCU	01:16	2nd
SB	01:23	3rd
HDda	01:25	4th
C&V	01:27	5th
CTM	**01:27**	**5th**
AB	01:32	7th



Status as at August 2025		
Health Board	Compliance	Rank
SB	55.1%	1st
CTM	**54.3%**	**2nd**
HDda	26.2%	3rd
C&V	18.1%	4th
AB	14.2%	5th
BCU	11.3%	6th



Status as at August 2025		
Health Board	Compliance	Rank
C&V	36	1st
SB	110	2nd
CTM	**233**	**3rd**
AB	814	4th
HDda	821	5th
BCU	1,784	6th

Emergency Ambulance Services continued overleaf:

CTMUHB Unscheduled Care Group

Emergency Ambulance Services continued – October 2025

How are we doing?

Median Response Times to Purple Calls (Arrest) & Red Calls (Emergency): During October there were 120 Purple (Arrest) & 651 Red (Emergency) Incidents for the CTM area. The median response time for Purple was 07:45 minutes (Wales median: 07:28 minutes) and the median response time for Red was 08:58 minutes (Wales: 08:52 minutes), with the expected standard being 6-8 minutes median response.

Median Response to Amber Calls: The median response times for serious, but not immediately life-threatening calls was 1 hour and 30 minutes during September; 9 minutes longer than the previous month but 40 minutes shorter than the equivalent period of 2024. The chart (page 14, top right) demonstrates fluctuations with response times ranging between 81 and 232 minutes during the past twelve months.

Ambulance Handover Compliance & Lost Hours: During October, ambulance conveyances to ED totalled 2,109, which is similar to the equivalent period of 2024. Performance against the 15-minute handover observed a rate of 63.2%, which is the highest level seen since April 2021, with the number of patients and ambulance crews detained longer than an hour totalling 85 (lowest level seen since Aug 2020). The 12-month average equates to 610 patient breaches, which is around a third lower than the equivalent 12-month timespan of the previous year (Nov 23 to Oct 24).

Hospital Handovers in minute time groups

Oct-25	0 - 15	15 - 30	30 - 45	45 - 60	60 - 120	120 - 180	180+	Total Handovers
PCH	417	231	85	7	13	6	11	770
RGH	628	96	64	13	25	10	8	844
POW	287	135	50	11	10	1	1	495
CTM	**1,332**	**462**	**199**	**31**	**48**	**17**	**20**	**2,109**

Ambulance lost hours following notification to Handover *(waits longer than 15 minutes are counted):* Provisionally, October saw a total of 300 hours lost to the ambulance service following notification to handover at our emergency departments, representing just over an 87% reduction (2,070 hours) on the same period of 2024.

What actions are we taking & when is improvement anticipated?

Development of CTM's Urgent & Emergency Care Rapid Improvement Plan continues. The improvement plan is based on achieving the following:

- 45 mins ambulance handover by end of October 2025 (compliance was 94.5%, with 116 patients waiting longer than 45 minutes for handover of care).
- Zero tolerance for any ED wait over 12 hours by end of October 2025 (11.7% - 2,020 patients were waiting more than 12 hours in our Emergency Care facilities).

The above were aligned against the following assumptions:

- Single Point of Access by November 2025.
- All GP / 111 / NHSDW calls to be triaged by the Navigation Hub.
- Zero tolerance to any GP expected patients (off pre-alerts) being sent to ED in the first instance by November 2025.
- 'Ticket to Ride' for all WAST non-red Care Home attendances – implementation aligned with national work.
- Additional hospital at home (H@H) and clinically optimised for discharge (COFD) capacity within Primary and Community Care.
- 30 additional beds from August 2025.
- 60 additional beds from November 2025.
- 60-minute specialty in-reach by October 2025.
- Sign off Internal Professional Standards (IPS).

Acute Medicine Transformation Programme (STAMP) at POW.
New ambulatory area in POW ED opened in October.
Optimise Programme underway in POW.
Review of the Acute Medical workforce in progress at POW.
Reset of Acute Medicine in PCH underway.
New investment agreed for x3 Consultant Acute Physician posts. Targeted recruitment currently underway.
Single Point of Access (SPOA) meeting with Primary & Community Care - programme established.

What are the main areas of risk?

Although some additional uncommissioned capacity areas have closed, other areas remain open across all sites, but is under daily review by Directorate Management Team.

Despite escalation levels having reduced in recent months, there remains a risk of having to increase levels of escalation across all sites at any time.

Clinical decision-making capacity is insufficient to meet demand in line with WG targets. Historically, there has been a heavy reliance on locum and agency staff to support rotas across the three ED's. Utilising outturn funding; the Directorate have now successfully recruited a number of additional consultants, with 2 consultants in PCH starting in November.

Increased demand as winter approaches.

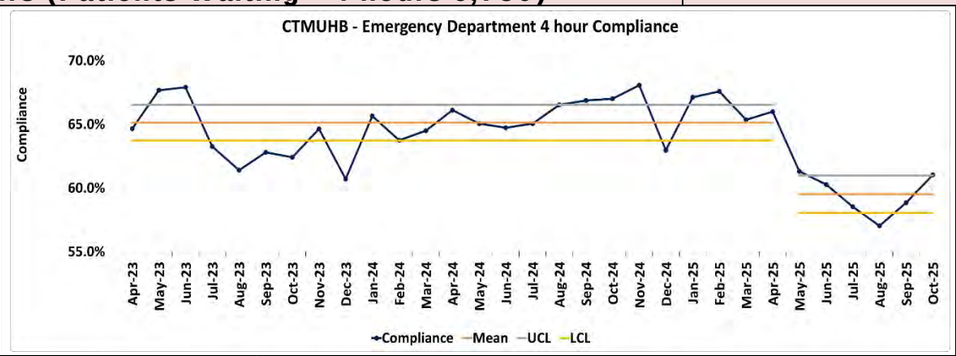
Increased numbers of Clinically Optimised for Discharge patients across all sites.

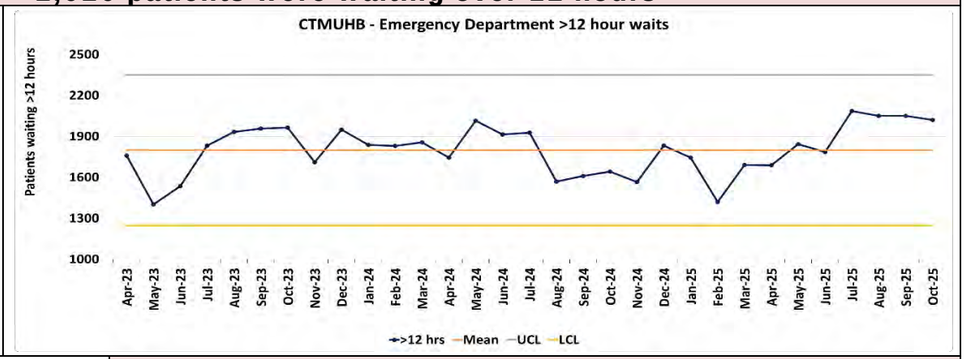
CTMUHB Unscheduled Care Group

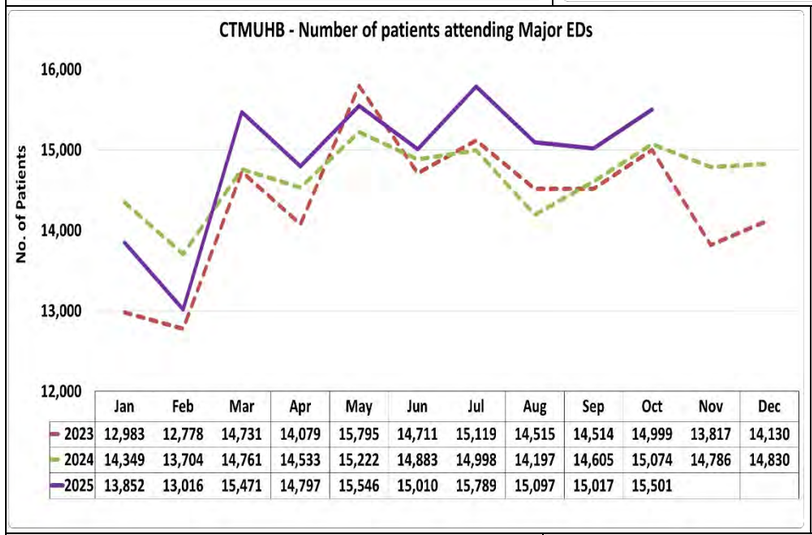
Emergency Unit Waits – October 2025 (Provisional Position) - Total Attendances = 17,270

% 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 – Target is reduction compared to the same month in the previous year, towards the national target of zero
61% were seen within 4 hours (Patients Waiting >4 hours 6,730)	**2,020 patients were waiting over 12 hours**

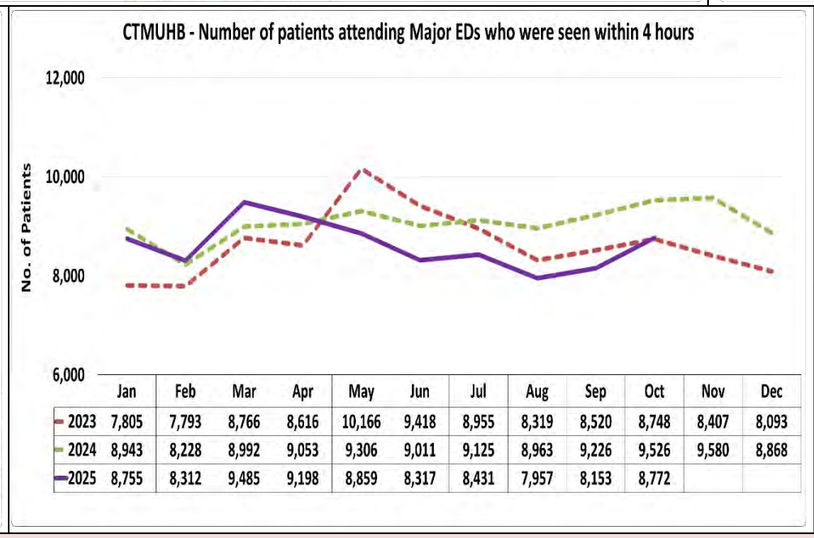
Period	CTMUHB		
	Attendances	4 Hrs %	> 12 Hrs
Oct-24	16,822	67.0%	1,642
Nov-24	16,334	68.1%	1,566
Dec-24	16,095	63.0%	1,832
Jan-25	15,507	67.1%	1,745
Feb-25	14,524	67.6%	1,420
Mar-25	17,322	65.4%	1,691
Apr-25	16,482	66.0%	1,689
May-25	17,280	61.3%	1,843
Jun-25	16,843	60.3%	1,785
Jul-25	17,745	58.5%	2,086
Aug-25	16,619	57.0%	2,050
Sep-25	16,680	58.8%	2,051
Oct-25	17,270	61.0%	2,020





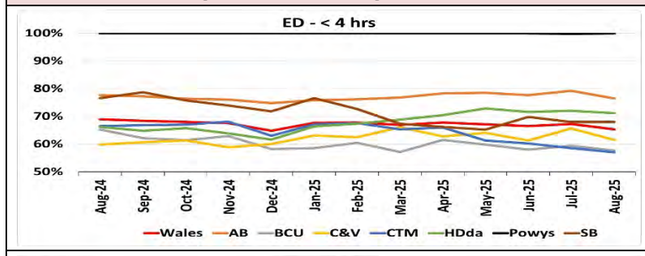


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	12,983	12,778	14,731	14,079	15,795	14,711	15,119	14,515	14,514	14,999	13,817	14,130
2024	14,349	13,704	14,761	14,533	15,222	14,883	14,998	14,197	14,605	15,074	14,786	14,830
2025	13,852	13,016	15,471	14,797	15,546	15,010	15,789	15,097	15,017	15,501		

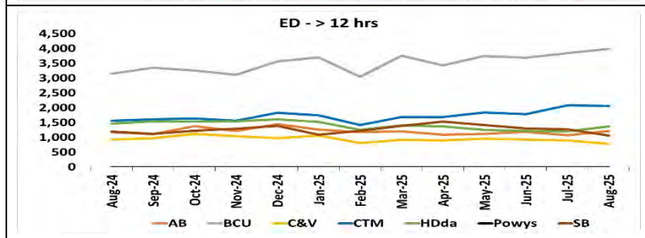


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	7,805	7,793	8,766	8,616	10,166	9,418	8,955	8,319	8,520	8,748	8,407	8,093
2024	8,943	8,228	8,992	9,053	9,306	9,011	9,125	8,963	9,226	9,526	9,580	8,868
2025	8,755	8,312	9,485	9,198	8,859	8,317	8,431	7,957	8,153	8,772		

How do we compare with our peers?



Status as at August 2025		
Health Board	Compliance	Rank
Powys	100.0%	1st
AB	76.5%	2nd
HDda	71.2%	3rd
SB	67.9%	4th
C&V	61.5%	5th
BCU	57.6%	6th
CTM	**57.0%**	**7th**



Status as at August 2025		
Health Board	Compliance	Rank
Powys	0	1st
C&V	787	2nd
SB	1,062	3rd
AB	1,214	4th
HDda	1,371	5th
CTM	**2,060**	**6th**
BCU	3,985	7th

How are we doing?

During October the number of Minor Injuries and Major ED attendances totalled 17,270, a 2.7% increase in demand relative to October 2024. A significant element of the increase is the result of patients being transferred from POW to RGH and being double counted.

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at our emergency care facilities during October is provisionally 61%. As it currently stands, performance is below the 12-month average of 62.7% and continues to remain well below the WG compliance target of 95%.

The twelve hours performance observed that 2,020 patients were waiting in excess of 12 hours and for the past year the average rate of 12-hour patient breaches per month has been around 11% of the total attendances.

What actions are we taking & when is improvement anticipated?

Handover spaces identified in each ED to enable handovers within 15 minutes.
Internal Professional Standards implemented.
Patient >12-hour audit and development of escalation card in progress. Operational Service managers monitoring, supporting and escalating ED waits, patient pathway delays >12 hours.
Live ED huddle due to launch at the end of November.
Pre-emptive measures in place - reassigning patients into bed spaces/ambulance where patients become fit to sit.
Experienced triage/senior decision maker maximising fit to sit decision, quick turnaround and front loading of investigations.
Urgent Treatment Centre (UTC) at PCH.
Implementation of Strategic Transformation of Acute Medicine Programme (STAMP) across all sites.
Acute medicine reset at PCH in progress.
Bi-weekly team meetings established with WAST.
D&C mapping to identify Invest to Save opportunities for additional medical recruitment.
Job planning underway to identify time that can be reallocated to “shop floor” activity.
Additional medical workforce appointments made across the 3 sites.
Phase 1 of returning GP medical take to POW is complete.
Significant work being undertaken aligned to the 30, 60, 90-day action plan.
Discussions in progress with T&O, Obs and Gynae, Max Fax and General Surgery to redirect surgical expected patients away from the front door together and work to support zero tolerance to GP patients being seen first in ED in progress.

What are the main areas of risk?

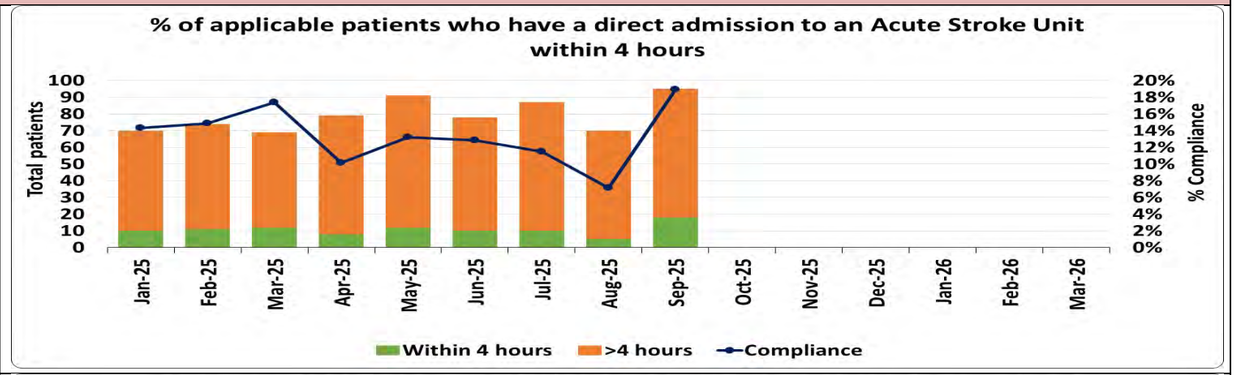
Additional uncommissioned capacity remains open across all sites.
System flow remains highly impacted by capacity within social care.
Any increase may result in uncommissioned capacity being utilised to manage demand.
Although escalations levels have reduced, the risk of increasing to high escalation across all sites remains.
Heavy reliance on locum and agency staff to support rotas across the three ED’s. This will reduce as recruited posts receive start dates and further invest to save opportunities are realised.
Historic difficulty in being able to recruit to registrar level posts.
Lack of flow out of the department for patients requiring admission.

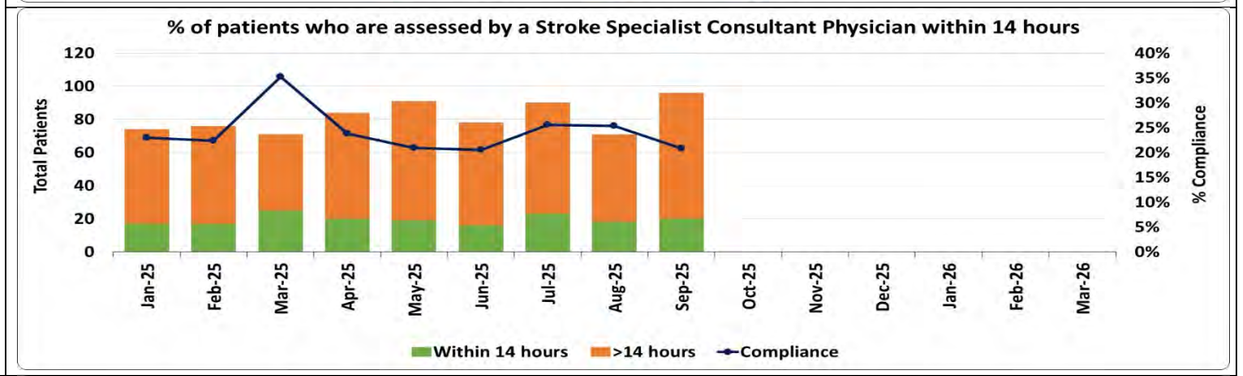
CTMUHB Unscheduled Care Group

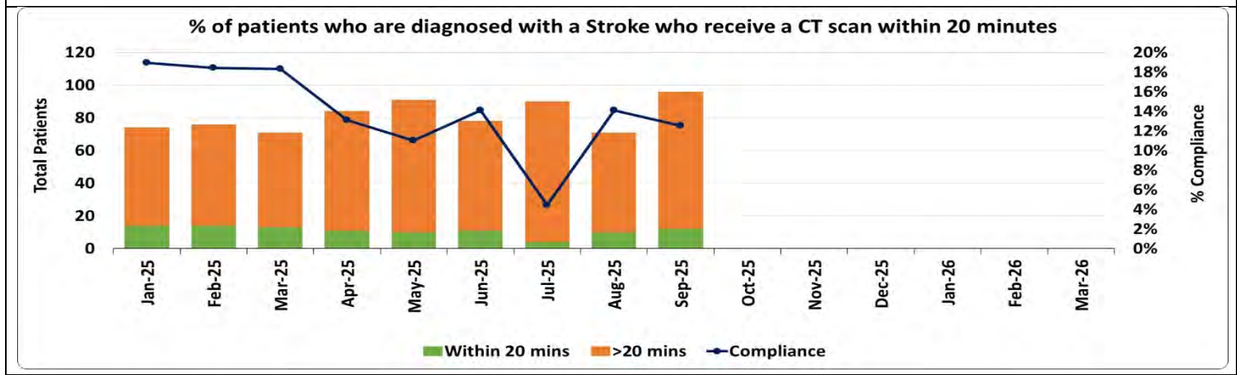
Stroke Quality Improvement Measures (QIMs) – September 2025

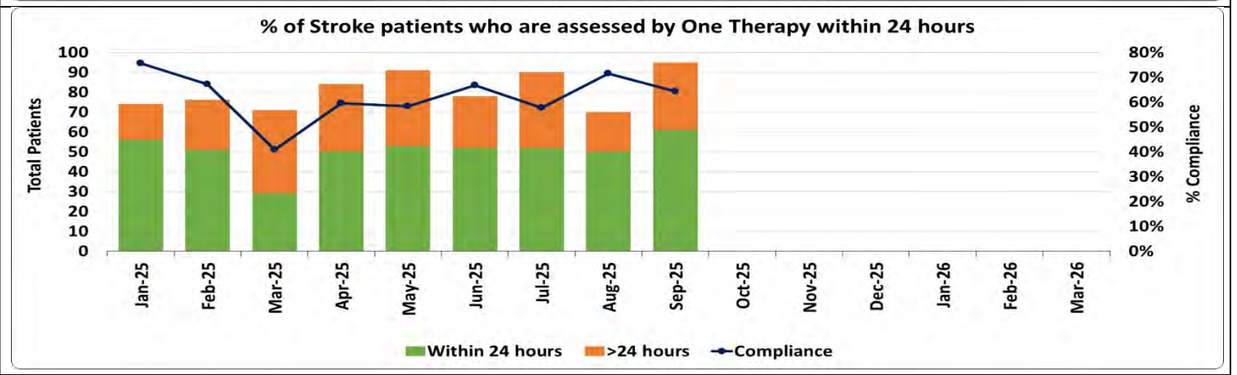
The national SSNAP data standards were amended at the end of September 2024, with new targets introduced, as shown below. Please note that data quality issues remain whilst validation is undertaken during the forthcoming months.

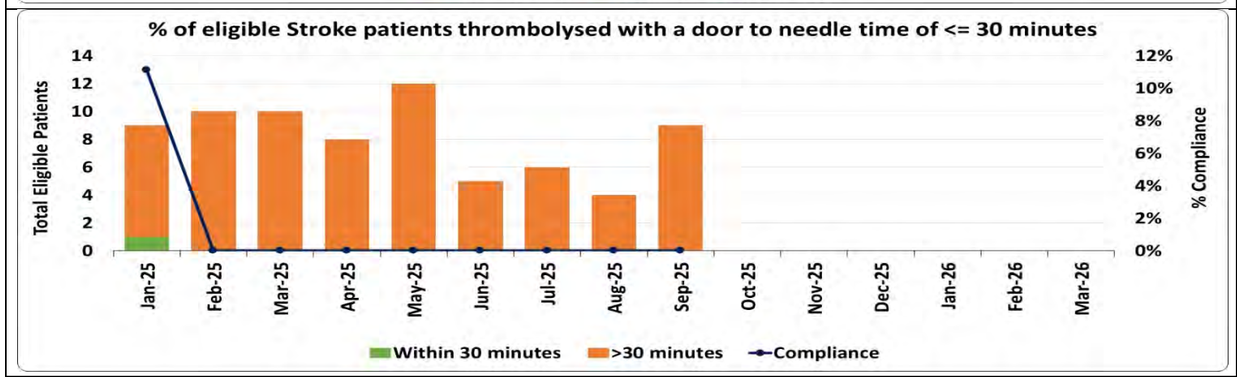
Stroke Quality Improvement Measures Current month stats: September 2025		
% of patients who are diagnosed with a stroke who receive a CT scan within 20 minutes		
Total patients that received a scan	Patients scanned within 20 minutes	% Compliance
96	12	12.5%
% of thrombolysed stroke patients with a door to needle time of <= 30 mins		
Eligible patients for thrombolysis	Patients thrombolysed <= 30 minutes	% Compliance
9	0	0.0%
% of applicable patients who have a direct admission to an acute stroke unit within 4 hours		
Patients admitted with Stroke	Stroke patients admitted to Stroke Unit <=4 hours	% Compliance
95	18	18.9%
% of patients who are assessed by a stroke specialist consultant physician within 14 hours		
Total Consultant Assessments	Patients assessed <=14 hours	% Compliance
96	20	20.8%
% of patients who are assessed by at least one therapy within 24 hours		
Total Therapy Assessments	Patients assessed <=24 hours	% Compliance
95	61	64.2%
% of patients discharged with ESD/Community Therapy MDT (rolling 3 months)		
Total Discharges	Patients discharged with MDT	% Compliance
144	64	44.4%

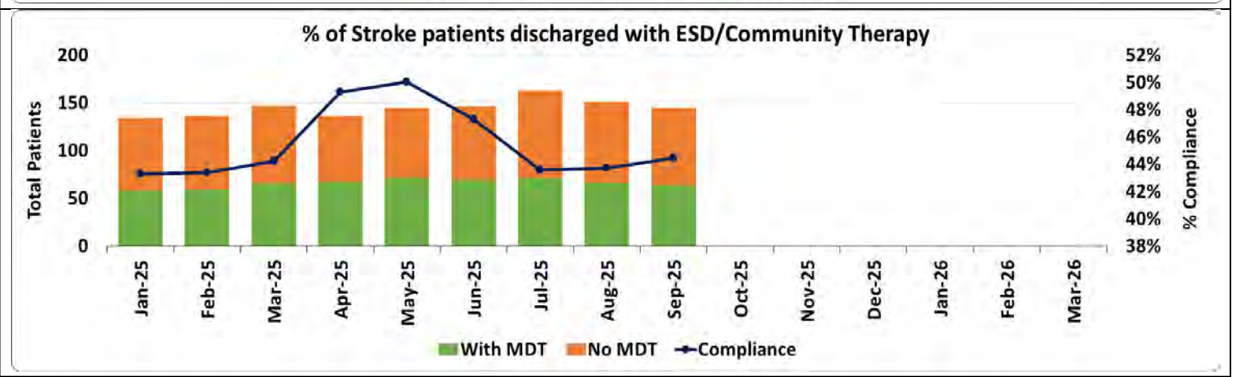












Stroke continued on the next page…

CTMUHB Unscheduled Care Group

Stroke Quality Improvement Measures (QIMs) – September 2025

How are we doing?

CTM Stroke services remain on the RGH site temporarily due to the critical incident at POW and the need for urgent service change at PCH as a result of senior specialist medical workforce challenges.
41.6% of patients were admitted out of hours.
12.5% of patients (12 out of 96) had a CT scan within 20 minutes. This KPI has changed from CT scan within 1 hour to CT scan within 20 minutes which has had a significant impact on performance outcomes.
51% of patients (49 out of 96) had a CT scan within 1 hour.
9 patients received thrombolysis in September.
18.9% of applicable stroke patients (18 out of 95) were admitted to ASU within 4 hours.
20.8% of patients (20 out of 96) were seen by a Consultant Stroke Physician within 14 hours – this standard has changed from 24 hours.
64.2% of patients (61 out of 95) were assessed by at least one AHP discipline within 24 hours.
The rolling 3-month discharge compliance saw 64 stroke patients out of 144 (44.4%) discharged with ESD/Community Therapy MDT. All eligible patients were accepted by ESD.

What actions are we taking & when is improvement expected?

Newly appointed 5th consultant starting in post in November and another consultant returning from maternity leave. Two locum consultants continue to support the service.
Recruitment in progress for 2 Neurology Consultants who will support stroke on call rota.
The dedicated therapy bay within the Stroke Unit at RGH is a positive addition to the unit and enables patients to have access to therapy in a suitable environment within the ward and the opportunity for group work. This has been a great improvement on the previous limited therapy spaces in POW and PCH.
The AHP workforce quickly moved to working as one team across the stroke unit following the move to RGH, to ensure appropriate use of skill mix and flexibility of staffing across the acute and rehab sections of the unit.
The AHP teams continue to offer training and support to nursing colleagues who have moved to the unit who may not have previously/recently worked in stroke care.
Robust improvement plan action plan now 89% compliant.
Fortnightly touchpoint meetings with COO, Deputy COO, Exec Director of AHPs and HS, and USC Director of Ops to review improvement and performance.
Stroke CNS team are providing 6-day service and are based in RGH ED to support stroke clinical pathway.
Improvement Programme has commenced, with initial focus on two national KPIs
- time from arrival to ASU (target of 4 hours).
- time from arrival to CT scan (target of 20 minutes, changed from 2024 target of 1 hour)

Internal CTM fortnightly trajectory set for w/c 31/10/25
- 80% of CT scans within 1 hour
- 50% of admissions to ASU within 4 hours

CT Scan Within 1 Hour	Internal Performance Target	National Performance Target	Weekly Actual Performance
wc 24/10/25	80%	100%	62.50%
wc 31/10/25	80%	100%	47%
wc 07/11/25	80%	100%	77%

Time to ASU	Internal Performance Target	National Performance Target	Weekly Actual Performance
wc 24/10/25	50%	100%	33.30%
wc 31/10/25	50%	100%	46%
wc 07/11/25	50%	100%	50%

Improvements noted in both KPIs and work ongoing to deliver sustained improvements.

What are the main areas of risk?

Work ongoing to support delivery of a seven-day service across the multidisciplinary team to deliver KPIs.
Unmet need for inpatient specialist rehabilitation due to mixed model and insufficient workforce.
Work ongoing with C&V to develop regional stroke rota.

CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

Diagnostics - October 2025 (provisional position)

Number of patients waiting >8 weeks for a specified diagnostic – Target is Zero

Diagnostics >8 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/25	6,549	6,646	6,989	6,403	6,031	5,417	3,764	3,412	3,329	3,426	3,037	2,113
2025/26	2,991	5,001	5,081	6,355	7,509	7,768	6,307					

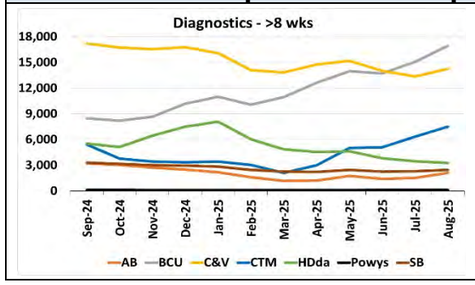
Number of Patients waiting >8 Weeks for a Diagnostic Test		Sep-25	Oct-25	Variance
Cardiology	Echo Cardiogram	539	319	-220
Cardiology Services	Cardiac CT	30	20	-10
	Cardiac MRI	31	51	20
	Diagnostic Angiography	43	44	1
	Stress Test	23	28	5
	DSE	26	24	-2
	TOE	1	3	2
	Heart Rhythm Recording	2	1	-1
	B.P. Monitoring	0	1	1
Bronchoscopy		4	0	-4
Colonoscopy		448	400	-48
Gastroscopy		228	194	-34
Cystoscopy		37	20	-17
Flexi Sig		231	178	-53
Radiology	Non-Cardiac CT	2,072	1,949	-123
	Non-Cardiac MRI	59	21	-38
	NOUS	3,390	2,470	-920
	Non-Cardiac Nuclear Medicine	11	7	-4
Imaging	Fluoroscopy	46	37	-9
Physiological Measurement	Urodynamics	124	111	-13
Neurophysiology	EMG	363	384	21
	NCS	60	45	-15
Total		7,768	6,307	-1,461

How are we doing?

Provisionally, at the end of October, 6,307 patients have been waiting in excess of 8 weeks for a diagnostic procedure, a 19% reduction on September

Main reduction was in Non-obstetric ultrasound (920 reduction observed).

How do we compare with our peers?



Status as at August 2025		
Health Board	Compliance	Rank
Powys	123	1st
AB	2,116	2nd
SB	2,471	3rd
HDda	3,289	4th
CTM	**7,509**	**5th**
C&V	14,243	6th
BCU	16,927	7th

What actions are we taking & when is improvement anticipated?

Radiology:

NOUS & CT Dem Cap highlight scanning capacity shortfalls as demand increases. Further additional funding approved for CT, utilised to staff unfunded sessions at POW & additional weekend lists with an insourcing arrangement addressing backlog & additional demand.

Funding has been allocated for NOUS to support diagnostic waits, RTT vascular and USGI work. Locum agency sonographers have increased capacity, coupled with additional SpR/Consultant lists; which has yielded a decrease in patients waiting >8 weeks from October. HCSWs have been realigned to support the additional staff/capacity.

National Imaging Academy Wales (NIAW) are also supporting additional NOUS training across the region.

MRI has a small cohort of GA Paeds patients that need coordinating with the anaesthetics department, coupled with Arthrograms which need Consultant Radiologist input. Additional Consultant lists are running on 2 of the sites.

Radiology reporting timescales for MR & CT are at an acceptable level due to the uplifted outsourcing budget. An increase in USC demand reporting is observed & RTT escalations resulting in additional outsourcing to meet targets. The service has a current workforce gap due to maternity leave in the reporting radiographer team. There is a backlog of 7,000 plain film reports. Chest X-Rays are being prioritised and MSK work outsourced to manage the backlog. Existing staff have been onboarded to the staff bank to close the reporting gap. A new SpR rota has been implemented with plain film reporting sessions.

Reduction in the median Radiology SCP waiting times request to scan <10 days wait in some modalities which continues to be maintained.

Endoscopy:

D&C modelling completed to inform the development of a recovery plan - anticipated to running from Sep to Jan 26 in to achieve the 8-week target.

Core capacity shortfall to meet USC, RTT and surveillance pathway patients, as there are insufficient trained staff to fully operate 3rd theatre at PCH. When fully staffed will reduce the demand-capacity deficit, however this is unlikely to be achieved using existing staffing until the summer of 2026.

A full insourcing team are supporting reduction to <8 weeks.

The OCP for the launch of a new pan CTM TNE service based out of POW has concluded with service launch expected week commencing 17th November.

What are the main areas of risk?

Radiology:

D&C imbalance shown in most services as demand has risen. CT colon demand risen as a result of revised BSW criteria and reduced age limit for screening; 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.

Lack of recurrent additional CT funding post end of March 2026.

The business case for additional CT staffing is yet to be approved.

Sustained increase In Hours/Out of Hours CT emergency demand at RGH.

Increased pressure at RGH due to changes in pathways since the POW Critical Incident and consequent changes to patient pathways.

NOUS – recruitment and training underway to help build a resilient workforce but will take time to embed. National changes to obstetric protocols will put further pressure on the service and reduce capacity to scan. Additional funding awarded to continue WLI/additional clinics to recover current performance.

Reduced capacity within Ultrasound team due to RSI symptoms; either not scanning or on reduced lists - workforce review underway. Training ongoing for vascular but complex demand and workforce remains an ongoing concern.

Further pressure where Planned Care RTT WLI schemes and HBS work are increasing demand on Radiology Services and driving an increased waiting list.

Backlog of 4,500 Chest X-Ray Plain Film reports with unknown pathology has grown due to capacity constraints.

Additional Trauma lists and lack of resources to support this work.

Endoscopy:

Withdrawal of Planned Additional Activity Rate (PAAR) funding to facilitate weekend Endoscopy lists is a significant risk.

Cross site working continues to improve. Risks associated with resistance to full implementation of a single pan CTM waiting list.

Lack of WLI/backfill uptake from Endoscopists.

Inadequate nursing establishment at PCH, in addition to sickness and staff turnover resulting in a highly fragile substantive nursing workforce.

There are 2 Consultant vacancies in POW.

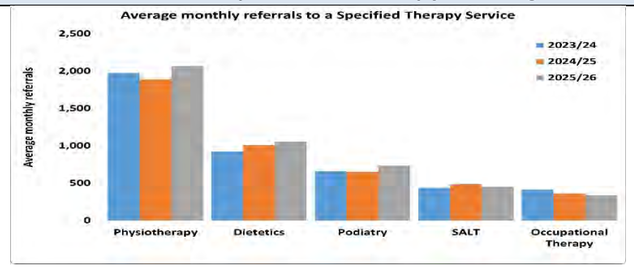
There is a significant risk to delivery of targets due to additional procedures generated by conversions through increased outpatient appointments as part of the new Welsh Government programme.

CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

Therapies – October 2025 (provisional position)

Number of patients (all ages) waiting >14 weeks for a specified therapy – Target is Zero

Number of Patients waiting >14 Weeks for a Therapy October 2025	Total Waits	Waits >14 wks	% >14 wks
Dietetics	895	10	1.1%
Occupational Therapy	240	11	4.6%
Physiotherapy	1,307	3	0.2%
Podiatry	581	0	0.0%
Speech & Language	430	1	0.2%
Total	3,453	25	0.7%



Therapies >14 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/25	60	45	41	22	46	42	43	47	23	29	63	63
2025/26	53	94	99	57	29	23	25					

% of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy – Target 100%

% of children waiting less than 14 Weeks for AHP October 2025	Total Waits	Waiting < 14 wks	% <14 wks
Dietetics	219	219	100%
Occupational Therapy	98	92	94%
Physiotherapy	285	282	99%
Podiatry	65	65	100%
Speech & Language	245	245	100%
Total	912	903	99.0%

AHP	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/25	97.1%	96.6%	97.7%	99.4%	98.4%	98.8%	98.8%	99.1%	99.6%	98.2%	95.4%	94.9%
2025/26	95.5%	93.9%	95.9%	98.2%	97.9%	98.8%	99.0%					

Therapies - How are we doing?

During October there were provisionally 25 patients waiting in excess of 14 weeks for an initial therapy assessment as shown in the table, first left. As it currently stands, we observe there has been a reduction of 18 breaching patients compared to the same period of 2024.

Occupational Therapy identified several data quality issues with recorded RTT waits and are working to resolve these with WPAS team.

What actions are we taking & when is improvement anticipated?

Continuing to monitor administrative staff are applying the RTT rules appropriately.
Exploring opportunity to integrate Community Health Pathways into the Therapies triage processes with the intention to improve quality and appropriateness of referrals. Engagement with Primary care service to deliver first line interventions to enable improved access and timeliness for those needing AHP provision.
Admin team continue to work on improving use of WPAS and pursuing set up of text and remind function for greater efficiency (already initiated in the Children's Speech & Language Therapy service).

What are the main areas of risk?

Ongoing increase in referrals to physiotherapy with no additional resource investment, resulting in increased waiting times. Ongoing issue with regards to Planned Care (PC) funding resulting in held vacancies. Waiting for decision by ELG as to the next steps with the PC physio service. Continue to monitor staff wellbeing, as this has been highlighted as an area of concern and is likely to be reflected in the current staff survey.

Concerns remain in being able to see referred patients in a timely manner in line with RTT and clinical presentation/pathology. 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.

Significant wait for Level 3 Adult Weight Management Service continues.

Audiology Services – October 2025 (provisional position) *N.B. due to the changes in reporting Audiology from April 2025, previous years data is no longer comparable.*

Number of adults waiting more than 14 weeks for all audiology pathways Target - Month on Month Reduction

Includes hearing aids, tinnitus & balance:

Adult Audiology >14 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	1,177	1,425	1,184	1,222	1,212	1,301	1,944					

Number of children waiting more than 6 weeks for all audiology pathways Target - Month on Month Reduction

Includes new assessment & intervention pathways:

Children's Audiology >6 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2025/26	360	367	339	378	394	362	210					

Audiology - How are we doing?

As at the end of October 2025, provisionally, there are 3,713 adults waiting on an adult hearing pathway and of those 1,944 (52%) are waiting beyond the 14-week WG set target.

There are 387 children waiting on an audiology assessment pathway, with 210 (54%) waiting longer than the 6 week target.

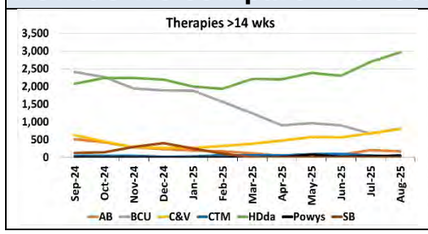
What actions are we taking & when is improvement anticipated?

Trialing a reduction in appointment time for new assessments from 1 hour to 45 minutes; increasing capacity by 25% for new adult hearing assessments.
A revised pathway to allow the release of unused ENT capacity into Audiology to address waiting lists is proposed.

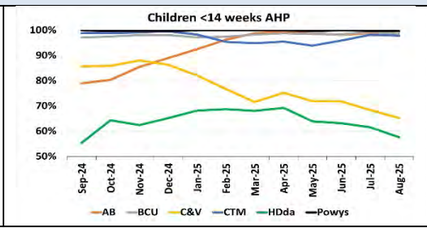
What are the main areas of risk?

We have agreed a local policy to prioritise urgent existing patients. This ensures we see those most in need earlier and attempts to mitigate the risks of long waits for existing adults who have hearing aids.

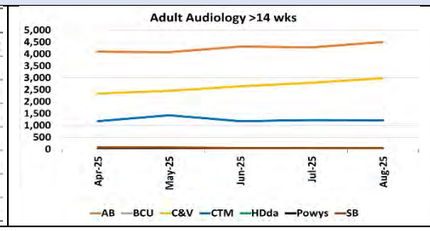
How do we compare with our peers?



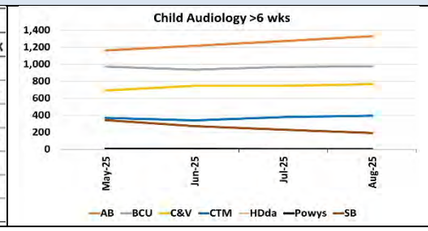
Status as at August 2025		
Health Board	Compliance	Rank
SB	0	1st
CTM	**29**	**2nd**
Powys	57	3rd
AB	169	4th
C&V	797	5th
BCU	819	6th
HDda	2,966	7th



Status as at August 2025		
Health Board	Compliance	Rank
SB	100.0%	1st
Powys	99.6%	2nd
BCU	98.7%	3rd
CTM	**97.9%**	**4th**
AB	97.8%	5th
C&V	65.2%	6th
HDda	57.6%	7th



Status as at August 2025		
Health Board	Compliance	Rank
Powys	18	1st
BCU	27	2nd
SB	42	3rd
CTM	**1,212**	**4th**
C&V	2,989	5th
AB	4,511	6th
HDda	No data	

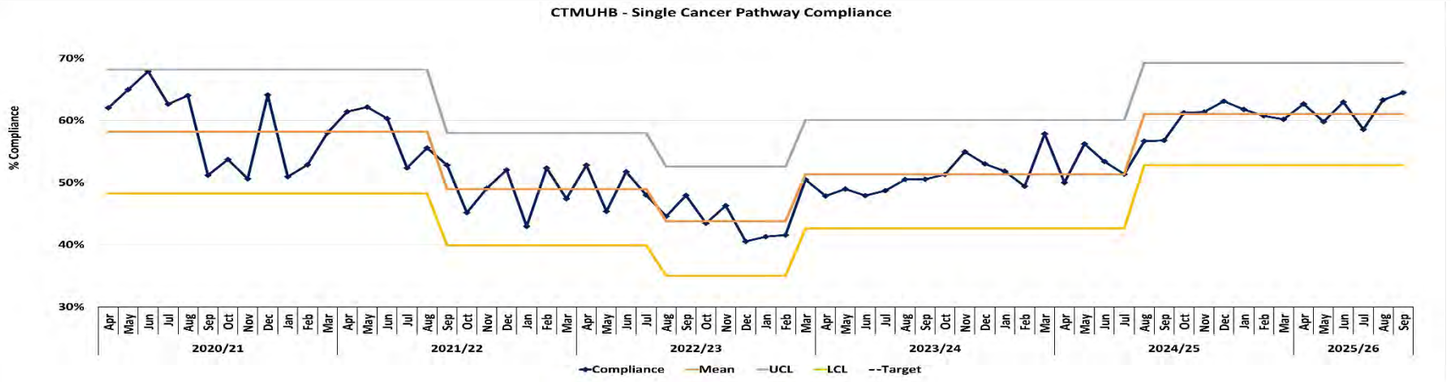


Status as at August 2025		
Health Board	Compliance	Rank
Powys	1	1st
SB	191	2nd
CTM	**394**	**3rd**
C&V	765	4th
BCU	974	5th
AB	1,328	6th
HDda	No data	

CTMUHB Planned Care Group

Single Cancer Pathway (SCP) September 2025 – 64.5%

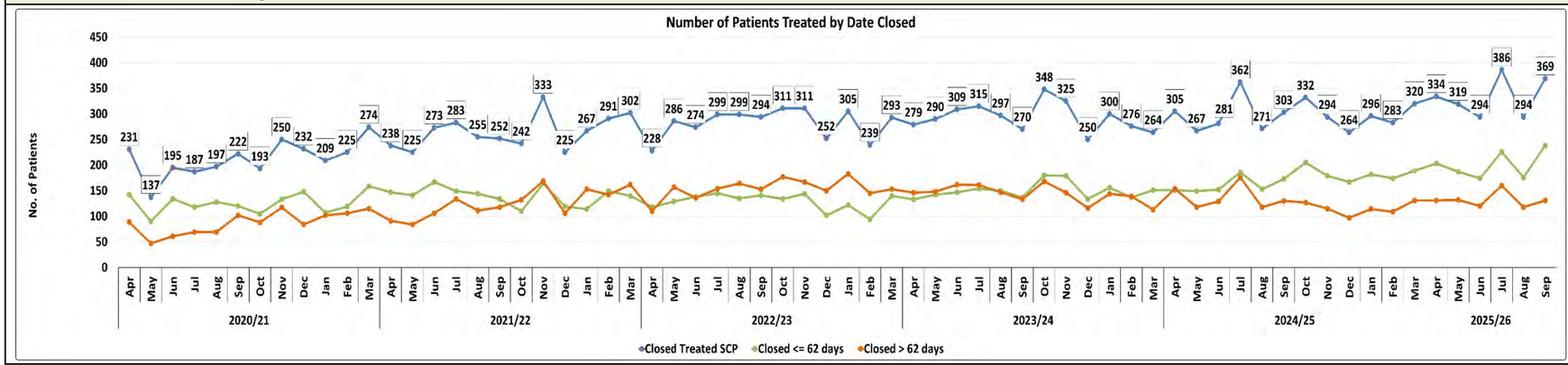
% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Target - 12 month improvement trend towards national target of 80% by 31st March 2026



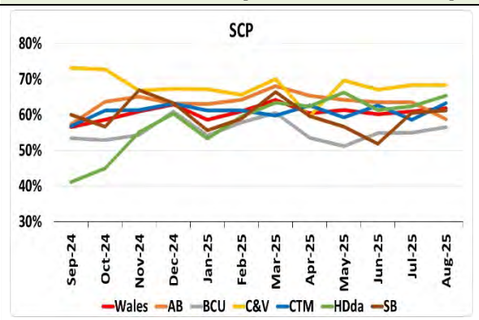
CTMUHB - SCP % Treated Without Suspensions - September 2025				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated against Target of 80%
Head and neck	4	6	10	40.0%
Upper GI	12	10	22	54.5%
Lower GI	9	29	38	23.7%
Lung	26	17	43	60.5%
Skin (exc BCC)	101	6	107	94.4%
Brain/CNS	5	0	5	100.0%
Breast	29	11	40	72.5%
Gynaecological	10	11	21	47.6%
Urological	36	36	72	50.0%
Haematological	3	5	8	37.5%
Other	3	0	3	100.0%
Total	238	131	369	64.5%

Compliance during September was 64.5% and stands above the current mean (61.0%). Three of the tumour sites reached the desired target threshold of 80% this period, as seen in the table above. Predicted compliance for October currently stands at 57.2%. Delays at first outpatient (22%) and diagnostic stage (increasing to 54%) are the most significant factors in not achieving the target and remain our greatest concern. Diagnostic delays remain in radiology, endoscopy and pathology, with tertiary delays for diagnostics & treatments also continuing.

Patients Treated by Closed Date



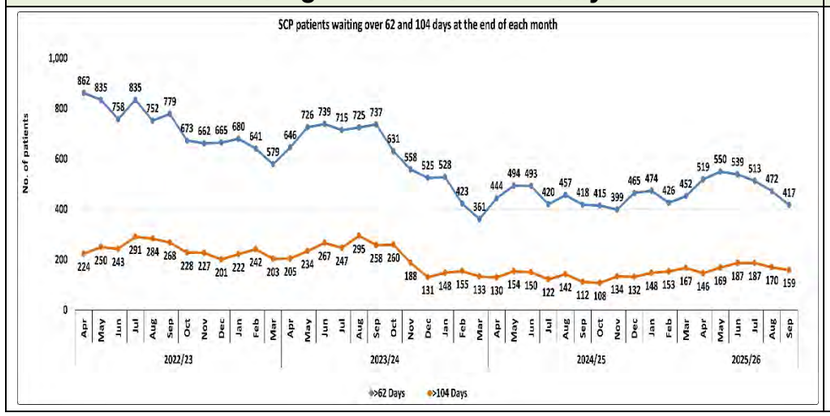
How do we compare with our peers?



Status as at August 2025		
Health Board	Compliance	Rank
C&V	68.4%	1st
HDda	65.3%	2nd
CTM	**63.3%**	**3rd**
SB	61.2%	4th
AB	58.7%	5th
BCU	56.5%	6th

During September, 369 Cancer treatments commenced, which stands above the 12-month average of 315 treatments. On average the number of patients being treated each month within the set timeframe of <62 days has increased during the past 12 months by 21% (33 patients per month) from the previous year, which has led to a 10% reduction in the number of Cancer patients being treated past 62 days. Although, during the past rolling 12 month period (Oct 24 – Sep 25) the number of patients actively waiting longer than 104 days has increased by 3 patients per month compared to the previous rolling period (Oct 23 – Sep 24) as observed in the chart below (please note the increase between May and August of this year).

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.

Increased focus on time to first appointment through capacity review, booking analysis and standing item in the regular Friday cancer performance meeting.

Audits to understand our compliance with the national optimal pathways and straight to test guidance has now taken place and aligned action plans have been devised based on outcomes.

A further audit across all tumour sites is in progress, specifically looking at the triage of referrals to better understand any variations in pathways.

Focus on treating the longest waiting patients and reducing backlog continues.

What are the main areas of risk?

National shortage of isotope affecting breast and urology cancer pathways as TRAMs (Transforming Access to Medicines) Radio pharmacy facilities in the South East Wales region is delayed (SBUHB are currently the only providers to the whole region).

Sustainability of CTM Pathology and impact when disaggregating services from SBUHB.

Delays in tertiary investigations & treatments at SBUHB, Velindre Cancer Centre and C&VUHB.

Lack of admin and nursing resource to undertake additional outpatient lists.

Current increased level of sickness across teams is causing capacity/administration issues.

There is just a single consultant for laparoscopic nephrectomies.

Delays for patients coming through Breast Test Wales referral pathway.

Diagnostic delays in Bowel Screening Wales endoscopy and pathology.

Delays at tertiary sites for diagnostics & treatment.

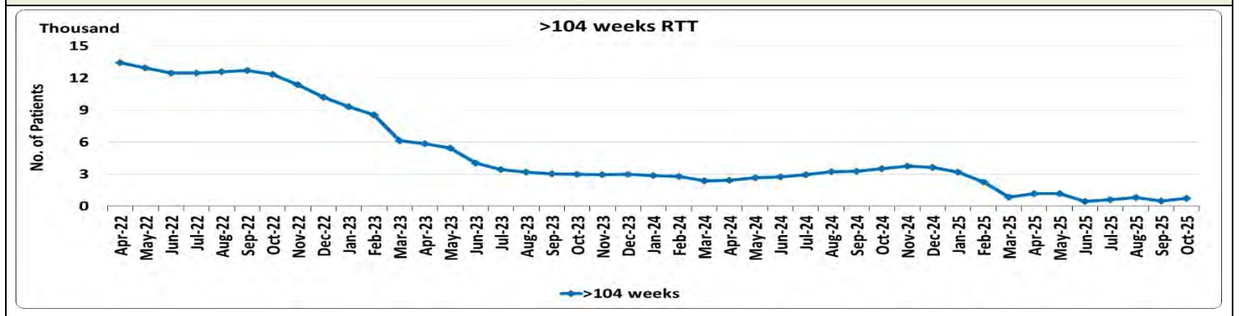
CTMUHB Planned Care Group

Referral to Treatment Times (RTT) – October 2025

Number of patients waiting **over 52 weeks** for a **new outpatient appointment (8,864)**
Target is Zero

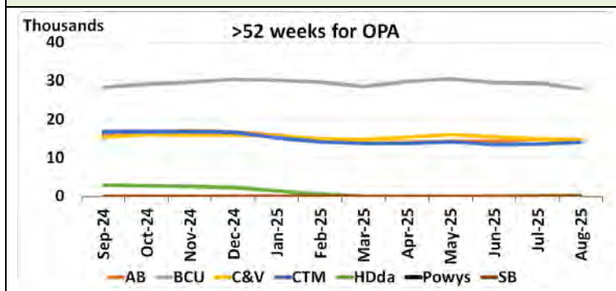
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of October has fallen to 8,864; an improvement of 22.5% (2,571) on the September reported position.

Number of patients waiting **>104 weeks RTT (725)**
Target is Zero

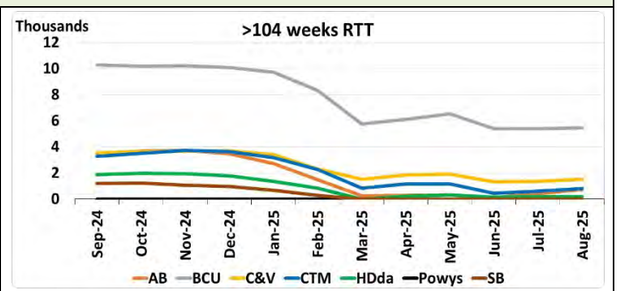


The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of October is 725 patients, with Orthopaedics accounting for the majority of patients, as seen in the righthand table.

How do we compare with our peers?



Status as at August 2025		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
HDda	190	3rd
CTM	**14,060**	**4th**
C&V	14,630	5th
AB	14,848	6th
BCU	27,981	7th



Status as at August 2025		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
HDda	193	3rd
AB	728	4th
CTM	**794**	**5th**
C&V	1,523	6th
BCU	5,465	7th

Total number of open pathways per specialty - October 2025 (provisional)					
Specialty	All urgent patients waiting >12 weeks	Patients waiting >52 Weeks for 1st OPA	All patients waiting >52 Weeks to 104 Weeks	All patients waiting >104 Weeks	Total Open Pathways
Breast Surgery	9	0	0	0	641
Cardiology	1,822	840	1,161	0	6,568
Clinical Immunology	117	199	199	0	449
Colorectal Surgery	475	0	220	0	2,976
Dermatology	830	272	431	0	5,485
Diabetic Medicine	108	27	27	0	547
Diagnostics	0	2	7	0	6,148
Ear Nose and Throat Service	1,023	1,672	2,739	0	10,041
Endocrinology	71	89	94	0	997
Gastroenterology	669	11	215	1	3,098
General Medicine	65	98	134	0	701
General Surgery	809	56	748	7	4,799
Geriatric Medicine	27	4	11	0	671
Gynaecology	1,921	907	2,257	7	9,028
Haematology (Clinical)	58	13	14	0	430
Nephrology	69	48	49	0	283
Ophthalmology	797	1,393	2,408	0	11,758
Oral Surgery	373	278	453	0	2,900
Orthodontics	141	64	64	0	492
Orthopaedics	2,866	939	4,443	699	14,531
Paediatrics	69	19	19	0	2,492
Pain Management	171	374	422	0	1,902
Respiratory Medicine	182	206	283	0	2,749
Restorative Dentistry	21	17	17	0	93
Rheumatology	273	216	276	0	1,688
Sport and Exercise Medicine	0	0	0	0	23
Therapies	0	0	0	0	964
Urology	2,054	924	1,979	0	8,467
Vascular Surgery	64	196	231	11	1,027
Total	**15,084**	**8,864**	**18,901**	**725**	**101,948**

RTT continued on the next page…

CTMUHB Planned Care Group – Referral to Treatment Times (RTT) – October 2025

What actions are we taking & when is improvement anticipated?

Orthopaedics:

The Elective Orthopeadic Unit (EOU) at POW has been operational since September with 334 cases carried out in the last 2 months and a positive reduction in patient length of stay is observed.
Weekly internal RTT meetings continue to ensure plans in place for long waiting patients.
There is a need to balance theatre lists and consideration is being made to pool patients across consultants to meet 104-week target.
The team is mapping processes for optimisation pathways and funding received will support the use of WLIs.
Full review of patients >104 weeks until the end of March is underway to ensure all patients are optimised and ready for surgery.

Cardiology:

Continue to maintain waits under 104 weeks.
Extensive validation continues.
Insourcing plan agreed with HBSUK (external partner) to get stage 1 outpatient waits down to 52 weeks by Q4 - commenced November.
Cardiac diagnostic planned aligned to OPA plan to reduce waits to 8 weeks by Q4.

ENT:

Continues to maintain zero >104 weeks waits.
Weekly validation taking place from stage 2-4 within the management team
Stage 1's are reviewed and booked by medical records team in line with insourcing (HBSUK), 3 all day clinics are being booked per day on weekends (a total of 96 patients per day).

Gastroenterology & Endoscopy:

Ongoing clinical and clerical validation of waiting lists continues.
Additional registrar clinics alongside consultants to create more capacity - creating an additional 48 new patient slots.
Insourcing continues at PCH.
BSW – discussions to be had with procurement about an ad hoc BSW insourcing contract to help with the waiting list due to increased demand.
Ongoing clinical validation of the "investigative gastro" patients after diagnostics.
HBSUK to begin in November with capacity for 96 new patients per week.

General Surgery:

Ongoing clinical and clerical validation of waiting lists
The introduction of HBSUK for 1st appointments in November 2025, should reduce the waiting list further (conversions will increase stage 2-4 waiting list).
Requested additional funding to increase weekend theatre capacity to accommodate stage 2-3 conversions following HBSUK clinics, awaiting outcome.

Vascular:

Continuing to run WLI theatre sessions on weekends.
Additional WLI clinics in YCC from December through to March for 1st OPA's
Validation to commence shortly of stage 1 patients.

Gynaecology:

Administrative validation carried out on all Stage 4 patients at 78 weeks (by December 2025).
Clinical validation & re-allocation of Stage 1 long waiting sub-specialty patients into General Gynae clinics to expedite first appointment.
Weekly theatre meetings held to ensure capacity is allocated to USC and long waiting patients. Working with theatres to secure all backfill available.

Ophthalmology:

Maintaining no patients waiting more than 104 weeks for treatment.
No cataract patients waiting over 86 weeks for stage 1 at end of October
Insourcing continuing HBSUK
Regional patients are now reported by ABUHB
Continue to do additional preoperative assessment slots in RGH and YCR.
Ongoing validation of all stages.

Urology:

Clinical and admi validation of all stages continues.
On target to deliver no patients waiting longer than 78 weeks by end of March 2026.

(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)*

RTT continued on the next page…

CTMUHB Planned Care Group - Referral to Treatment Times (RTT) – October 2025

What are the main areas of risk?

Orthopaedics:

Volume of patients breaching >104 weeks – ability to maximising theatre utilisation across CTM.
Currently have 1 x vacancy for lower limb consultant. 1 x consultant unable to operate on knees due to lack of navigation systems impacting the volume of knees we can currently operate on.

Dermatology:

Admin overtime is currently being undertaken (funding from vacant posts).
High rate of sickness within the nursing team.
If permanent financial funding not approved for Teledermascopy.

ENT:

Radiology – no longer funded to support RTT which is having an impact on the waits - up to 26 weeks.
The number of patients being seen at stage 1 that convert to stage 2-4. Without extra support to see these patients, this could affect the ability to keep below the 104 targets.
Reduced activity within Theatres for 6 months from November. ENT only has main theatres in RGH every Tuesday and every other Monday, (this will be mainly USC cases). Vanguard is extremely limited on case mix.
Vacancies and long term sickness within admin team.

Gastroenterology and Endoscopy:

Straight to Test (STT) reporting - patients on an STT pathway are still waiting at stage 1 until they have had their diagnostics creating an inaccurate waiting list profile
The HBSUK work that will be starting for Gastroenterology and Surgery this will increase our waiting list due to conversions for diagnostics

General Surgery / Vascular:

Due to funding restrictions there are no further weekends planned.
The closure of several theatres at RGH in November due to refurbishment programme will result in treating out of turn to accommodate Vanguard theatre suitable patients.
The HBSUK work starting in November will increase the waiting list due to conversions for diagnostics and surgery.
Diagnostic waiting times are on the increase and this will impact late conversions for surgery.
If no PAAR available for vascular weekend sessions, theatre sessions will not run.
HBSUK work may impact Med Records ability to organise additional Vascular stage 1 ad hoc clinics.

Gynaecology:

Limited pre-assessment capacity across all sites. Requirement to add new referrals onto WPAS to access pre-assessment causing some delays within the service.
Significant gaps within the Waiting List Team impacting on ability to manage referral to Pre-Assessment and TCI confirmation.
Long term sickness gaps at Consultant level impacting on theatre capacity.

Ophthalmology:

Need additional theatre staff to ensure the Surgicube is fully utilized.
Patients being returned from regional as not suitable for treatment there – often results in insufficient time in month to treat at CTM.
Not enough capacity for macular or medical retina. Virtual clinics required – discussion to be had with CD.
Additional slots are needed in POW - work is in progress to address this.

Urology:

Delays in treatments and appointments.
Inpatient theatre reduction.
Sickness cover.

CTMUHB Planned Care Group

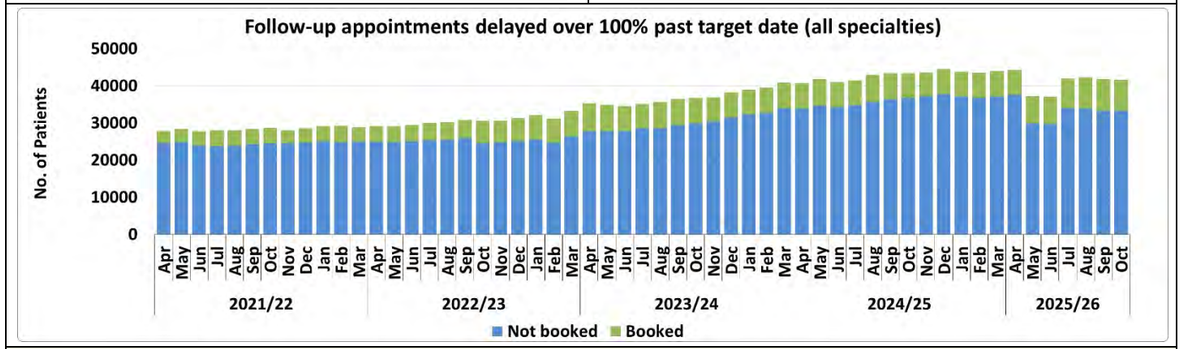
Follow-up Outpatients Not Booked (FUNB) – Provisional Position October 2025

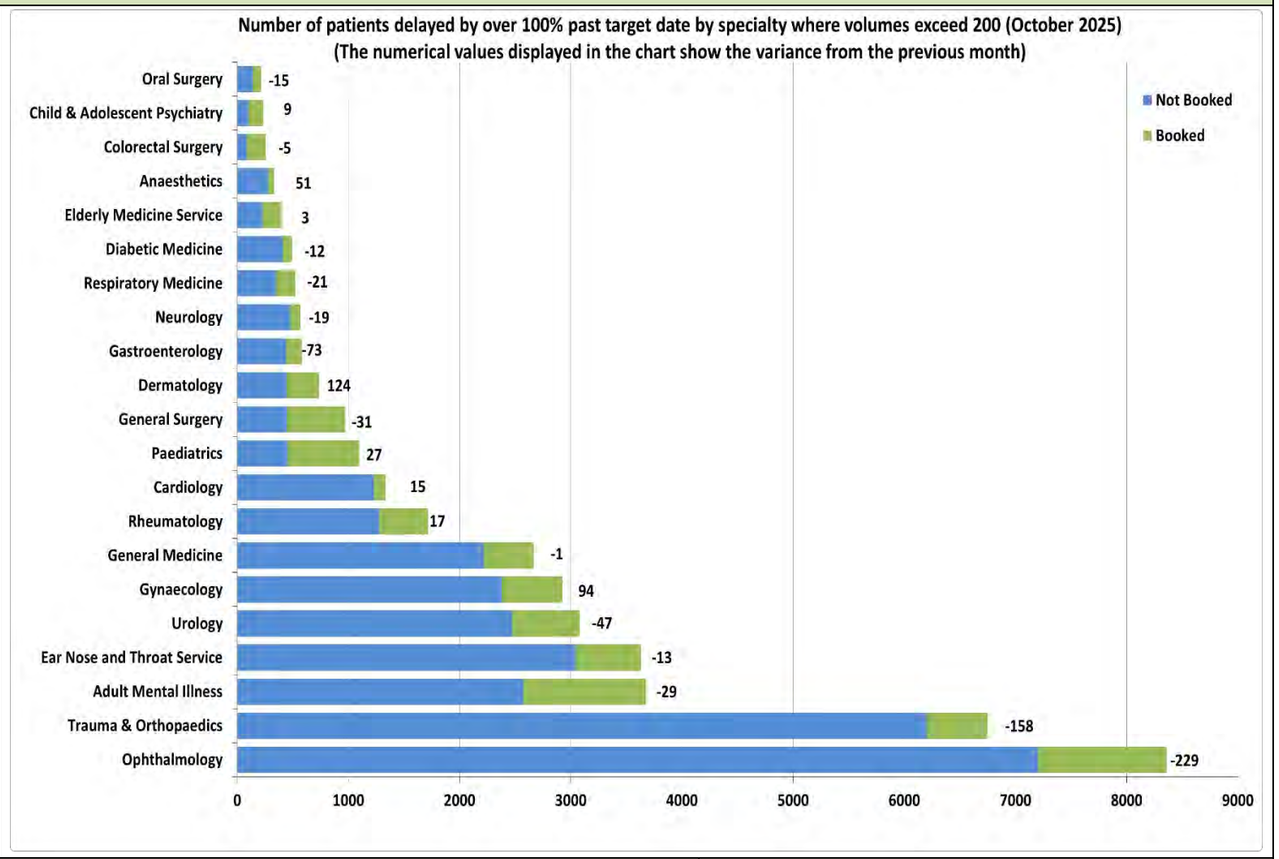
Number of patients waiting for a Follow-up with documented target date

No. of patients waiting for follow-up appointment				
No documented target date	SOS/PIFU Discharges	Not Booked	Booked	Total patients waiting follow-up where there is a documented target date
0	91	79,423	60,426	139,849

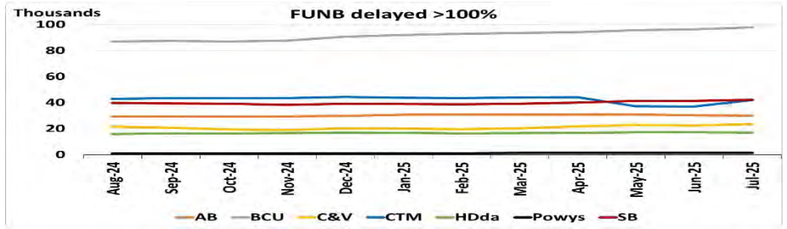
Number of patients waiting for a Follow-up delayed over 100% - Target Reduction compared to same month in the previous year

No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%
33,279	8,408	41,687	29.8%





How do we compare with our peers?



Status as at July 2025		
Health Board	Compliance	Rank
Powys	1,353	1st
HDda	17,011	2nd
C&V	23,473	3rd
AB	30,119	4th
CTM	**41,967**	**5th**
SB	42,166	6th
BCU	97,820	7th

How are we doing?

Due to the migration of the two WPAS systems extensive validation of the data for May & June was carried out, hence a fall in the FUNB position for those months as seen in the chart above.

The number of patients waiting for a follow-up appointment in CTM at the end of October 2025 provisionally stands at 139,849, which is just under a 5% reduction on the number of patients waiting during the equivalent period of 2024.

There are currently no patients without a documented target date.

Of the patients waiting, 41,687 (29.8%) have waited more than 100% longer than their clinician advised.

The average monthly follow-up activity from April to September 2025 is 0.6% (320) attendances lower at 37,364, when compared with 2024/25 levels and remains 5.4% (2,142) lower than pre-Covid activity volumes.

What actions are we taking & when is improvement anticipated?

ENT:

FUNB continues to grow – proposal at November's business meeting - weekly lists to be sent to clinicians to action within their admin sessions or reduced theatre activity.

The management team will validate patients clerically in the first instance to identify duplicates and action accordingly.

General Surgery / Vascular / Breast:

Clinical & admin validation ongoing**.** FUNB monitored weekly, with the promotion of SOS (See on Symptom) and PIFU (Patient Initiated Follow-up).

Discussions on Follow-up capacity and clinic template amendments are ongoing. Options explored to exchange new patient slots for follow-ups during weekday core activity as a result of new patients being seen on weekends via HBSUK

Gastroenterology & Endoscopy

Clinical validation ongoing, registrar clinic to be converted into follow up validation/clinic from December.

Convert new into follow-up capacity due to the expected impact of HBSUK - ongoing review of all follow-up capacity

Ophthalmology:

All clinic templates reviewed to ensure full utilisation and ongoing validation of pathways.

Working with CIN to ensure clinically appropriate patients are discharged with PIFU / SOS.

Clinically suitable glaucoma patients will be discharged to community optometry for ongoing ophthalmic care.

Orthopaedics:

Working with the National CIN group to align process for follow-up and discharges.

Urology:

Weekly FUNB review clinic running (approx. 25 pts per wk).

Orthopeadics:

Current focus on limiting the number of follow-up appointments needed to 1 per patient following elective procedure.

Dermatology:

Ongoing validation of the FUNB list. Clinic templates reviewed to ensure clinics are fully utilised.

What are the main areas of risk?

ENT:

Duplicate patients due to lack of knowledge & outcome incorrectly – clerical validation continues.

Gastroenterology and Endoscopy:

FUNB demand outstrips capacity and is increasing due to the additional stage 1 activity for RTT.

Limited clerical support to engage in significant FUNB validation.

General Surgery / Vascular / Breast:

Additional stage 1 activity has resulted in an increase in Follow-up demand.

Ophthalmology:

The FUNB list remains very high with patients being delayed longer than desired.

Orthopaedics:

Cancellations in elective follow ups due to trauma demand will mean that these need to be audited to ensure none are lost to follow-up.

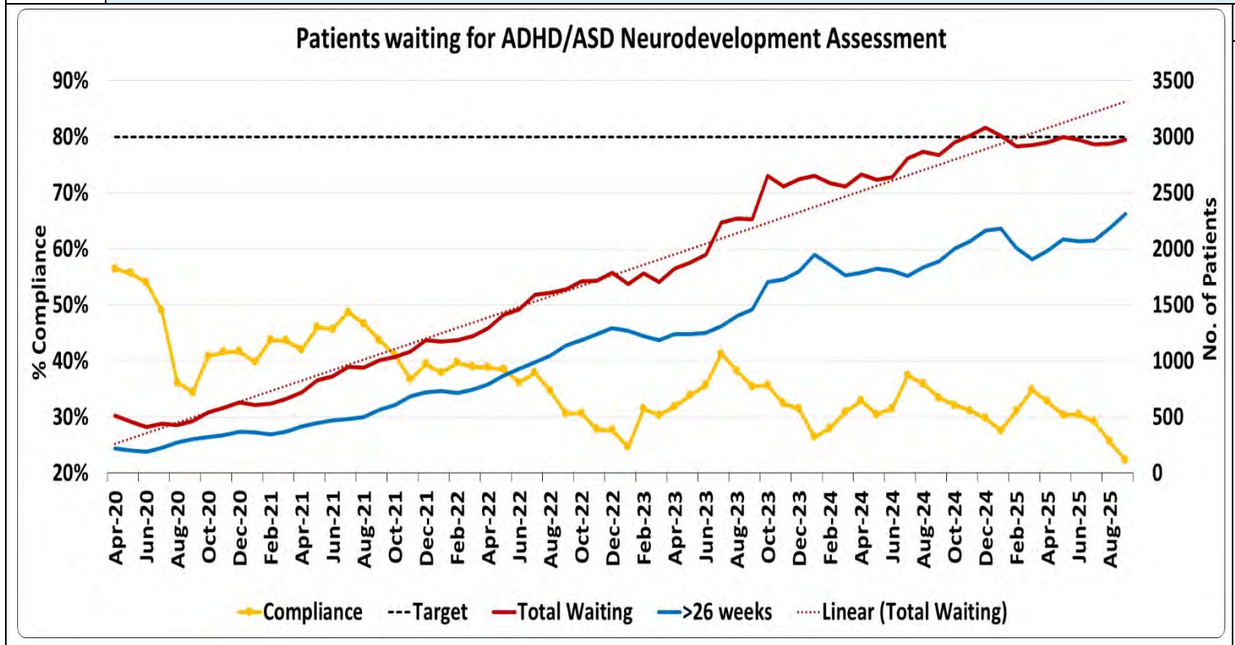
Dermatology:

Insufficient staff to carry out validation.

CTMUHB Children & Families Care Group

% of patients waiting less than 26 weeks to start an ADHD/ASD Neurodevelopment Assessment - Target 80%)

Provisional position September 2025 - 22.3%



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 2,977 patients (September 2025).

During the period analysed in the chart above, average monthly accepted referrals have increased from 38 to 193 per month. Compliance against the 26-week target is currently registering as lower than actual levels because of delays in referrals being logged and triaged due to the significant demand and lack of NDIP funding to support additional admin hours. There are currently 465 referrals awaiting a triage decision.

The yellow line on the chart above shows that correspondingly compliance with the 26 week access target for Neurodevelopment continues to remain low at 22.3%, which is the lowest level seen during the period displayed above.

During the past 12 months compliance has been fluctuating between 22.3% and 34.8%, with access remaining well below the WG target of 80% and will continue to be so until the backlog is addressed.

What actions are we taking & when is improvement anticipated?

The Improvement Board is overseeing impact of the Regional Partnership Board's allocation to ND services. We were able to recruit 3.0 wte B7 ND Practitioners on a fixed-term basis until March 2026. We were also able to recruit a 0.4 wte Locum SLT from March 2025 to support with the waiting list, although this post had to be discontinued in mid-July because of the lower than expected NDIP funding received from WG for 2025/26. Staff within the core ND team, as well as within other departments, were also willing to continue with additional hours to reduce the backlog, but again this ceased from July because of the lack of funding available.

Pharmacy input supporting post-diagnosis follow-up titration & monitoring helps to release medical colleagues to support the waiting list further. The Pharmacy department agreed to release an additional 0.2 wte Pharmacist and NDIP funding will support a 0.2 wte Pharmacy technician to assist 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 is closer to meeting the current demand (if demand remains stable, which seems unlikely based on previous projections). However, this does not address the backlog of patients nor the ever increasing follow-up caseload of children being prescribed ADHD medication, which further impacts on the capacity of the core team for new patient appointments. CNS/AHP staff recruited last year are actively supporting with the new patient and follow-up waiting lists.

Improving our website in conjunction with local authorities and third sector has increased our self-management and "waiting well" offer. 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 and anecdotal feedback suggests that this is already starting to make an impact.

Ongoing validation of waiting list, with transition and signposting to relevant services/agencies.

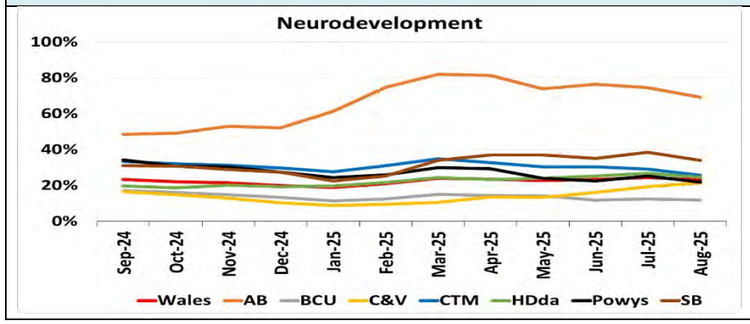
We had anticipated that the waiting list over the coming months would decrease as additional staff commence in post and additional/overtime hours continued. The lower than expected NDIP funding for this year will mean that the waiting list and average waiting times are likely now to increase. As of 7th November 2025, the longest waiting patients have been waiting 103 weeks (1 child), with 44 children waiting over 91 weeks. This position is likely to deteriorate further with the reduction in capacity for new patient appointments, although we would see some improvement if capacity for NP appointments within job plans can be increased as a result of AI scribe technology.

Following the ND event held at the end of 2024 with leads from Health, Education, Social Care, 3rd Sector and Parent/Carer Network, WG are supporting CTM's NDAT (ND diagnosis at triage) pilot. 61 children have now had a diagnosis of autism confirmed based on referral information received, without the child needing any further assessment and a short feedback appointment provided for the family only. This number will continue to rise over the next few months – focusing on new children being referred to the service as well as children already on the waiting list who have been nominated by their schools. This approach on average takes about one third of the time as a typical assessment process.

Supporting our regional partners to develop skills in using ND profiling tools either while/before a referral to ND assessment team is being considered.

Revised referral protocols have been launched which we anticipate will start to reduce the number of inappropriate referrals we receive, although we are unlikely to be able to measure the full impact of this until the end of 2025 and once the logging and triaging of referrals received is brought up to date. Initial indications are suggesting some modest improvements.

How do we compare with our peers?



Status as at August 2025		
Health Board	**Compliance**	**Rank**
AB	69.2%	1st
SB	34.0%	2nd
CTM	**25.6%**	**3rd**
HDda	24.6%	4th
Powys	21.8%	5th
C&V	21.5%	6th
BCU	11.9%	7th

What are the main areas of risk?

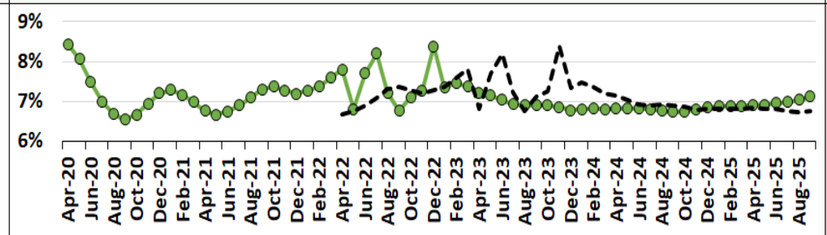
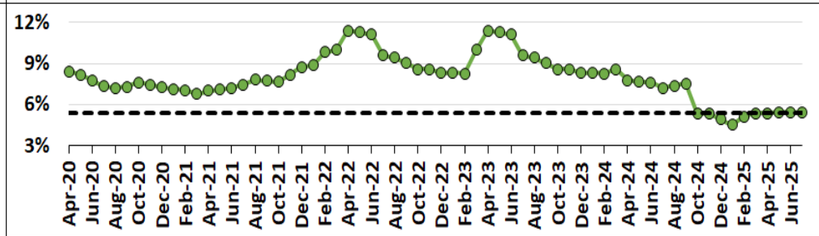
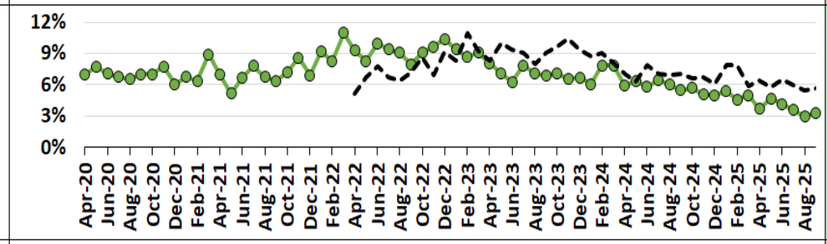
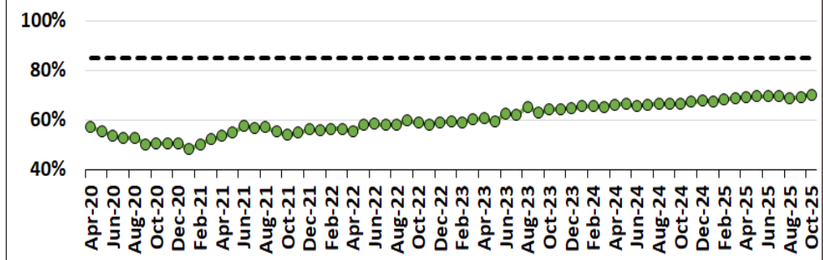
A reduction in new patient assessment capacity as a result of reduced additional hours/overtime through NDIP and an increasing ADHD medication follow-up caseload will mean that longest and average waiting times will increase. Prioritisation will need to be given to concluding assessments that have already commenced as well as ensuring safe ADHD medication management. Unlike other HBs in Wales where this work returns to CAMHS; in CTM this work remains with the ND team.

Ongoing risks with demand continuing to rise despite the region focusing on a needs-led approach to support and efforts made to provide myth busters on new referral paperwork.

We have 4 members of staff on fixed-term posts (3.0 wte) who are providing the majority of new patient appointments. If these roles cannot be extended into 2026/27, even before any NDIP funding for the region is confirmed, then we risk losing these staff when we have invested heavily in terms of time and external training for their roles.

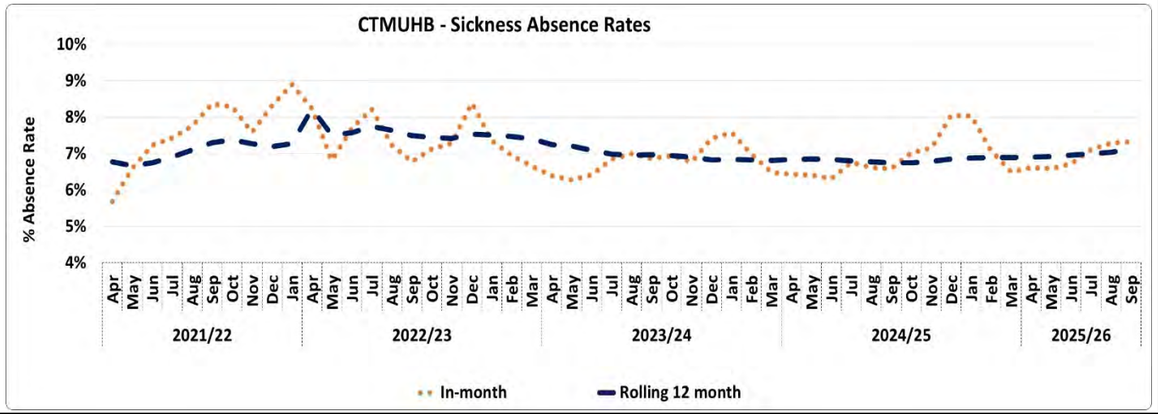
2.4 Welsh Government Performance Indicators: Quadruple Aim 3 - A Motivated & Sustainable Workforce

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

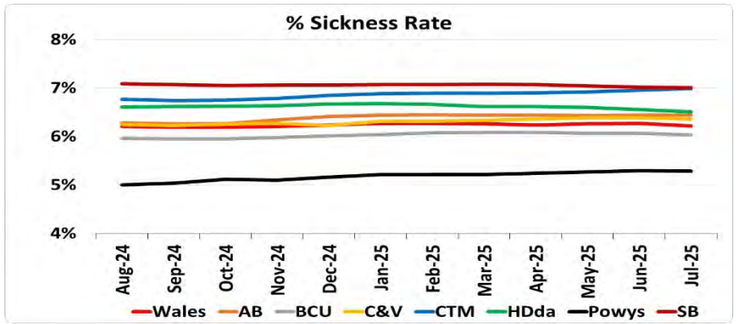
	Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Hit Target / Target Failed — Latest Position	
Motivated & Sustainable Workforce	% of sickness absence rate of staff	12 Month Reduction Trend		7.13%	Sep-25
	Turnover rate for nurse & midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 5.38% (2024-25)		5.43%	Jul-25
	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		3.3%	Sep-25
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%		70.4%	Oct 2025 (N.B. there is a time lag in reporting medical staff appraisals and consequently data for Aug to Oct 2025 does not currently include medical staff)

CTMUHB Workforce Metrics

% of sickness absence rate of staff – Target is 12-month reduction trend September 2025 (7.13%)



How do we compare with our peers?



Status as at July 2025		
Health Board	**Compliance**	**Rank**
Powys	5.29%	1st
BCU	6.04%	2nd
C&V	6.36%	3rd
AB	6.44%	4th
HDda	6.51%	5th
CTM	**6.99%**	**6th**
SB	7.01%	7th

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

The rolling twelve-month sickness rate to September 2025 is provisionally 7.13% and is higher than the equivalent rolling 12-month period of the previous year (6.74%). The in-month sickness rate is 7.32% and is also higher than September 2024 (6.59%) and continuing to remain higher than CTM's desired level of 4.5%.

The HB's primary sickness absence reason remains Anxiety/Stress/Depression/other psychiatric illness, resulting in around 38% of the total days lost with the second highest reason being Other known causes - not elsewhere classified, at just under 9% of the days lost (Oct-24 to Sep-25). The staff group with the highest sickness level continues to be Estates & Ancillary, with a rate of 11.1% during September.

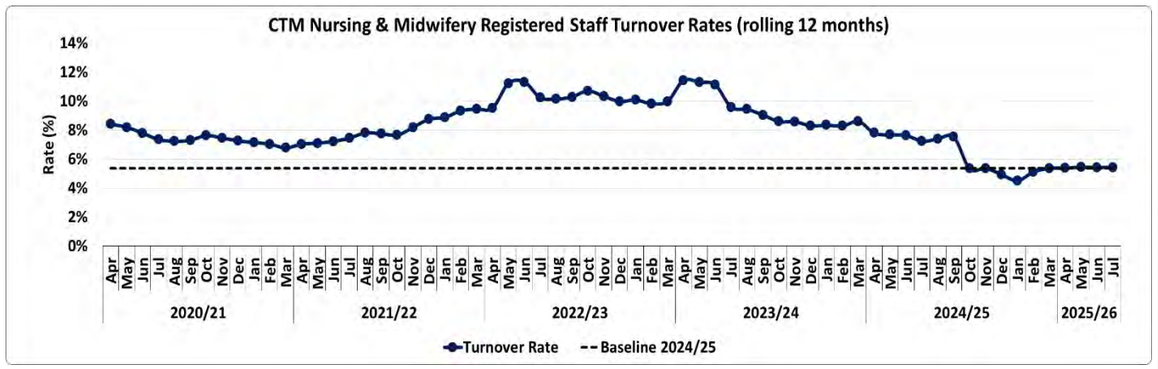
Actions we are taking:

A comprehensive analysis of sickness absence data has been undertaken which informs the development of the action plan; including initiatives/activities that target specific priority areas.
A sickness absence dashboard has been developed to enable consistent measurement and reporting across all Care/Staff Groups at a granular level.
An advisory internal audit is planned to commence in November to provide a better understanding as to whether there is under reporting of medical workforce sickness absence.
Occupational Health continues to work alongside People Services to target advice on long term absences, especially those requiring agency backfill.
Waiting times for manager referrals to Occupational Health still within WG targets (utilising collaborative model with C&VUHB to flex clinics).
Developing model to pilot rapid access to manager advice through People Services.

Risks:

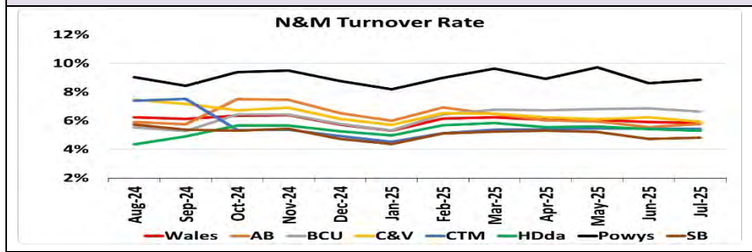
Failure to reduce sickness rates impacts on health and wellbeing across our workforce and their employee experience, especially if this increases demand/pressure on others to deliver services.
There is a high risk of increased use of variable pay to fill workforce gaps.
Impact on staff morale and motivation, productivity and engagement.

Turnover rate for CTMUHB N&M registered staff leaving NHS Wales – Target is rolling 12 month reduction against a baseline of 2024-25



N.B. there is a time lag in reporting due to the inability to locally monitor staff leaving NHS Wales.

How do we compare with our peers?



Status as at July 2025		
Health Board	**Compliance**	**Rank**
SB	4.81%	1st
HDda	5.31%	2nd
CTM	**5.43%**	**3rd**
AB	5.77%	4th
C&V	5.93%	5th
BCU	6.65%	6th
Powys	8.85%	7th

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

The ***reported*** position at July 2025, for N&M registered staff leaving NHS Wales, was 5.43% and sits just above the 5.38% baseline. The equivalent timespan of the previous year saw rates of 7.24%. (Aug 2023 to Jul 2024).

The CTM turnover, including those leaving CTM, but not necessarily leaving NHS Wales, was 7.92% for the same period (July 2025). The turnover rates continue to be monitored with Care Groups and Professional Groups to ensure there is a continued reduction for improved workforce sustainability.

Actions we are taking:

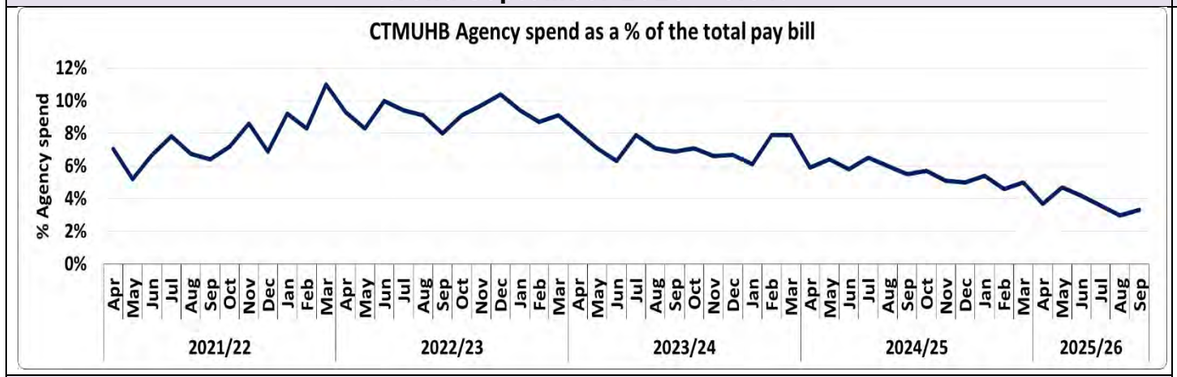
We continue to drive progress of the N&M all Wales retention plan to support a reduction in turnover.
A holistic wellbeing strategy provides a plethora of wellbeing support interventions to all staff, including a 'managing staff wellbeing course' and complete a 'Staying Well at Work Plan' with their teams during PDRs. This is reflected in an annual dashboard which captures services available, uptake and clinical outcomes.
An established group of Wellbeing Activists (60 employees) providing structured training and support to Wellbeing Champions, including regular check-in sessions.
Actively engaging with the All-Wales student streamlining recruitment of student nurses/midwives to maximise the opportunity to fill vacancies.
Work around the N&M establishment is due to commence in November, which should allow a more rounded view on the staffing situation, alongside turnover and absence.
Development of the Nursing Academy will enhance career profiles and opportunities for N&M.
Pastoral and career support sessions are due to be re-launched by Corporate Nursing prior to the new year.

Risks:

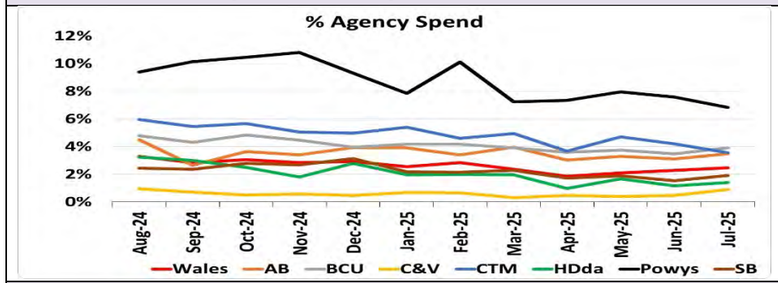
Potential loss of talent, skills and expertise affecting patient care.
Potential increase of variable pay.
Potential impact on staff morale and motivation, productivity and staff engagement.
Increased sickness absence due to the impact of increased vacancies and possible difficulties in filling vacant posts.

CTMUHB Workforce Metrics

Agency spend as a percentage of the total pay bill – Target 12-month reduction trend September 2025 – 3.3%



How do we compare to our peers?



Status as at July 2025		
Health Board	**Compliance**	**Rank**
C&V	0.9%	1st
HDda	1.4%	2nd
SB	1.9%	3rd
AB	3.5%	4th
CTM	**3.6%**	**5th**
BCU	3.9%	6th
Powys	6.8%	7th

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

As at September 2025 (Month 6) the CTM agency spend as a percentage of the total pay bill was 3.3%, as seen in the chart to the left, with the overall agency spend for 2025/26 (YTD) totaling 3.5%.

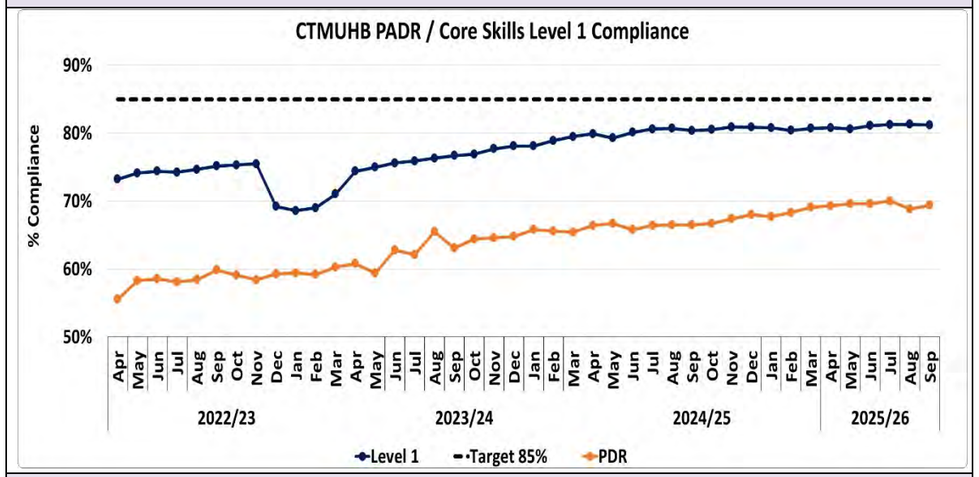
Actions we are taking:

Escalation to approve rates in excess of 5% to the Executive Medical Director's Office is in place.
Continued focus on reducing agency spend and the reduction in use/number of long-term agency locums - increase in our bank pool - targets to increase job planning compliance/quality - targeted recruitment campaigns.
Establishment reporting now in place for M&D staff in all Care Groups – N&M is the next phase of this reporting, due to commence in November. This will allow a better triangulation of the staffing data and identification of drivers for agency use.
Funding agreed to support additional international medical recruitment, including a number of Consultant posts – these are being actively pursued with Care Groups.
Additional roster improvements, utilisation and optimisation plans are in development, including a drive to reduce direct bookings.
Rostering KPIs are being reviewed to establish if there are any amendments needed.
Facilities continue to focus on recruiting into vacant posts and have introduced fixed term contracts to limit the amount of agency utilisation.

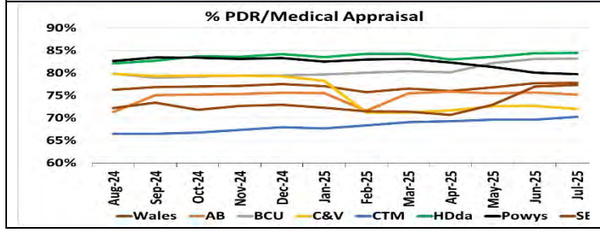
Risks:

Failure to reduce variable pay within 2025/26 to meet the UHB savings target, resulting in an inability to invest in service transformation.
Lack of sustainable and affordable workforce solutions to meet workforce gaps.
Current system provision does not meet the correct functionality to support the work of the savings delivery programme and future transformational work.

% headcount by organisation who have had a PADR / medical appraisal in the previous 12 months (excluding M&D in training) – Target 85%



How do we compare to our peers?



Status as at July 2025		
Health Board	**Compliance**	**Rank**
HDda	84.5%	1st
BCU	83.2%	2nd
Powys	79.8%	3rd
SB	77.4%	4th
AB	75.2%	5th
C&V	72.0%	6th
CTM	**70.3%**	**7th**

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

Overall PADR compliance is improving slowly, currently standing at a provisional rate of 70.4%. Compliance for the past year has ranged between 67.4% and 70.4%, recognising that this remains below the WG target of 85%.

Actions we are taking:

Enhanced PDR Briefing Reporting is shared with Care Group leadership teams, seeking to:
Improve engagement in PDRs, targeting those areas where high levels of staff who have never had a PDR.
Gain further feedback on the PDR process to drive overall improvements, as well as changes to the training offer.
Data and feedback being collated - will inform a comprehensive evaluation report.
This targeted work continues alongside our ongoing educational offer, with the 'Making the most of *Your Conversation'* workshop delivered monthly across the organisation.

Risks:

Lack of objectives aligning to CTM strategic ambitions.
Impact on morale, motivation, and employee experience, ultimately impacting retention.
Loss of dedicated time for a conversation for individual and manager to discuss work performance and provide two-way feedback, development opportunities and career aspirations.
Impact on the pay progression process and individual receipt of timely increments.

Core Learning Level 1:

Compliance for level 1 training currently sits at 81.4%. This is a slight year on year improvement albeit falling short of the 85% target.

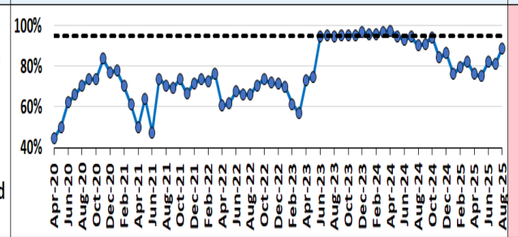
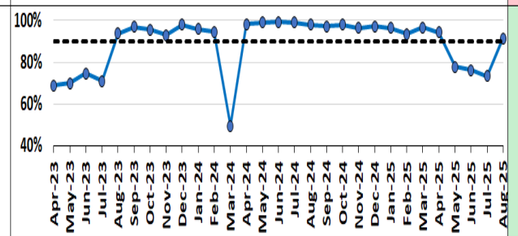
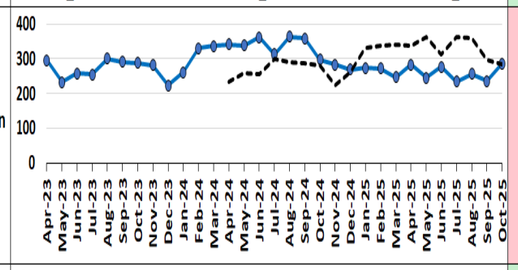
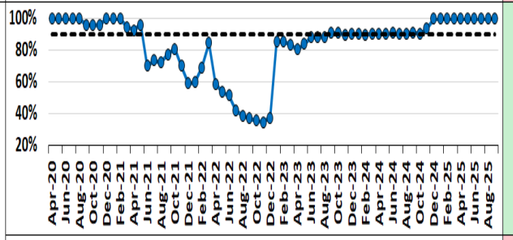
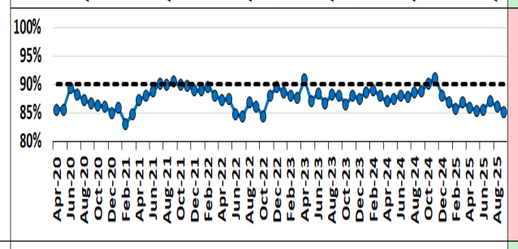
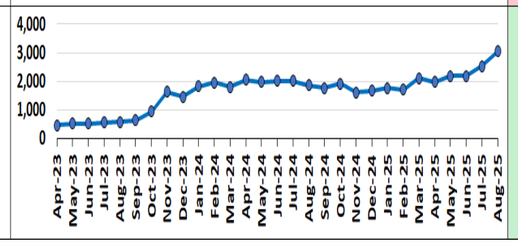
CTM Level 1 Core Manditory Training Compliance October 2025	
Health, Safety and Welfare	**86.9%**
Equality, Diversity & Human Rights	**86.0%**
Safeguarding Adults	**85.3%**
Moving & Handling	**84.4%**
Safeguarding Children	**84.2%**
Information Governance	**83.9%**
Violence & Aggression	**81.1%**
Fire Training	**80.2%**
Infection Prevention and Control	**79.1%**
Resuscitation	**62.7%**
HB Overall Compliance	**81.4%**

CTM is actively participating in a Welsh Government led national review of training requirements. Alongside this, CTM are working with Subject Matter Experts to understand how recommendations from this review can be expedited within the organisation to improve and simplify the Core Learning provision.

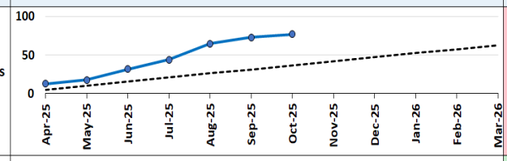
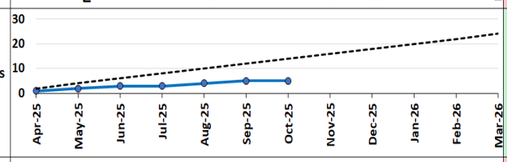
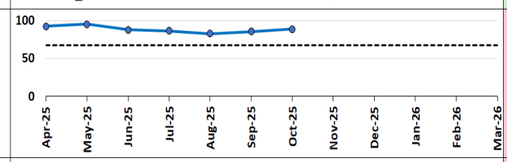
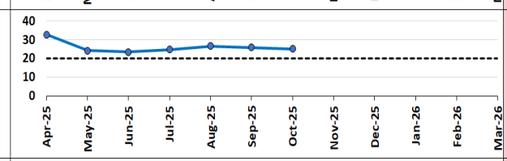
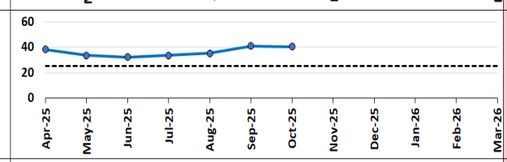
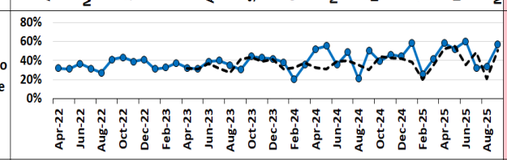
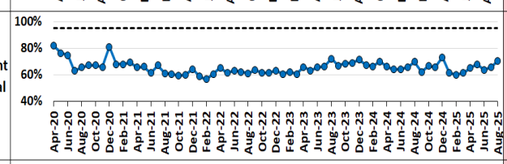
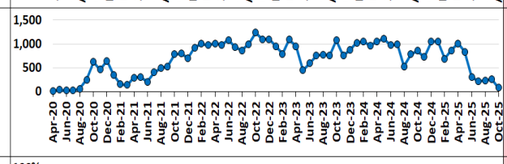
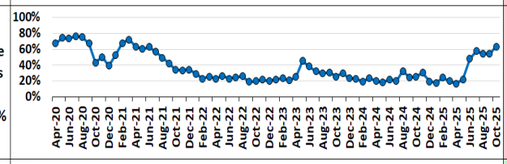
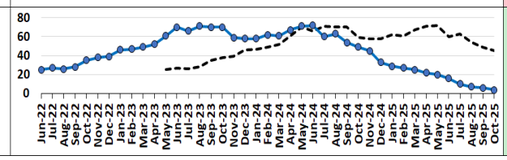
In addition to this, the L&D Team are supporting work with Medical and Dental colleagues to improve the provision and efficiency of Core Learning for clinical colleagues and how this can be part of their job plans.

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

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

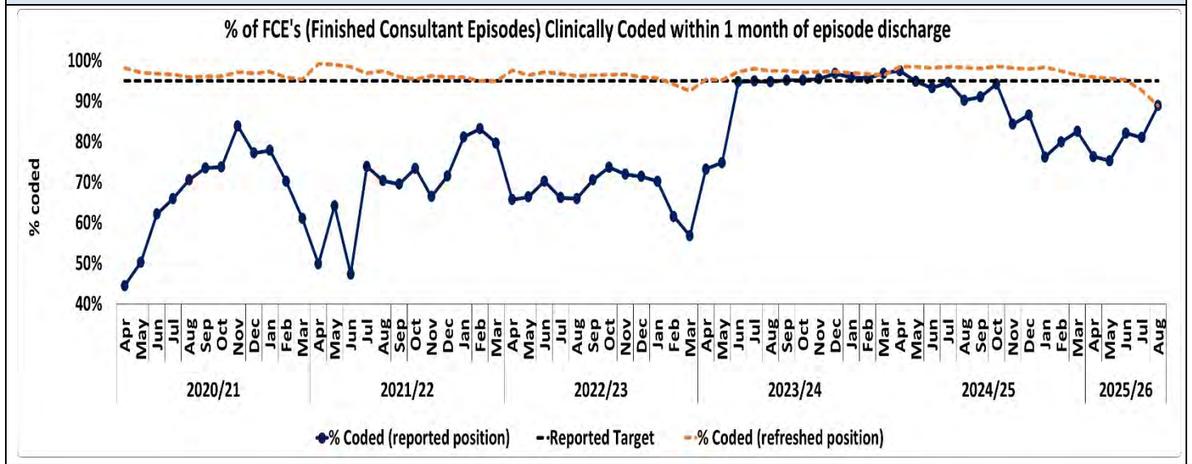
	Performance Measure	Target	Key: Trend --- Target/Trajectory	Key: Hit Target Green = Target Met / Red = Under	Target Failed
Effective Services	% of episodes clinically coded within one reporting month post episode discharge end date	Maintain the 95% target or demonstrate a 12 month improvement trend		88.9%	01/087/2025
	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%		91.5%	
Efficient Services	Number of Pathways of Care delayed discharges	12 month reduction trend		287	Oct-25
People Centred Care	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age under 18 years	90%		100.0%	Sep-25
	% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for those age 18 years and over			85.2%	
	Number of service user feedback experience responses completed and recorded on CIVICA	Month on month improvement		3,045	Aug-25

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

	Performance Measure	Target	Key: Trend --- Target/Trajectory	Key: Target Latest Position	Target Failed
Safe Services	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	No more than 60 cases for 2025/26		77	Apr - Oct 25
	Cumulative number of laboratory confirmed bacteraemia cases: Pseudomonas aeruginosa	No more than 24 cases for 2025/26		5	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,00 population		88.62	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus (MRSA and MSSA)	20.00 per 100,00 population		25.21	
	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	25.00 per 100,00 population		40.49	
	% of confirmed COVID cases within hospital which had a definite hospital onset (>14 days after admission)	Reduction compared to the same month in the previous year		56.7%	Sep-25
	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	12 month improvement trend towards national target of 95%		70.4%	Aug-25
	Number of ambulance patient handovers over 1 hour	Zero		85	Oct-25
	Percentage of ambulance patient handovers within 15 minutes	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes		63.2%	
	Number of National Reportable incidents that remain open 90 days or more	12 month reduction trend		4	Oct-25

Effective Services - Clinical Coding

% of episodes clinically coded within one reporting month post episode discharge end date. Target - Maintain the 95% target or demonstrate a 12-month improvement trend – August 2025 – 88.9%



Current Coded Position as at 3rd November 2025				
2025/26	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-25	11,045	10,616	429	96.1%
May-25	11,590	11,091	499	95.7%
Jun-25	11,869	11,378	491	95.9%
Jul-25	12,400	11,839	561	95.5%
Aug-25	10,553	9,866	687	93.5%
Sep-25	11,589	7,305	4,284	63.0%
Oct-25	11,393	2,004	9,389	17.6%
Total	**80,439**	**64,099**	**16,340**	**79.7%**
Uncoded Backlog (April to August 2025)		**2,667**	**4.6%**	

How are we doing?

During August 2025, the compliance for the completion of clinically coded FCE's (Finished Consultant Episodes) improved to just under 89%,but the position sits below the in month WG target of 95%.

At the 3rd November 2025 the overall coded position for April to October currently stands at 79.7% and the backlog accrued from April to August largely coded with the position now at 95.4%.

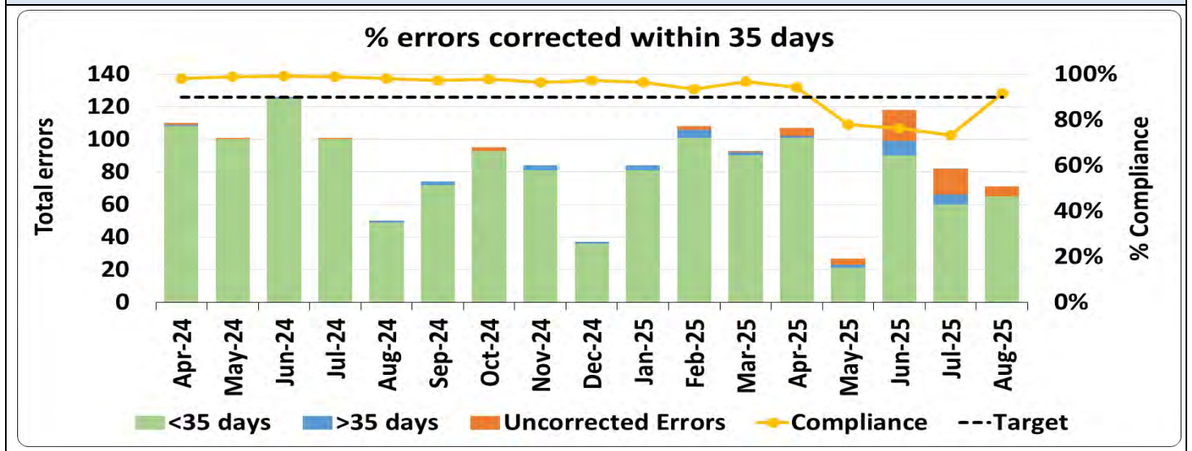
Compliance for the correction of errors within 35 days also improved with compliance reaching 91.5% during August with 65 of the 71 errors corrected within the requiste timescale and there are 6 uncorrected errors remaining.

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

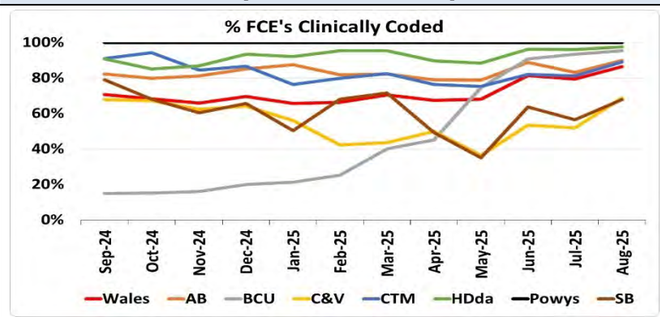
The changes in ward moves associated with the POW roof have had a disruptive impact on coding demand patterns and changes to the flow and availability of the medical record. Best endeavours are being relied upon until a more consistent pattern of service activity is observed which will enable coding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

Use of the autocoder has diminished in recent months as the data scientist supporting the software and the use of it has been pulled away to support other priorities.

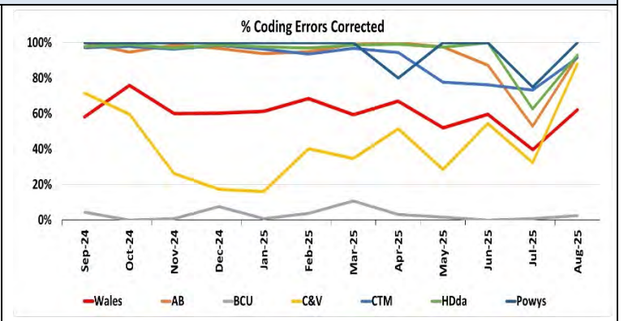
% of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90% - August 2025 – 91.5%



How do we compare with our peers?



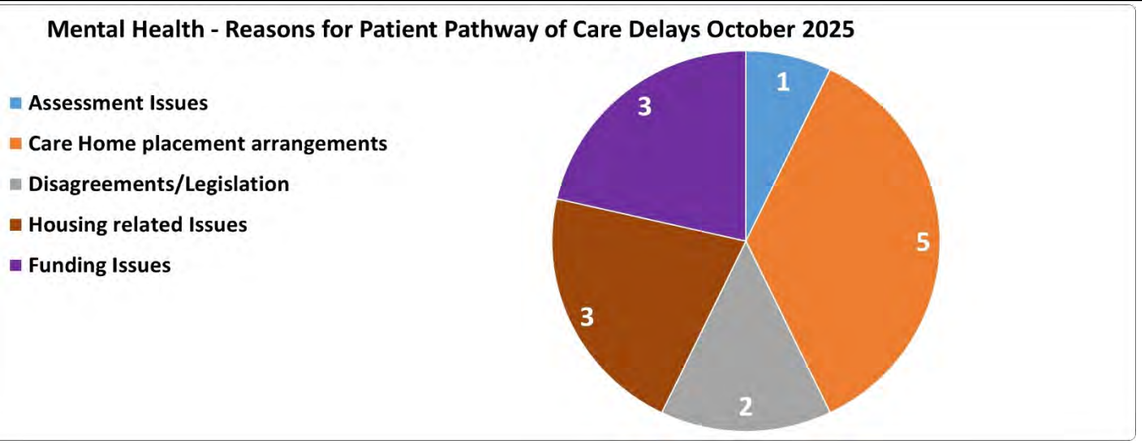
Status as at August 2025		
Health Board	Compliance	Rank
Powys	100.0%	1st
HDda	97.5%	2nd
BCU	95.4%	3rd
AB	89.8%	4th
CTM	**88.9%**	**5th**
C&V	68.7%	6th
SB	67.7%	7th

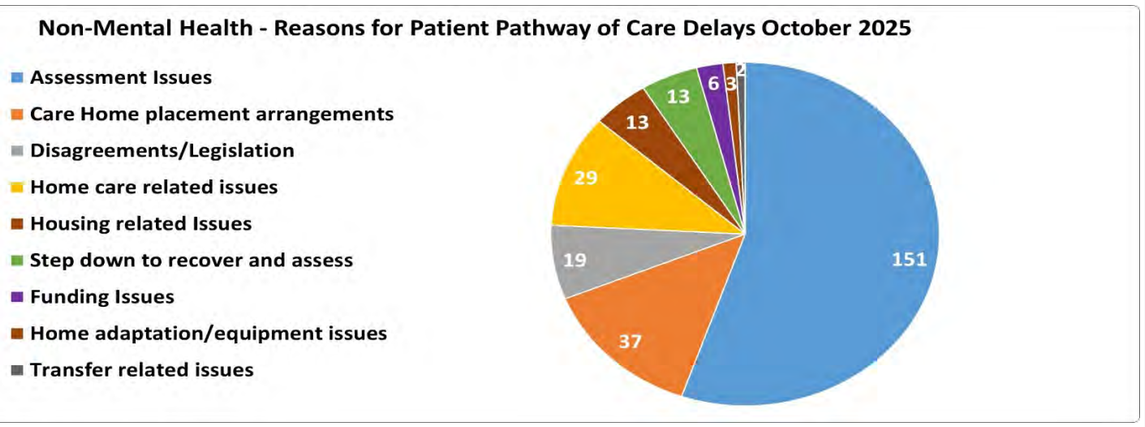


Status as at August 2025		
Health Board	Compliance	Rank
Powys	100.0%	1st
SB	100.0%	1st
HDda	93.0%	3rd
AB	92.1%	4th
CTM	**91.6%**	**5th**
C&V	88.2%	6th
BCU	2.4%	7th

Efficient Services – Pathways of Care Delayed Discharges - census date 15th October 2025

Number of Pathways of Care delayed discharges
Target is 12-month reduction trend
Mental Health Delays = 14 / Non-Mental Health Delays = 273





How are we doing?

287 Pathways of Care Delayed Discharges were reported in the October snapshot census. This is 23 (8.7%) delayed patients more than the 12-month average of 264. The reasons for the latest monthly increase are:

Roll out of Optimise in POW where we saw the sharpest increase – there has been intensive support for ward staff to implement D2RA and robust challenge of clinical optimisation.

Workforce challenges – an increase in assessment delays in the MTCBC area where a key member of staff has recently left their role.

Increased complexity noted in some delays related to nursing needs assessments.

During the past 12 months, assessment issues continues to account for the majority of delays (44.1%), averaging 117 patients per month, as detailed in the table below:

Reason for Delay	Oct-25	12 month average	
Assessment Issues	152	117	44.1%
Care Home placement arrangements	42	50	19.0%
Home care related issues	29	31	11.8%
Transfer related issues	2	11	4.2%
Disagreements/Legislation	21	20	7.4%
Step down to recover and assess	13	12	4.4%
Housing Related Issues	16	10	3.9%
NHS Bed related issues	0	1	0.5%
Funding Issues	9	7	2.5%
Home adaptation/equipment issues	3	6	2.1%
Total	**287**	**264**	

Assessment Delay Flag - October 2025	
Awaiting completion of assessment Nursing	41
Awaiting joint assessment	38
Awaiting completion of assessment by social care	30
Awaiting completion of best interest decision	14
Awaiting Social worker allocation	12
Awaiting Continuing Healthcare (CHC) Assessment	11
Awaiting completion of AHPÂ Allied Health Professional Assessment	5
Awaiting completion of assessment Pharmacy	1
Total Assessment Issues	**152**

What actions are we taking & when is improvement anticipated?

Straight to service for intermediate care in both MTCBC and BCBC for in-house provision. This is currently being mapped and additional support to ensure that the trusted assessment document (EToC) is triaged by an MDT in the discharge hub and quality assured.

Digitisation of the Nursing Needs Assessment (NNA) – the current paper based process has identified significant potential for delay.

An integrated performance dashboard – access for all partners to the Discharge App – which is a power BI app providing live data at LA level - currently only accessible by health board staff.

Delays by Local Authority - October 2025

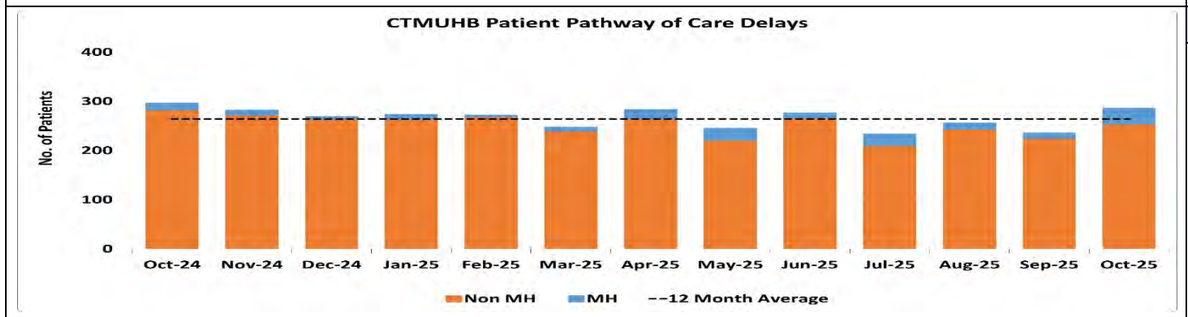
Healthcare Facility	Blaenau Gwent	Bridgend	Caerphilly	Cardiff	Merthyr Tydfil	Neath Port Talbot	Powys	Rhondda Cynon Taff	Vale of Glamorgan	Total
PCH	2		1		7		4	3		17
POW		50			1	1			2	54
RGH		4	1	1		2		35	1	44
RGH Mental Health				1				12		13
YCC			1		32			33		66
YCR		1			1			26		28
YGT		18			1			23		42
Glanrhyd		22								22
Pinewood House								1		1
Grand Total	2	95	3	2	42	3	4	133	3	287

What are the main areas of risk?

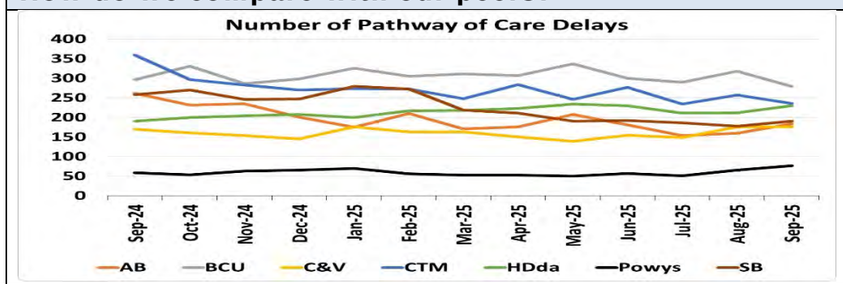
Urgent re-design of the discharge service.

Revision of the Integrated PoCD/Discharge delay escalation framework in line with new System Escalation Policy for Urgent and Emergency Care.

Review of front door discharge model with revised standards in line with D2RA and crisis response services



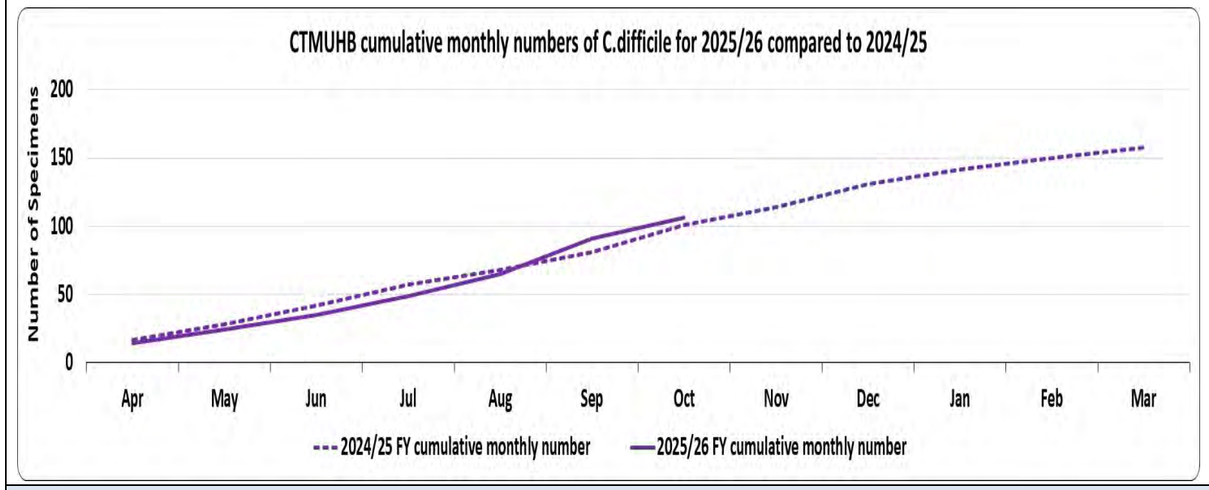
How do we compare with our peers?



Status as at September 2025		
Health Board	**Compliance**	**Rank**
Powys	77	1st
C&V	176	2nd
AB	184	3rd
SB	191	4th
HDda	230	5th
CTM	**236**	**6th**
BCU	280	7th

CTMUHB Safe Services – Healthcare Acquired Infections – April to October 2025

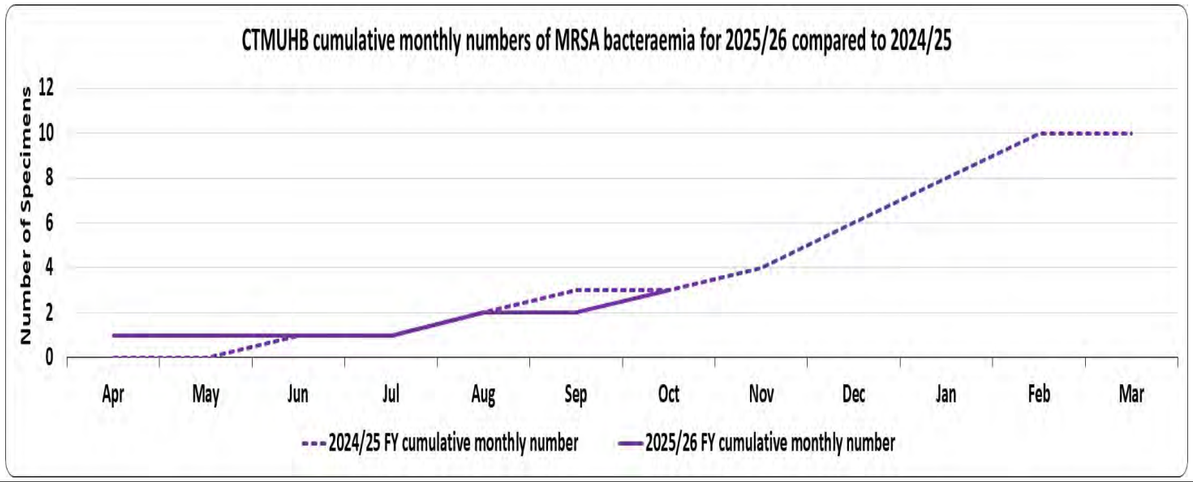
C.difficile



106 C.difficile cases have been reported by CTM for the period April to October 2025. This is 5 more cases than the equivalent period in 2024/25. The provisional rate per 100,000 population for 2025/26 is 40.49, which compares to the All Wales rate of 43.77. In CTM, 40% of cases are hospital onset associated infections (based on specimen taken >2 days into an inpatient stay) with the remaining specimens being community onset (specimen taken in a community location or <3 days as hospital inpatient).

IPC is working as part of the all Wales C.difficile collaborative to support a Wales wide strategy. A recent session was be held with microbiology, IPC, Pharmacy and QI team to discuss CTM strategy and projects working towards a reduction in infections. It is essential to ensure that there is capacity and work pathways created to work with primary care and supported by antimicrobial stewardship as well as microbiology to ensure cases are reviewed and lessons learned are acted upon. The reduction of C.difficile cases can only be achieved with a co-ordinated effort between primary and secondary care. It is important to note that, although there has been improved performance on the antimicrobial prescription across CTM, this has not been reflected on any reduction of cases. Another important aspect to highlight is that there has been a change on the testing across CTM, aligning the acute sites to 1st sample testing, which will initially increase the number of positive cases until a plateau is established. Better work regarding cleaning and HPV use compliance is required but it is also essential that PHW support a better understanding on the driving factors in the community, that consequently drives an increase in secondary care.

MRSA



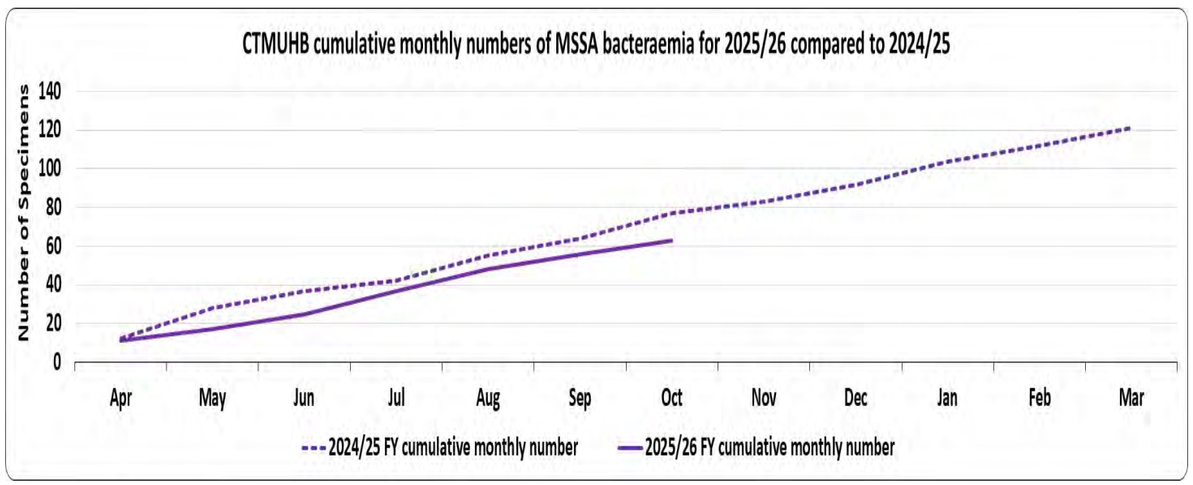
3 MRSA bacteraemia has been reported by CTM for April to October 2025, which is the same as the equivalent period during 2024/25. The provisional rate per 100,000 population for 2025/26 is 1.15 and is below the All Wales rate of 2.10.

ANTT (Aseptic Non-Touch Technique) training is to be re-instated as mandatory for all professions. It is essential to work towards increasing the overall compliance with IPC fundamental (mandatory) training. This is yet to happen and is concerning when findings on contamination rates for blood cultures in RGH were >30%, where the literature indicates no more than 3%. Consideration on re-instating or incorporating on invasive technique training is key to sustain the reduction.

The IPC team has conducted Point of Prevalence Studies (PPS) for `Bare Below the Elbows' across CTM and results have been presented at IPCC. With a second review of the PPS for bare below the elbows at PCH, it revealed no improvement in response to all the efforts from IPC team, indicating the need for stronger and effective leadership from clinical managers.

It is important to understand the route of this infection in the community and it is essential that there is co-ordination between primary and secondary care towards achieving the zero goal. In general, the reduction of MRSA is entwined with MSSA and more detail is explained below.

MSSA



63 MSSA bacteraemia have been reported by CTM for April to October 2025. This is 14 cases fewer than the equivalent period in 2024/25. The provisional rate per 100,000 population for 2025/26 is 24.06, which compares to the All Wales rate of 25.12. Of the specimens taken, 73% are community onset.

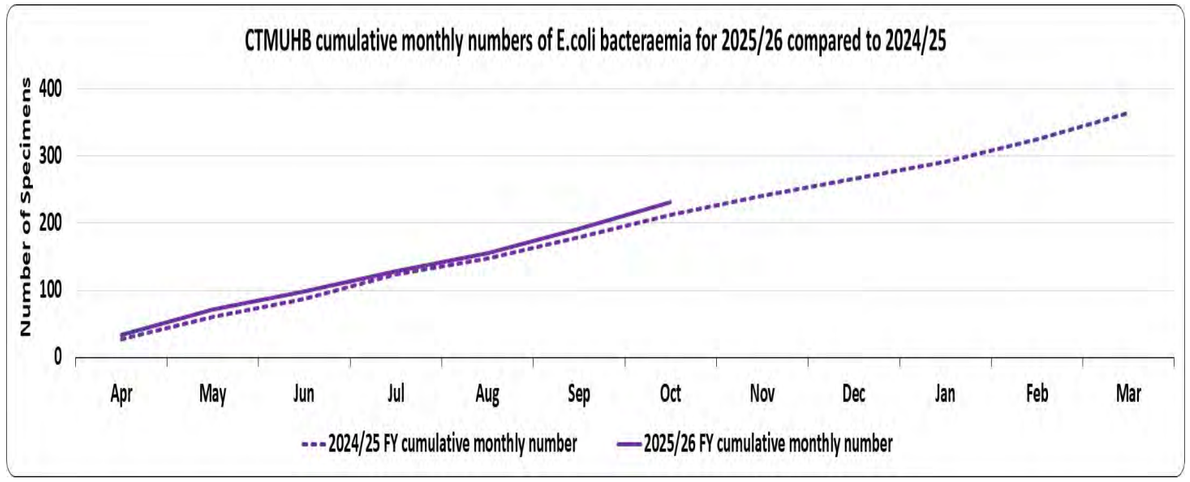
It is essential to focus on understanding the community onset cases, alongside adequate reviews from the positive cases. With support from epidemiology there is a need to understand if this is affecting specific pockets of population, geography or is it a general problem, as well as ensuring that lessons learned are incorporated into the primary care practice. This work has not been able to progress due to lack of epidemiology support for CTM, although NHS Wales has successfully recruited a fixed term epidemiologist.

As per MRSA, concerns remain with having no ANTT mandate as well as the implications of seeing no improvement on compliance with BBE.

IPC is working towards strengthening training in needs identified as well as conducting a point prevalence study regarding key issues such as bundle completion. IPC has presented this to IPCC and will be taking actions to ensure visibility within clinical areas. The PPS will help to more accurately inform on areas were the HB needs to focus and consequently further reduce infections.

CTMUHB Safe Services – Healthcare Acquired Infections – April to October 2025

E.coli



232 E.coli bacteraemia have been reported by CTM for April to October 2025. This is 19 more cases than the equivalent period of 2024/25. The provisional rate per 100,000 population for 2025/26 is 88.62, which is higher than the all Wales rate of 70.34.

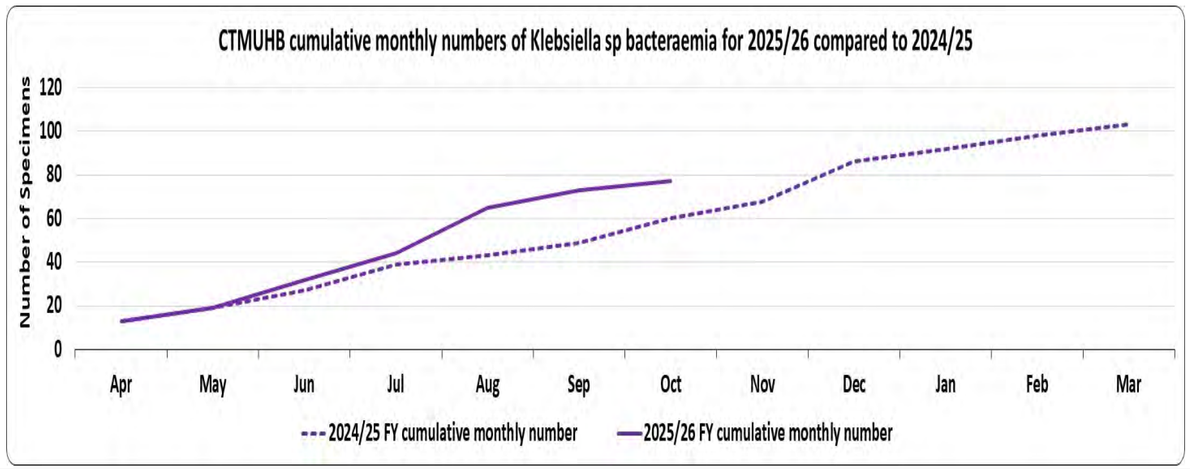
Community onset cases account for 83% of the specimens taken, with a number of those cases linked to a urinary catheter. Urinary catheter management needs to be improved across CTM. The HB currently has a catheter passport available; this is in full use in the community but use in inpatient settings needs to be strengthened. IPC and the Bladder and Bowel team are looking at ways of collaborating more closely.

The re-instatement of ANTT will be essential to achieve a reduction and that all clinical leaders take ownership to ensure that their staff are completing the IPC mandatory training.

It is essential to ensure for E. Coli, as for any other HCAI, that we create a learning matrix to identify HB themes to guide future actions. The IPC team is looking at ways to develop and implement this and considering the possibility to use ICNet to record findings allowing the data to be analyse by the epidemiologist.

The majority of the Hospital Onset cases were CAUTI related and deemed unavoidable.

Klebsiella sp

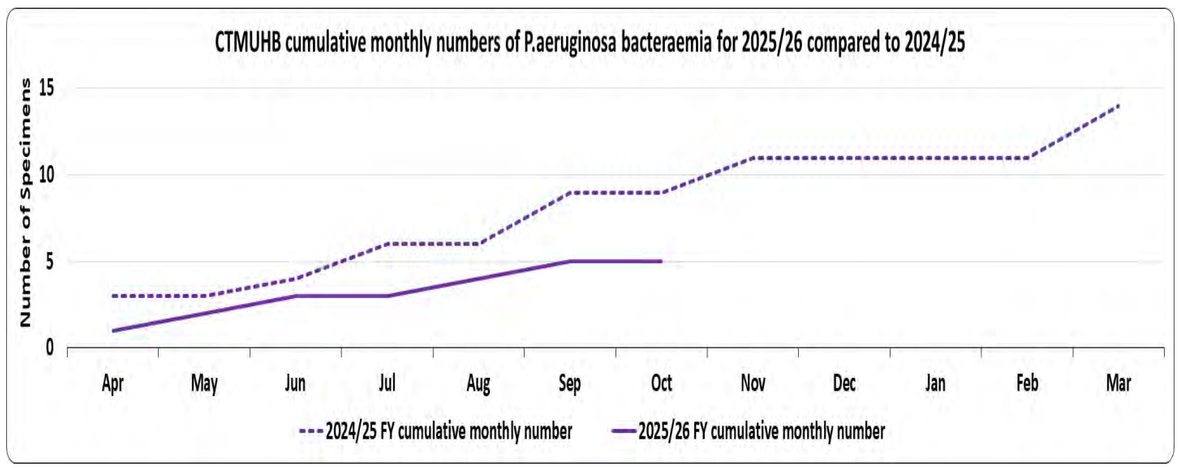


77 Klebsiella sp bacteraemia have been reported by CTM for April to October 2025. This is 17 cases more than the equivalent period in 2024/25. The provisional rate per 100,000 population for 2025/26 is 29.41, which is higher than the All Wales rate of 24.58.

Of the specimens taken, 67.5% are community acquired infections. Strengthening IPC training compliance (particularly ANTT), completion of insertion and maintenance bundles as well as ensuring full rollout of catheter passport for both inpatients and community is required.

Other actions are in line with what has already been described for E.Coli, in particular the need to focus on community with higher participation of epidemiology and PHW to better understand the driving forces for the high number of cases.

P.aeruginosa



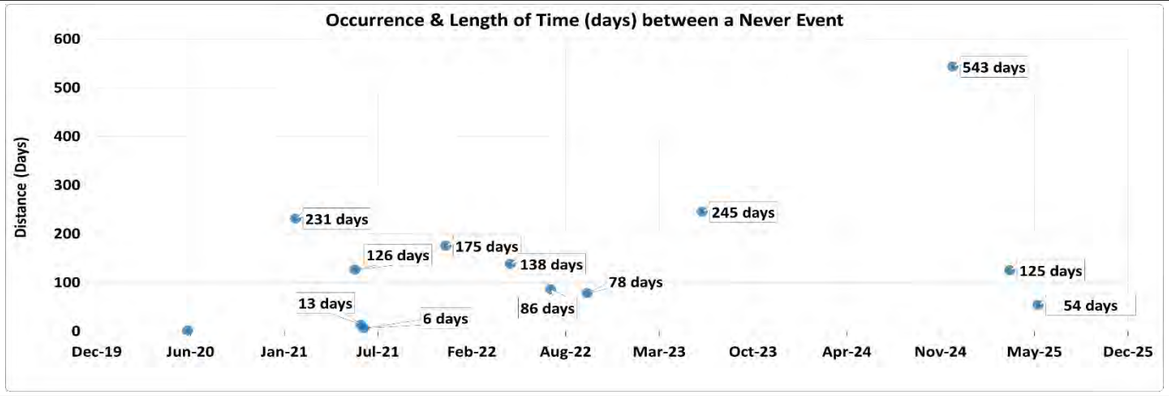
5 P.aeruginosa bacteraemia (2 community acquired) have been reported by CTM for April to October 2025. This is 4 fewer cases than in the equivalent period in 2024/25. The provisional rate per 100,000 population for 2025/26 is 1.91, which compares favourably to the All Wales rate of 5.07.

It is essential to reinforce education and training on Hand Hygiene practices and ensuring we work towards robust insertion and maintenance bundle completion for catheters and cannulas across CTM. Ensure that areas of augmented care are quickly alerted for findings in the water systems and that all required staff attend ANTT training. Support required to ensure this becomes mandatory and that we achieve a compliance greater than 85%.

Community focus is essential to ensure a sustained reduction on the rates of infection for all Gram micro-organisms.

Safe Services – Never Events & Nationally Reportable Incidents

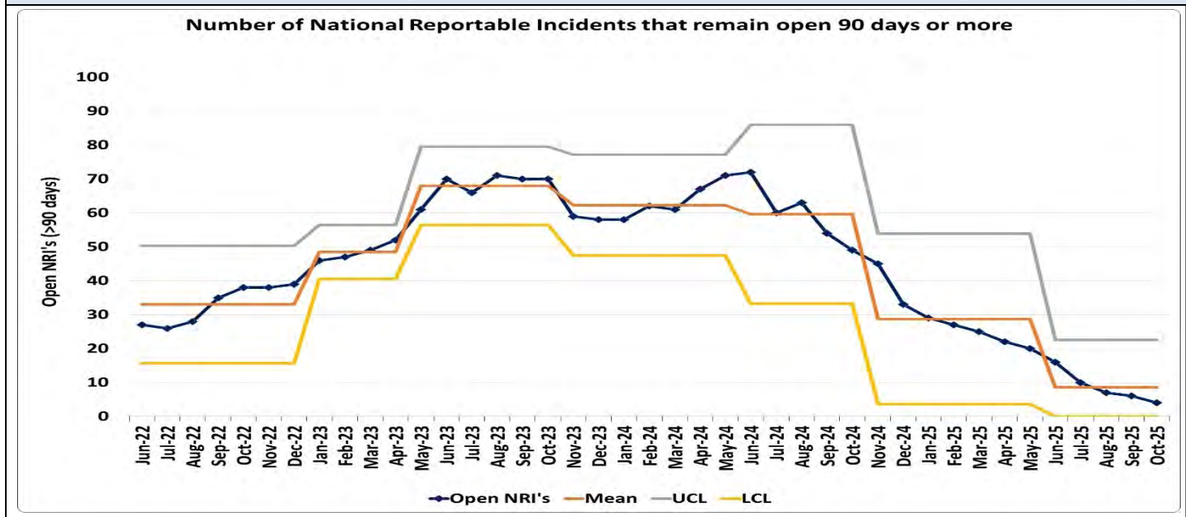
Number of Never Events – October 2025 – Zero Never Events Reported

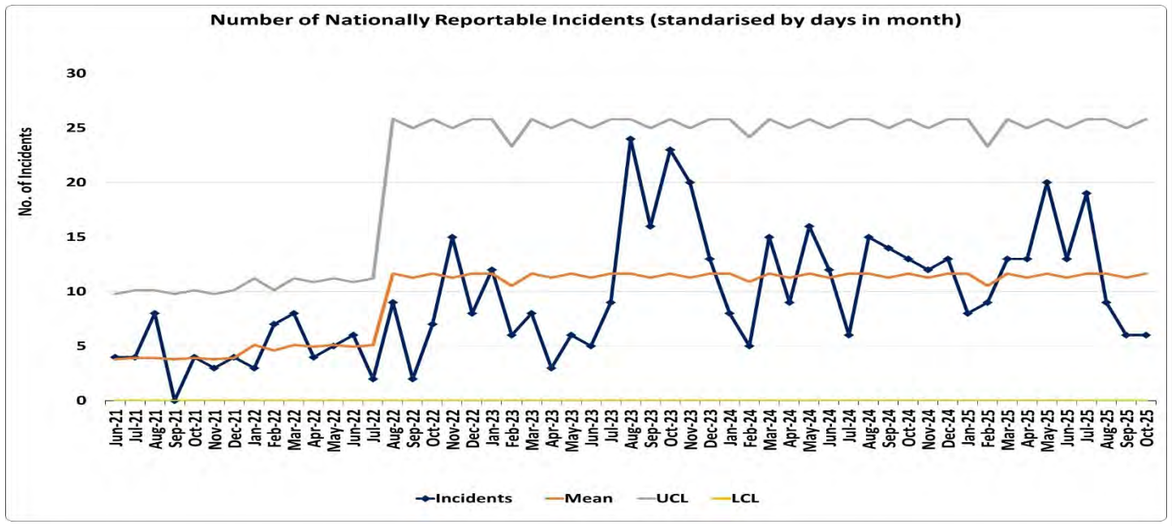


Never events are serious patient safety incidents within clinical practice that, by definition, should never happen. They are considered wholly preventable because national guidance or safety recommendations are in place and should have been implemented by all providers in the healthcare system. This 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.

During the past year there have been 3 Never Events reported. Investigations relating to wrong site surgery during December 2024 have concluded, however the remaining two investigations (April & June 2025 events) remain ongoing.

Number of National Reportable Incidents that remain open 90 days or more – Target is 12-month reduction trend – October 2025 – 4





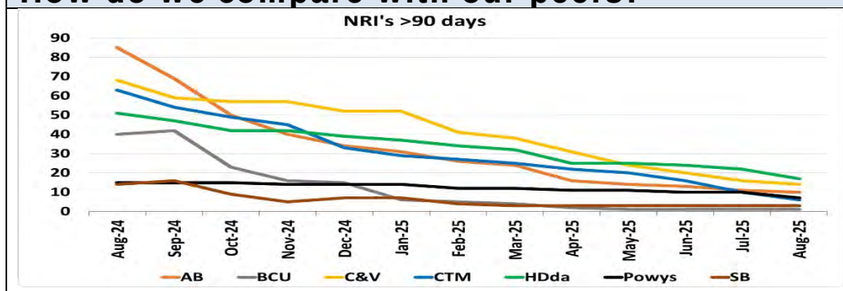
As at October 2025, the number of open National Reportable Incidents past the 90 days timeframe, reduced further to 4 in total.

6 NRI notifications were submitted during October to the NHS Executive (NRI's are detailed in the table below), with a total of 141 incidents submitted during the past 12 months.

Work continues to be undertaken to ensure investigations are concluded and a timely outcome is provided to patients and their families.

Type of Nationally Reportable Incidents	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Total
Pressure Damage	6	6	2	4	5	3	7	6	15	3	3	1	61
Maternity/Neonatal adverse occurrence	1	2	4	1	3		5	2		5	1	5	29
Admission / Transfer / Discharge				1	1	5	3	3					13
Infection Prevention & Control		2			3	3	2				1		11
Patient/Service user death	2		1	1		1	1	1	1	1	1		10
Treatment, Procedure	3	1		2				1	1				8
Clinical Assessment, clinical diagnosis							2		2				4
Slip, Trip or Fall		1											1
Equipment/Devices						1							1
Communication	1												1
Diagnostic					1								1
Transport			1										1
Grand Total	13	12	8	9	13	13	20	13	19	9	6	6	141

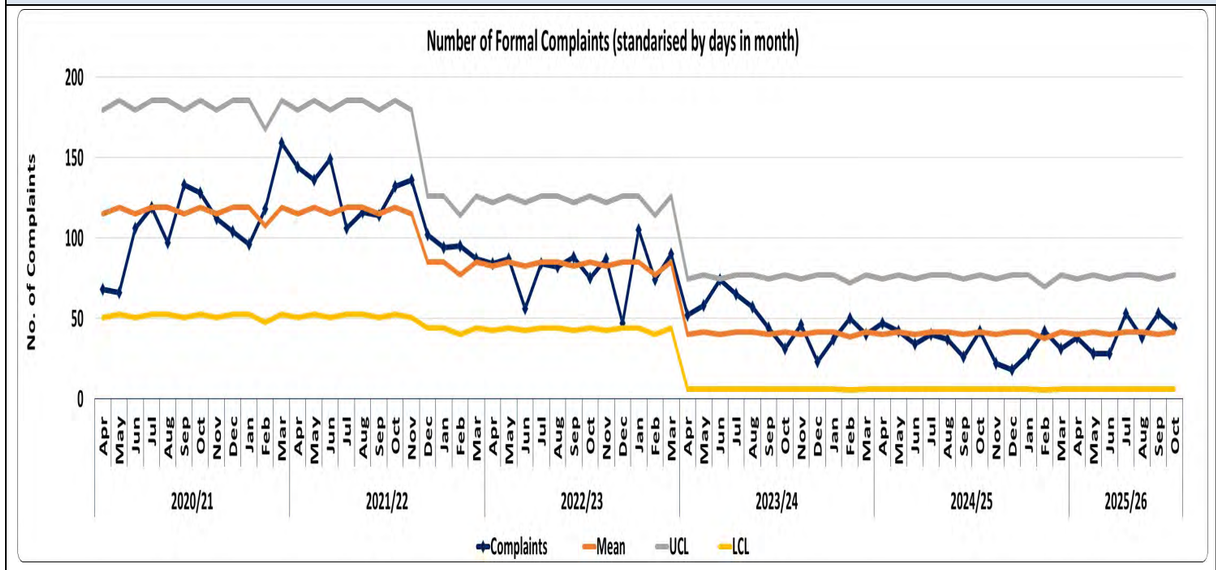
How do we compare with our peers?



Status as at September 2025		
Health Board	Compliance	Rank
BCU	1	1st
SB	3	2nd
CTM	**6**	**3rd**
Powys	7	3rd
AB	10	5th
C&V	14	6th
HDda	17	7th

CTMUHB Focus on Putting Things Right

Number of formal complaints managed through Putting Things Right – October 2025 - 44 Formal Complaints

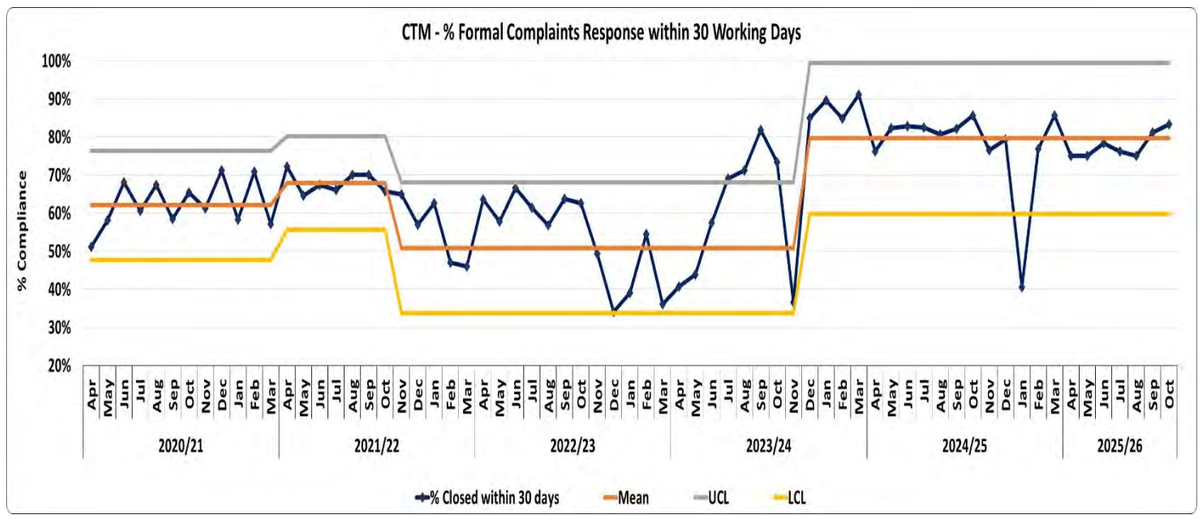


During October, 44 formal complaints were received within the organisation and managed in line with the 'Putting Things Right' regulations.

During the past 12 months, 440 formal complaints have been received by the HB with the vast majority (74%) relating to clinical treatment/assessment. The top five themes during the past year are displayed in the table below:

Top Five - Main Themes from Complaints during the last 12 month period	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Total
Clinical Treatment/Assessment	15	18	24	32	26	31	21	22	40	30	39	29	327
Patient Care	3	0	3	2	1	3	0	1	0	0	1	4	18
Discharge Issues	1	0	2	1	1	0	0	3	2	2	4	1	17
Medication	1	0	2	0	0	1	2	0	1	2	1	3	13
Communication Issues (including Language)	1	1	1	2	0	0	3	0	1	2	1	0	12

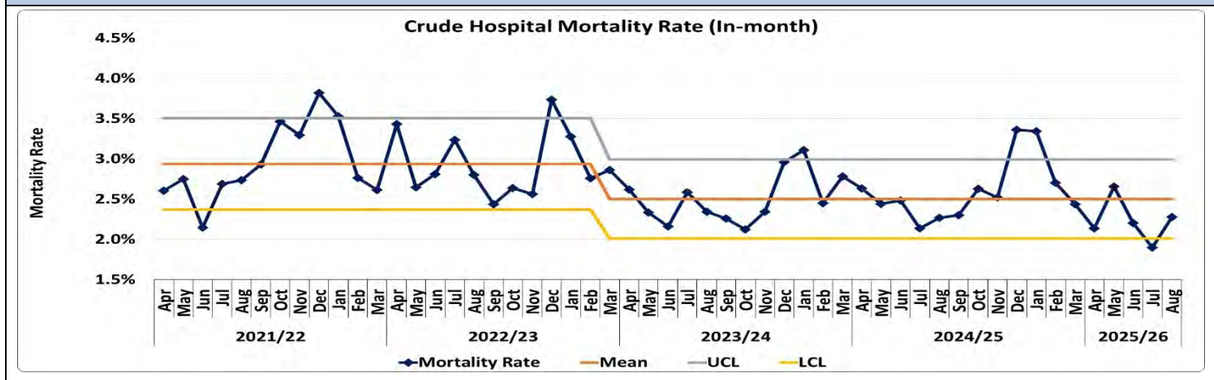
% formal complaints response within 30 working days – October 2025 – 83.3%

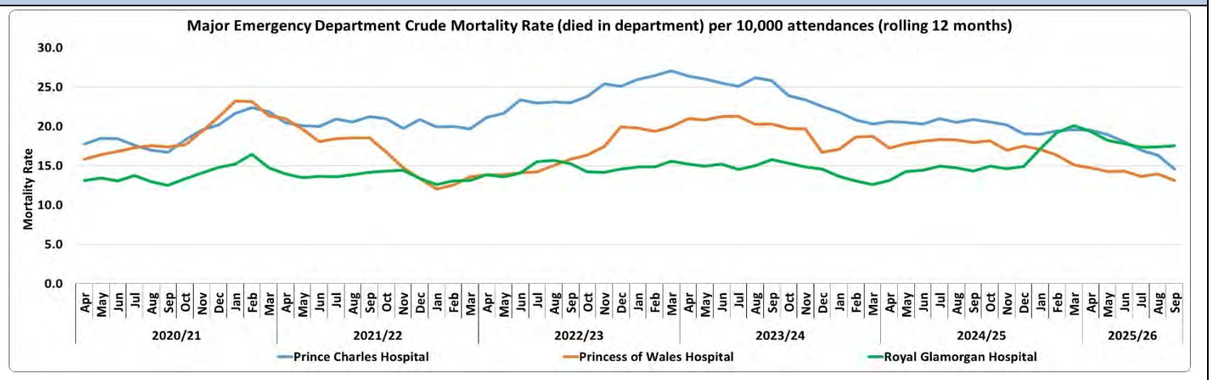


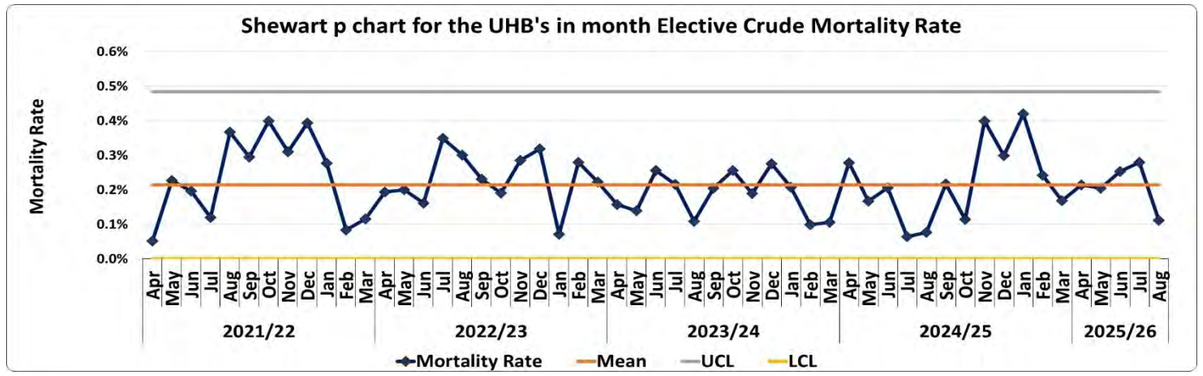
During October, compliance for formal complaints responded to within 30 working days was 83.3%, rising above the current mean of 79.6% and above the set target of 75%.

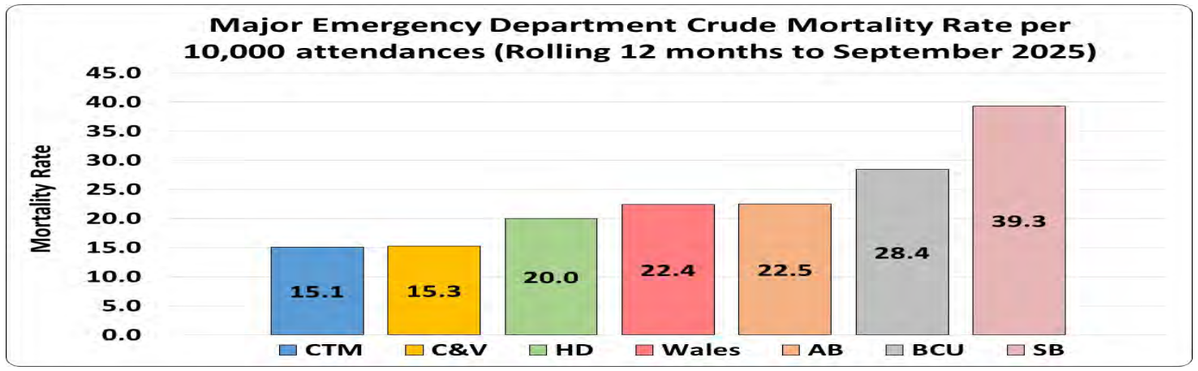
Work continues to improve the efficiency of the Health Board's concerns triage process to ensure a timely response.

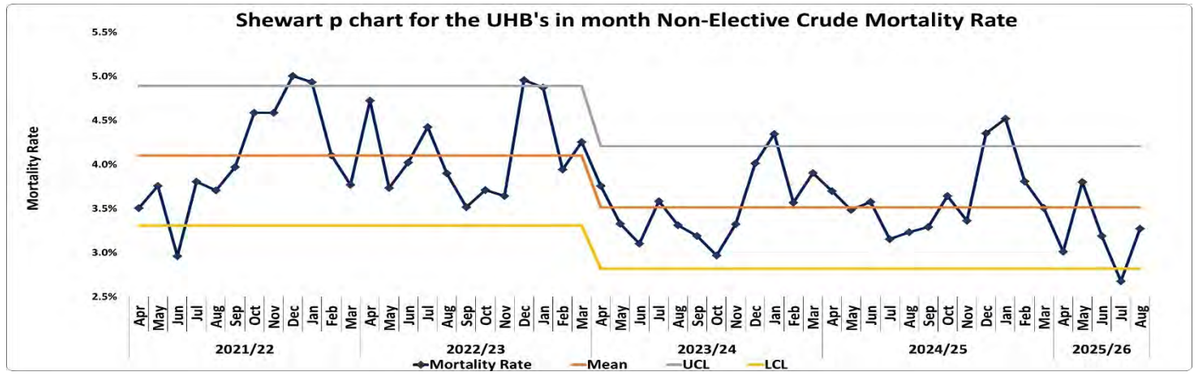
CTMUHB Focus on Crude Hospital Mortality Rates to Aug/Sep 2025

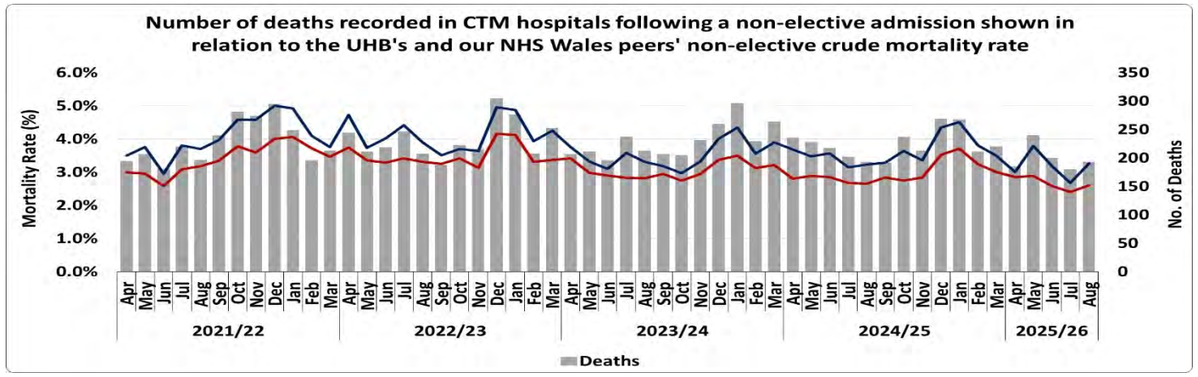


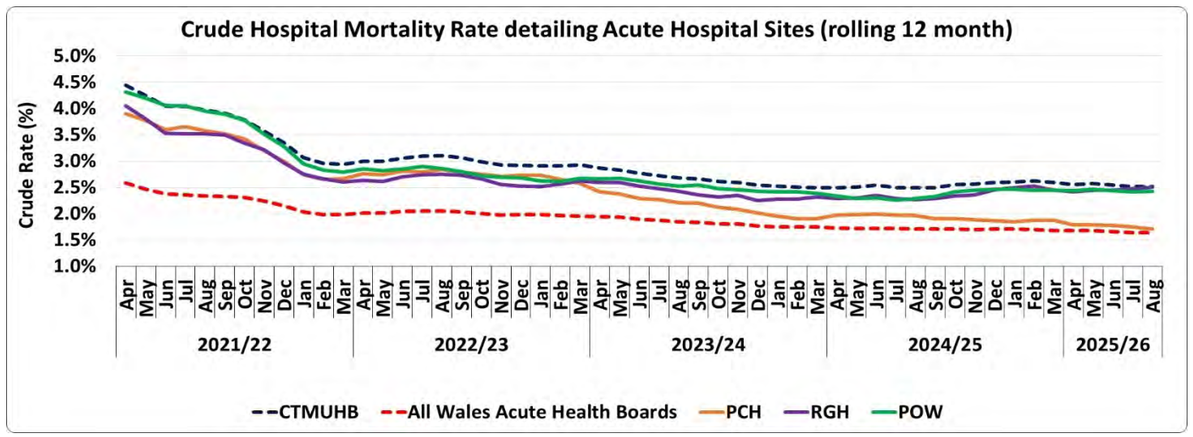












The observed increase in the growth of rate over winter periods is expected and in line with our peers, as seen in the chart above.

The various mortality indicators used by the Health Board are also influenced by the changes in clinical practice. With more patients now being admitted following a presentation to the Emergency Department we are observing a lower ED crude mortality rate, but a higher inpatient crude mortality rate.

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 reports 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 has been in operation since the start of 2024.

Finance Update – Month 07

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
		This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.

Cyfreithiol / Legal	Yes (Include further detail below)
	Activity where performance falls short of the Health Board's performance measures may result in impact to the patient's journey which may result in a risk of harm. Any potential harm could provide legal challenge.
Enw da / Reputational	Yes (Include further detail below)
	Activity where performance falls short of the Health Board's performance measures may result in impact to the trust and confidence in the Health Boards service provision.
Effaith Adnoddau *(Pobl /Ariannol)* / **Resource Impact** *(People / Financial)*	Yes (Include further detail below)
	Workforce and financial resources are required to address the Planned Care Recovery plans and improvement trajectories within the Health Board.

5. Recommendation

5.1 The Board is asked to **NOTE** the Integrated Performance Dashboard.

2025-26 Finance Report

Month 7

Summary

Situation

This Finance report outlines our financial performance for Month 7 (i.e. the period to 31st October 2025).

This Finance report is discussed at the Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) meetings.

A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 7 (i.e. the Delegated budget position). This report is discussed at the ODC and EMB meetings.

Background

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 25/26 was submitted to Welsh Government (WG) at the end of March 2025. This plan showed a breakeven position with a net risk to the plan of £41.8m. This plan has subsequently been approved by WG.

As the Health Board has an approved plan and has achieved a breakeven position over the last 2 financial years (2023/24 & 2024/25), delivering the breakeven plan in 2025/26 would allow the Health Board to meet its financial duties.

Summary

Assessment

Overall Revenue position - 2025/26:

- The M7 position reported a breakeven position for the period with a year to date deficit of £4.3m against our plan.
- The current year forecast break-even position has been maintained at M7.
- The risks to the breakeven forecast are significant (M7: £14.5m), there remain a number of risks and opportunities that may impact the breakeven forecast and these are summarised on Page 22.

Recurrent Revenue position:

- The submitted IMTP for 2025/26 planed for an underlying recurrent surplus of £1.7m by the end of 2025/26.
- As at M7 we are reporting a forecast underlying deficit at the end of 2025/26 of £4.2m. This deterioration in the recurrent deficit reflects lower than anticipated allocations for 24/25 pay awards and 25/26 national insurance changes.

Cashflow:

- The cash balance at the end of M7 was £2.0m.

Capital Position:

- The capital resource limit is currently £84.8m and the forecast is to achieve a breakeven position.

Summary

Assessment

Forecast Revenue Position Risk - 2025/26:

At present the forecast breakeven position is predicated upon a number of key assumptions:

- Anticipated allocations for the following material items will be confirmed in full:
  - 2025/26 pay awards of £28.6m.
  - POW Roof financial support £9.1m.

- WG will provide non recurrent revenue allocations for Band 2/3 framework if a provision is deemed to be required for 2025/26 accounts.

- NWSSP Welsh Risk Pool risk does not materialise as a resource allocation adjustment.

If these key assumptions are not confirmed, then the Health Board would not achieve the forecast breakeven position and an accountable officer letter would have to be submitted to WG.

Recommendation

The Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) are asked to **DISCUSS** and **NOTE** the Finance Report of the Health Board for the period to 31st October 2025.

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Slide	Subject Area
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7	Summary Income & Expenditure account
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17	Non pay Expenditure Trends
18	Income Trends
19-20	Income Assumptions
21	Savings
22-23	Risks & Opportunities
24	Capital Expenditure
25	Statement of Financial Position
26	Cash Flow forecast
27	Public Sector Payment Policy Compliance

Executive Summary

Overall Revenue Position	• The M7 reported a breakeven position with a year to date deficit of £4.3m. • The forecast current year break-even position has been maintained at M7. • The forecast recurrent position has been retained at £4.2m deficit at M7. • The net opportunities/risks to the forecast break even position have improved at M7 at £14.5m (IMTP: £41.8m) which are summarised on Page 19.
Savings Position	• Actual savings in M7 was £2.4m which was £0.2m below the M7 target of £2.6m. • The M7 forecast In year savings is £25.3m, which is £6.0m below the £31.3m target. • The M7 forecast Recurrent savings is £29.2m, which is £2.1m below the £31.3m target
Cash	• The cash balance at the end of M07 was £2.0m, this is below our target balance of keeping cash balances below £6m. • The current cash flow forecast is showing a deficit of £10.0m.
Capital	• The Capital Resource Limit for 2025-26 of £84.8m was issued on the 7th November2025. • Expenditure to M7 amounted to £39.6m. • The outturn capital position is breakeven.

Summary
Income & Expenditure Account

	M7 Actual	M7 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(130.8)	(892.4)	(1528.3)
02. Capital Donation / Government Grant Income	(0.0)	(0.1)	(0.2)
03. Welsh NHS Local Health Boards & Trusts Income	(6.4)	(43.1)	(74.1)
04. WHSSC Income	(1.3)	(8.4)	(14.6)
05. Welsh Government Income (Non RRL)	(0.7)	(1.6)	(2.2)
06. Other Income	(4.6)	(30.4)	(51.6)
Total Allocations & Income	**(143.7)**	**(976.1)**	**(1671.1)**
08. Primary Care Contractor	14.3	98.0	168.3
09. Primary Care - Drugs & Appliances	8.3	61.3	103.4
10. Provided Services - Pay	65.0	447.5	770.0
11. Provider Services - Non Pay	9.5	69.5	120.3
12. Secondary Care - Drugs	5.9	35.9	62.0
13. Healthcare Services Provided by Other NHS Bodies	25.9	176.7	303.4
14. Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0
15. Continuing Care and Funded Nursing Care	6.9	44.2	79.4
16. Other Private & Voluntary Sector	1.3	8.2	15.6
17. Joint Financing and Other	2.0	11.1	19.3
18. Losses Special Payments and Irrecoverable Debts	0.5	2.7	3.8
22. DEL Depreciation\Accelerated Depreciation\Impairments	4.1	24.8	40.5
23. AME Donated Depreciation\Impairments	0.1	0.3	(14.9)
25. Profit\Loss Disposal of Assets	(0.0)	(0.0)	(0.0)
Total Expenditure	**143.7**	**980.4**	**1671.1**
Grand total	**(0.0)**	**(4.3)**	**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 M7 year to date position is reporting a deficit of £4.3m.
- We are currently forecasting a year end break-even position.
- With the exception of DEL Depreciation there are no material changes to future expenditure levels compared to the year to date average monthly expenditure.

Year to Date Performance and Forecast

	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	1.7	1.7	0.0
Month 2	2.0	3.7	0.0
Month 3	1.1	4.8	0.0
Month 4	1.5	6.3	0.0
Month 5	0.1	6.3	0.0
Month 6	(2.0)	4.3	0.0
Month 7	0.0	4.3	0.0

Key Points:

- The M7 YTD overspend of £4.3m includes a £7.5m shortfall in savings.
- Following confirmation of lower than anticipated allocations for the 24/25 pay award (£1.7m lower than anticipated), the YTD position has recognised a £1.0m adverse impact.
- Following confirmation of lower than anticipated allocations for the 25/26 national insurance changes (£2.1m lower than anticipated), the YTD position has recognised a £1.2m adverse impact.
- As at M7 the Health Board has confirmed accountancy gains of £5.3m which has been recognised.
- Following a M5 review of original planning assumptions, £1.7m of reserves have been released giving a year to date benefit of £1.0m.
- Further details of the key drivers for the YTD are provided overleaf.

Year to Date Performance and Forecast

	Delegated Year to Date £m	Non Delegated Year to Date £m	Total M7 Year to Date £m	M7 forecast £m	M6 forecast £m	IMTP £m
Savings Shortfall	7.1	0.4	7.5	6.0	7.4	0.0
Operational Variances	4.5	(7.8)	(3.3)	(0.7)	(1.7)	0.0
Plan Phasing adjustments	0.0	4.2	4.2	0.0	0.0	0.0
Financial Plan Improvements	0.0	(1.0)	(1.0)	(1.7)	(1.7)	0.0
Additional Financial Allocation	0.0	2.2	2.2	3.8	3.8	0.0
Accountancy Gains	0.0	(5.3)	(5.3)	(5.3)	(5.3)	0.0
Other Mitigating Actions	0.0	0.0	0.0	(2.1)	(2.5)	0.0
Grand Total	**11.6**	**(7.3)**	**4.3**	**0.0**	**0.0**	**0.0**

Key Points:

- The M7 position is reporting a £4.3m deficit (Overspend) against the plan, of which £11.6m relates to delegated budgets with a £7.3m surplus position within non delegated budgets and reserves.
- The Main driver of the deficit position is the £7.5m shortfall in savings delivery compared to the straight-line target of £18.3m.
- The YTD accountancy gain recognised at M7 is £5.3m.
- There remains a requirement of £2.1m of mitigating actions to achieve our break even forecast. It is important to recognise that without the unplanned reduction in WG financial allocations of £3.8m for pay award and NI shortfalls, the Health Board would have been on track to deliver its original IMTP position without any further mitigating actions required.
- A separate Finance Performance report has been prepared which sets out the Delegated 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 Operational Delivery Committee (ODC) and Executive Management Board (EMB) meetings.

Forecast Underlying Position

Underlying Position	Plan £m	Delegated Recurrent @ M7	Non Delegated Recurrent @ M7 £m	Total Recurrent @ M7 £m	Total Recurrent @ M6 £m
Initial Financial Plan	**(1.7)**	**0.0**	**(1.7)**	**(1.7)**	**(1.7)**
Savings Variances	0.0	2.4	(0.3)	2.1	3.6
Operational Variances	0.0	6.3	(5.7)	0.6	0.5
Financial Plan Variances	0.0	0.0	(1.7)	(1.7)	(1.7)
Additional Financial Allocations	0.0	0.0	5.9	5.9	5.9
Accountancy Gains	0.0	0.0	0.0	0.0	0.0
Other Mitigating Actions	0.0	0.0	(1.0)	(1.0)	(2.4)
Grand Total	**(1.7)**	**8.7**	**(4.5)**	**4.2**	**4.2**

Key Points:

- The B'fwd recurrent deficit at the end of 2024/25 was £7.9m, the submitted IMTP for 2025/26 planed for an in year recurrent surplus of £9.6m giving an underlying surplus of £1.7m by the end of 2025/26.
- The latest savings returns have indicated recurrent savings of £29.2m compared to the plan of £31.3m, giving rise to a recurrent shortfall of £2.1m. At M7 we are anticipating this shortfall will be partially met by year end through £1.0m of further mitigating actions.
- The recurrent adverse impact of lower than anticipated allocations for 24/25 pay awards and 25/26 national insurance changes is £5.9m
- As at M7 the underlying position has been retained at a recurrent deficit of £4.2m (£4.2m at M6).

Non Delegated Reserves

Reserves	Plan £m	Issued @ M7	Balance Remaining £m	Anticipated Commitments £m	Current Year Forecast £m	Recurrent Forecast £m
Brought Forward Commitments	3.2	(4.4)	(1.2)	2.0	(0.8)	(0.7)
Brought Forward Planned Care	11.9	(11.1)	0.8	(0.8)	0.0	0.0
Recurrent Investment Plans	6.3	(2.9)	3.4	(3.4)	0.0	0.0
Non Recurrent Investment Plans	1.0	0.2	1.2	(0.5)	(0.7)	0.0
Cost Pressures – Inflation	3.8	(3.1)	0.7	0.0	(0.7)	1.4
Cost Pressures – Growth/Demand	3.2	(0.9)	2.3	(1.5)	(0.8)	(0.8)
Cost Pressures – POW Non Rec	10.0	(8.8)	1.2	(1.2)	0.0	0.0
Savings Target yet to be identified	(9.6)	6.3	(3.3)	4.0	(0.7)	(0.3)
Planned Deficit/Surplus	0.0	1.4	1.4	0.0	(1.4)	(3.1)
Grand Total	**29.8**	**(23.3)**	**6.5**	**(1.5)**	**(5.1)**	**(3.5)**

Key Points:

- The approved plan identified £39.4m of reserves yet to be issued to delegated budgets, as at M7 £29.6m has been issued with £9.8m remaining. As at M7, there has been £5.8m of favourable variances forecast for the year end.
- The Savings target of £31.3m identified £21.7m to be issued to Delegated budgets with the remaining £9.6m to be issued as central executive led programmes to be identified as opportunities for the care groups/directorates to deliver. As at M7 £6.3m has been issued, with a further £4.0m identified to be actioned giving a £0.7m over achievement.

IMTP Discretionary Investment Plans

Investment Plans	Plan £m	Issued @ M7	Balance Remaining £m	Anticipated Commitments £m	Current Year Forecast £m	Recurrent Forecast £m
Health Protection	1.1	(1.1)	0	0	0	0
PCH ITU	0.3	(0.3)	0	0	0	0
Fracture Liaison Service	0.2	(0.2)	0	0	0	0
Consultant Recruitment	0.3	(0.3)	0	0	0	0
NICE Diabetes (CLPS)	0.5	0	0.5	(0.5)	0	0
PMVA Training	0.1	0	0.1	(0.1)	0	0
Speak Out Guardians	0.1	(0.1)	0	0	0	0
Childrens Weight Management	0.4	0	0.4	(0.4)	0	0
Digital Investment	1.0	(0.1)	0.9	(0.9)	0	0
Velindre Business Cases	0.6	(0.6)	0	0	0	0
Strategies Support	0.3	(0.3)	0	0	0	0
Other Not Yet Committed	1.5	0	1.5	(1.5)	0	0
Grand Total	**6.3**	**(2.9)**	**3.4**	**(3.4)**	**0.0**	**0.0**

Key Points:

- The approved plan identified £6.3m of new investments, as at M7, £2.9m has been confirmed and issued with £3.4m remaining unallocated of which £1.5m remains uncommitted.

IMTP Discretionary Investment Plans

Key Points:

- The approved plan identified £6.3m of new investments, £1.1m related to additional WG funding for Health Protection and the remaining £5.3m was predicated upon delivery of the £31.3m savings plan. Given the WG funding settlement for 2025/26, the delivery of the £31.3m savings plan was essential to support the investment fund.
- As at M7, the savings delivery is forecast to be £6.0m less than plan, this creates a pressure if the full investment plan is committed and delivered.
- As at M7, £1.8m of the £5.3m discretionary local investment plan has been confirmed and issued with £3.4m remaining unallocated of which £1.5m remains uncommitted. The committed plans yet to be issued include:
  - NICE Diabetes £0.5m – The plan includes £0.5m of investment in Diabetes closed loop pumps which have been approved by NICE, the service is currently identifying the priority patients to initiate treatment with the aim to remain within the identified funding.
  - PMVA Training £0.1m – Plans have been agreed with procurement progressing to award a contract and commence training in 2025/26.
  - Childrens Weight Management Service £0.4m – Initial plans submitted have been unaffordable, revised plans which remain within the funding identified have been requested from the service.
  - Digital Investment Plans £0.9 – Plans have been progressing but remain at procurement stage, a revised plan has been requested to reflect realistic timeframes of the financial commitments.
- Given the forecast underachievement of the savings plan, the uncommitted £1.5m remains unallocated pending further assurance upon achieving the forecast breakeven position.

Pay Expenditure Trends

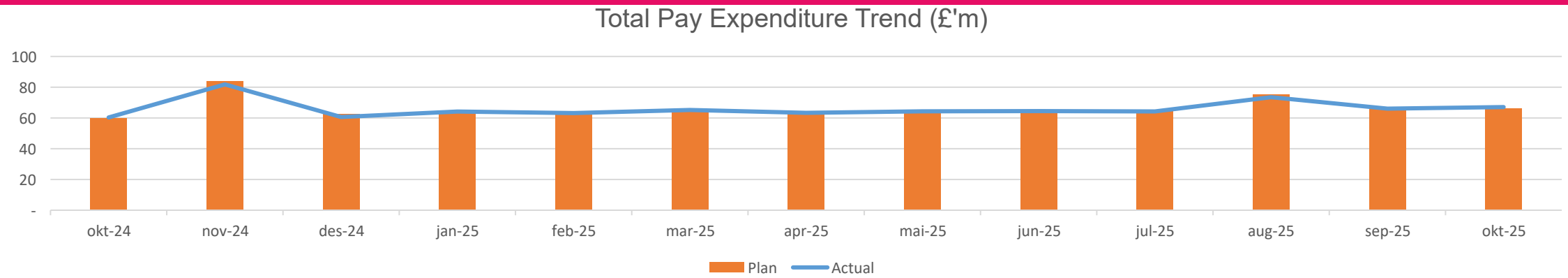
Staff Group	Jul-25 £'m	Aug-25 £'m	Sep-25 £'m	Qtr2 Ave £'m	Oct-25 £'m
Administrative & Clerical	8.4	9.7	8.7	8.9	8.8
Medical And Dental	17.3	19.9	17.9	18.3	18.4
Nursing And Midwifery Registered	19.6	22.8	20.0	20.8	20.7
Add Prof Scientific And Technical	1.9	2.3	2.0	2.1	2.0
Additional Clinical Services	8.3	9.0	8.5	8.6	8.4
Allied Health Professionals	4.0	4.6	4.1	4.2	4.1
Healthcare Scientists	1.2	1.3	1.2	1.2	1.2
Estates And Ancillary	3.7	3.8	3.6	3.7	3.5
Students	.0	.0	.0	.0	.0
Grand Total	**64.3**	**73.5**	**66.1**	**67.9**	**67.1**

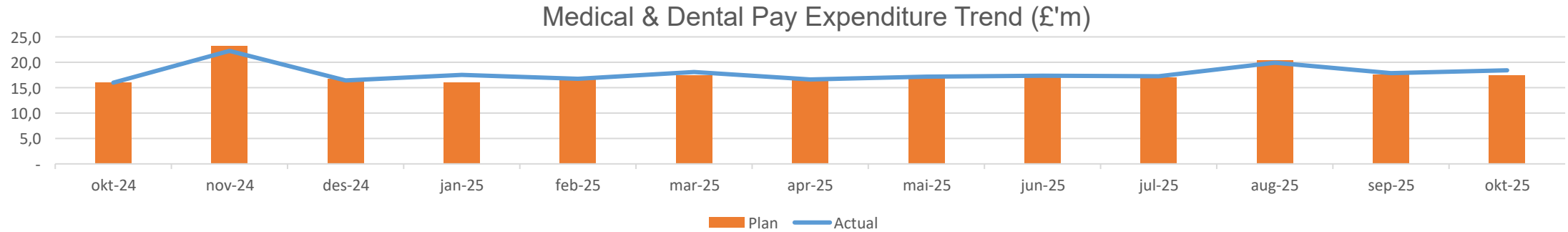
Spend category	Jul-25 £'m	Aug-25 £'m	Sep-25 £'m	Qtr2 Ave £'m	Oct-25 £'m
Core	56.8	66.1	58.9	60.6	59.1
Agency	2.2	2.2	2.2	2.2	2.3
Overtime	1.6	1.8	1.8	1.7	1.7
ADH	1.5	1.5	1.5	1.5	2.1
Bank	1.5	1.7	1.5	1.5	1.6
WLI	0.7	0.2	0.2	0.4	.2
Grand Total	**64.3**	**73.5**	**66.1**	**67.9**	**67.1**

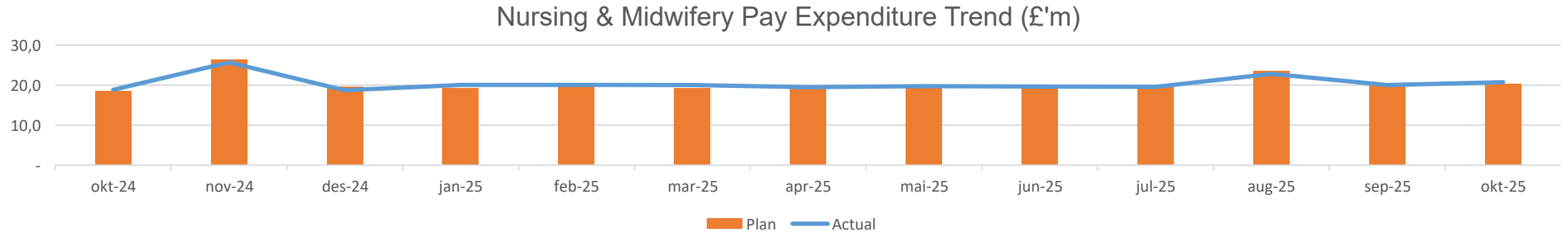
Key Points:

- Total pay expenditure in M7 was £67.1m. This is an increase of £1.0m compared to M6 and 1.4m greater than forecast.
- When compared with the M6 actual, the following variable pay movements occurred:
  - Increase in Core costs of £0.2m
  - Increase in ADH of £0.6m
  - All other variable pay has remained consistent with M6
- The level of retrospective payments for ADHs were concerning and reflect adverse impact of the changes in medical workforce systems implemented at the end of June. It is essential that going forward systems reflect commitments to variable workforce resources on a timely basis.
- M7 has experienced an unexpected adverse impact upon the commencement of new streamline nursing trainees. It is essential that this additional registered nursing resource is utilised to reduce variable pay via bank or agency.

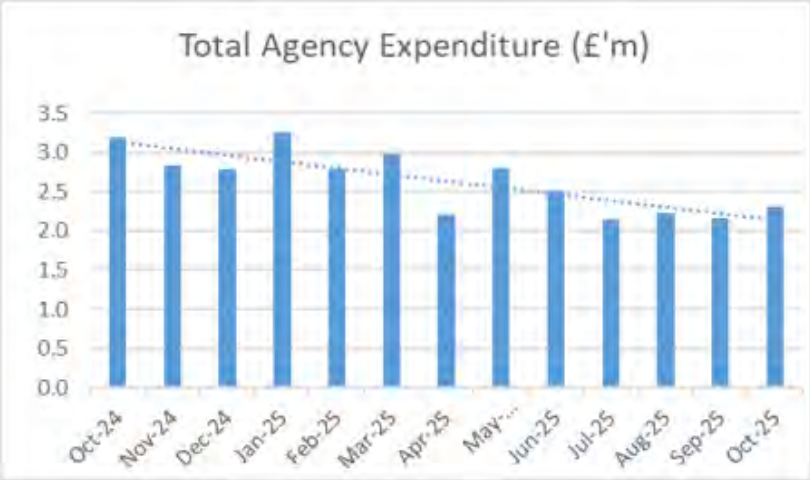
Pay Expenditure Trends

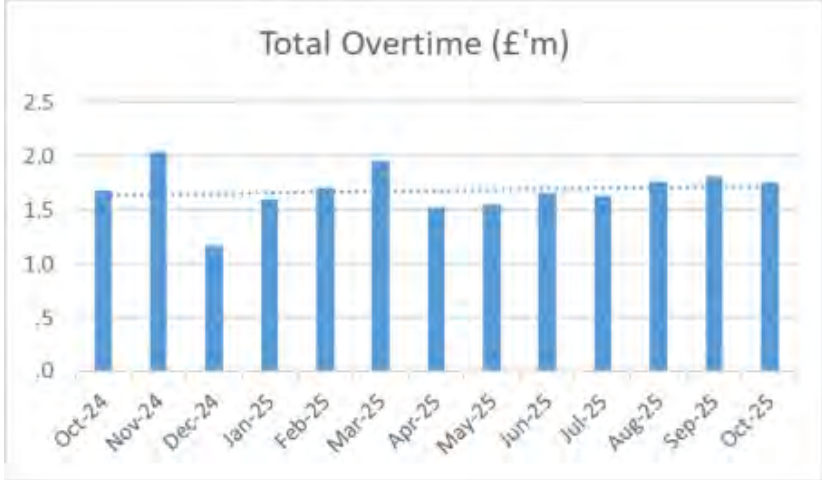


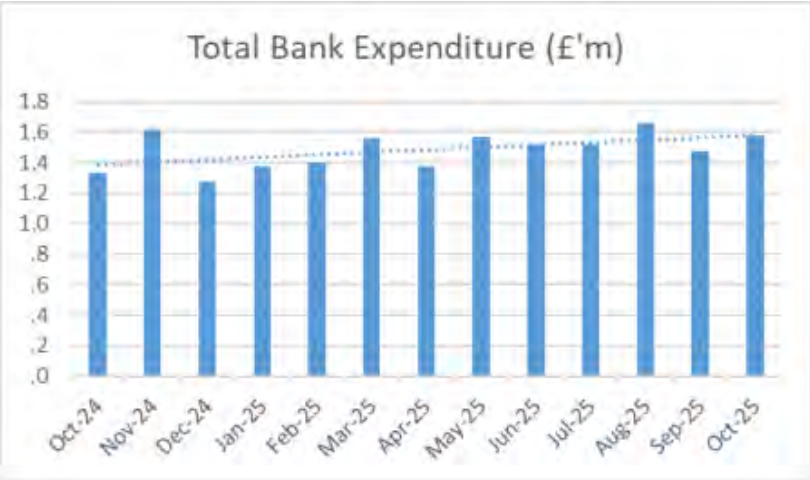


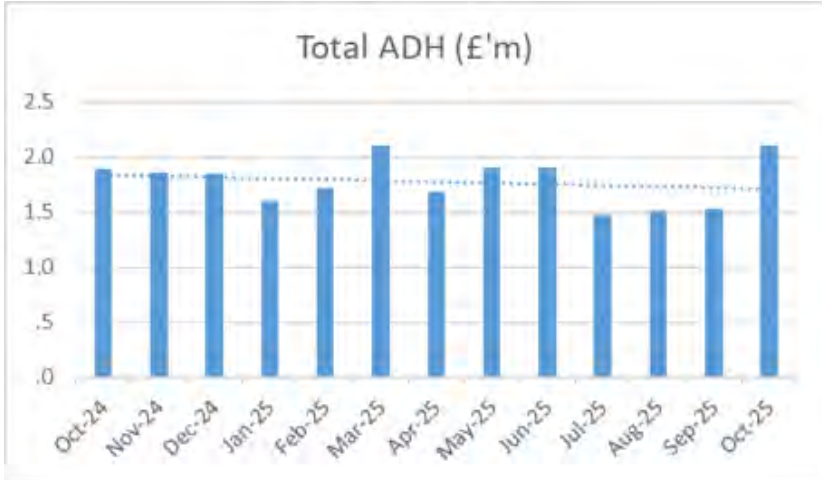


Variable Pay Expenditure Trends









Key Points :

- Agency spend – No material change but overall a downward trend.
- Overtime payments- No material change but overall a increasing trend. .
- Core enhancements – M6 has increased when compared to M6 by £0.1m, with an increasing trend.
- Bank – Has decreased in M6 by £0.1m with an increasing trend.
- ADH spend – Has increased by £0.6m but overall a downward trend.

Non Pay Expenditure Trends

Non Pay Group	Jul-25 £'m	Aug-25 £'m	Sep-25 £'m	Qtr2 Ave £'m	Oct-25 £'m
Primary Care Contractors	13.2	13.2	13.3	13.2	13.8
Primary Care Drugs	8.7	8.9	8.3	8.7	8.3
Provider Non Pay	10.6	10.4	9.8	10.3	11.1
Secondary Care Drugs	5.3	4.7	5.0	5.0	5.9
Healthcare Commissioning	24.7	24.5	29.2	26.1	25.9
CHC & FNC	7.0	3.3	8.7	6.4	7.4
Other	7.1	5.7	6.5	6.4	7.6
Total Expenditure	**76.7**	**70.6**	**80.9**	**76.1**	**79.9**

Key Points:

- The total spend in M7 of £79.9m was £1.0m lower than M6. The main movements were:
  - Increase of Provider Non-Pay of £1.3m due to increased M&SE supplies and higher than anticipated energy costs.
  - Increase in Secondary Care Drugs of £0.9m, due to higher than anticipated spend across Rheumatology, Respiratory, Dermatology & AMD treatments.
  - Decrease CHC/FNC of £1.3m which returns in month spend to prior months levels after the impact of inflationary uplifts being applied with arrears in M6.
  - Decrease of Health Care Commissioning of £3.6m, due to the prior months increase of £3.8m relating to 24/25 pay awards processed to providers via LTAs. M7 is more in line with prior months after adjusting for the pay award.
  - Increase Other of £1.1m – Recognition of revised RIF plan including ICRF.

Income Trends

Income Group	Jul-25 £'m	Aug-25 £'m	Sep-25 £'m	Qtr2 Ave £'m	Oct-25 £'m
Welsh NHS Income	6.1	6.0	7.2	6.4	6.4
JCC Income	1.3	1.1	1.3	1.2	1.3
Primary Care Contractor Income	1.2	1.1	1.3	1.2	1.3
CHC Income	0.7	0.7	0.8	0.7	0.7
Other Income	4.3	4.1	5.8	4.7	4.7
Total Income	**13.6**	**13.1**	**16.4**	**14.3**	**14.3**

Key Points:

- The total Income in M7 of £14.3m is £2.1m lower than M6.
- The main movements are:
  - Welsh NHS Income - £0.8m decrease as a result of HEIW pay award increase in M6. This has returned it to prior months levels after adjusting for the pay award.
  - Other Income - £1.1m decrease, this returns M7 back to prior months levels after M6 movements due to the HEIW pay award income and WG RIF Capital for Healthy Homes, this is offset with a corresponding increase in other income to recognise the WG receipt as the HB act as a passthrough

Income Assumptions WG

	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,346.8	31.2	26.5	89.4	1,493.8
Anticipated Allocations:					
Pay award funding 25/26	28.6				28.6
POW Roof	9.1				9.1
Capital	(9.9)				(9.9)
Outpatient National Programme	2.9				2.9
WG Funded Medical Trainees	1.9				1.9
Same Day Urgent Care	1.4				1.4
Planned Care Outpatient Support 25/26	1.4				1.4
Discovering a Digital Solution	1.0				1.0
RTT Waiting Times - Phase 5	1.0				1.0
Planned Care Plan Phase 4 Diagnostics	0.9				0.9
NWSSP Risk Pool Contribution Risk Share	(5.3)				(5.3)
Other	1.6				1.9
Total Allocations	**1,381.3**	**31.2**	**26.5**	**89.4**	**1528.3**

Key Points:

- As at M7 the confirmed Revenue Resource Limit (RRL) allocation was £1,493.8m.
- We are anticipating a further £34.5m of funding.
- The Risks & Opportunities table on page 19 indicates a number of risks in respect to anticipated allocations yet to be confirmed.

Income Assumptions - NHS

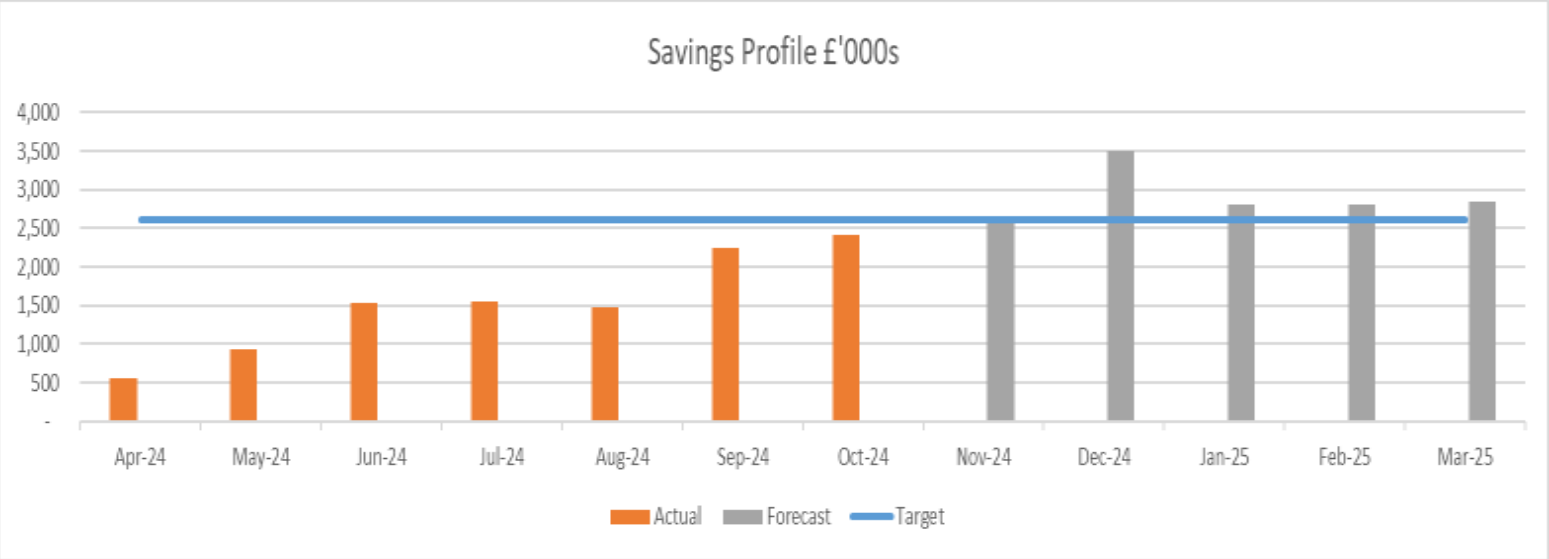
	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	24.5	(4.1)	20.5
Aneurin Bevan University	17.8	1.5	19.3
Betsi Cadwaladr University	0.0	0.4	0.4
Cardiff & Vale University	18.4	(1.2)	17.2
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.5	0.4	0.9
Powys	5.1	2.9	8.1
Public Health Wales	1.2	3.7	4.9
Velindre	0.0	9.3	9.3
DHCW	1.8	0.2	2.0
Wales Ambulance Services	0.0	0.1	0.1
JCC	13.7	(0.1)	13.6
HEIW	0.0	19.1	19.1
NHS Wales Executive	0.0	0.0	0.0
Total	**83.0**	**32.1**	**115.2**

Key Points :

- Income assumptions have been agreed with the corresponding organisations.
- All LTAs have been agreed with both commissioners and providers.

Savings

	Month 7			Month 6		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M7	18.3	31.3	31.3	15.7	31.3	31.3
Actual and Forecast Savings	(10.8)	(25.3)	(29.2)	(8.4)	(23.9)	(27.7)
Total	7.5	6.0	2.1	7.3	7.4	3.6



Key Points:

- The M7 YTD savings is reporting £10.8m of identified savings, which is £7.5m below the YTD target of £18.3m.
- The forecast In year savings of £25.3m is £6.0m below the £31.3m target.
- The M7 forecast Recurrent savings of £29.2m is £2.1m below the £31.3m target.
- It is crucial that the level of savings achievement increases significantly if the Health Board is to meet its forecast both in year and recurrently.

Risks & Opportunities

	M7 £m	M6 £m	Comment
Funding risks:			
Risk of the 2025/26 pay award not being fully funded – WG funding principles risk	1.5	1.5	Further clarification needed on funding assumptions for 25/26
Risk of POW Critical Incident –	0.0	0.0	Verbal confirmation received of intention to support.
Other risks:			
Delivery Risk on Identified Savings Plans	0.1	0.2	
Delivery Risk on Mitigating Actions yet to be identified	0.9	2.5	
Delegated Risk Assessments – High Risk	2.9	1.8	Revised assessment
Delegated Risk Assessments – Medium Risk	0.6	0.7	Revised assessment
WRP Forecast Risk Share	6.1	6.1	NWSSP estimate @ M6
WRP Forecast Additional Risk Share	1.7	1.7	NWSSP estimate @ M6
NWJCC Risks not included in Forecast	0.9	0.9	NWJCC risks @M7
National Pay & Employment disputes	Tbc	Tbc	
Further industrial action in 25/26.	Tbc	Tbc	
Total Risks	**14.7**	**15.4**	
Opportunities			
Balance sheet opportunities in 25/26	Tbc	Tbc	
Further VAT opportunities in 25/26	Tbc	Tbc	
Primary Care Prescribing Growth lower than plan	Tbc	Tbc	Only 3 months data received, awaiting Q2 data.
Internal NICE costs lower than plan	Tbc	Tbc	
Further IMTP Planning slippage	Tbc	Tbc	To be reviewed
JCC Opportunities	(0.4)	(0.4)	NWJCC opportunities @M6
Total Opportunities	**(0.4)**	**(0.4)**	
Net Risk	**14.3**	**15.0**	

Key Points:

- As at M7 we have material risks to the forecast, amounting to £14.3m.
- Of these risks £1.5m relate to anticipated allocation risks where WG are yet to confirm the funding for 2025/26.
- There is a small number of potential opportunities that can help mitigate the identified risks by £0.4m.

Risks & Opportunities

- **Key Points:**
- The Confirmed 2024/25 pay award funding estimate from WG of £48.5m is £1.6m less than planned. This shortfall in funding may also apply to the 2025/26 pay settlement funding anticipated to be £28.6m, therefore a risk of £1.5m has been incorporated into the risk table to reflect this until the actual funding allocation has been confirmed

- Following a positive discussion regarding our correspondence detailing the impact of the POW critical incident, the risk of the anticipated allocation was removed for M5 on the basis that costs incurred will be supported. Written confirmation in response to the POW Critical Incident support funding has not yet been received from WG. It is important to recognise that the forecast position relies upon a full allocation of £9.1m to be released by WG, confirmation of this allocation is critical to maintaining our breakeven forecast.

- NWSSP Welsh Risk Pool Contributions – NWSSP shared a September forecast report for the Welsh Risk Pool which highlighted that additional funding will be required for 2025/26 to support the level of settlements incurred to date and forecast to occur before year end. This report indicates a forecast shortfall of £42m for the Risk Pool with a further risk of £11.4m. Using the latest risk shares, the impact of this shortfall for CTM would be £6.1m with a further risk of £1.7m.

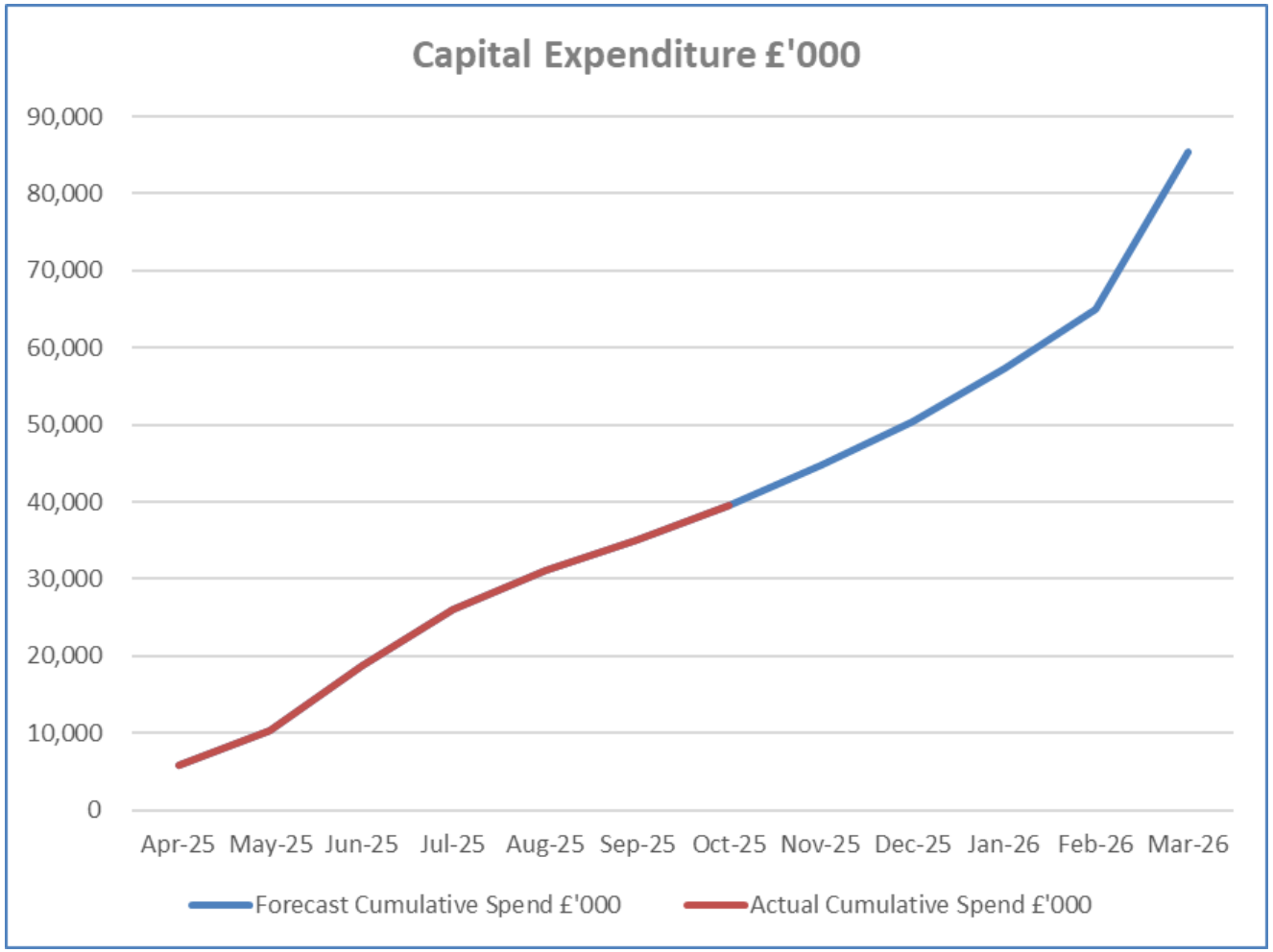
  Further updates from NWSSP have highlighted that the forecast impact remains volatile with a final forecast due to be presented in December. At M7, this position continues to be reported as a risk and has not been reflected in our forecast pending the December forecast and subsequent allocation adjustment from WG. It is important to note that if this position does not improve there is unlikely to be sufficient mitigating opportunities to maintain a breakeven position.

- National Pay & Employment Disputes - There are a number of national pay disputes being nationally led by NHS Wales Employers which include:
  - Band 2/3 health care support workers framework
  - GP Out of Hours contract and employment status

  High level assessments indicate that these disputes could result in a significant financial impact in 2025/26.

- Further to recent discussions on Band 2/3 framework it is assumed that if a provision is required for 2025/26, WG will provide sufficient non recurrent allocations to neutralise the provision and hence will not adversely affect our current year forecast.

Capital Expenditure



Key Points:

- The latest Capital Resource Limit (CRL) for 2025-26 of £84.8m was issued on the 7th November 2025
- Expenditure to M7 was £39.6m.
- The outturn capital position is balanced against the CRL target.

Statement of Financial Position

Balance Sheet	Closing Balance as at M06 £'000	Closing Balance as at M07 £'000	F/Cast Closing Balance as at M12 £'000
Non Current Assets			
Property, Plant & Equipment	701,205	704,915	704,915
Intangible Assets	2,010	2,010	2,010
Trade and Other Receivables	94,247	94,247	94,247
Total Non-Current Assets	797,462	801,172	801,172
Current Assets			
Inventories	7,525	4,111	7,300
Trade and Other Receivables	122,935	134,436	109,436
Cash and Cash Equivalents	14,278	1,964	(9,991)
Non Current Assets Classified as Held for Sale	0	0	0
Total Current Assets	144,738	140,511	106,745
Current Liabilities			
Trade and Other Payables	190,924	190,924	190,924
Provisions	44,210	44,210	44,210
Total Current Liabilities	235,134	235,134	235,134
Non-Current Liabilities			
Trade and Other Payables	19,546	6,377	10,500
Provisions	92,378	97,821	97,821
Total Non-Current Liabilities	111,924	104,198	108,3231
TOTAL ASSETS EMPLOYED	595,142	602,351	564,462
Financed By:			
General Fund	494,301	501,510	463,621
Revaluation Reserve	100,841	100,841	100,841
TOTAL	595,142	602,351	564,462

Key Points :

The main changes in the balance sheet figures from M5 to M6 include the following::

- Provisions have increased by £5.4m since M6, this is due to an increase in the level of provision required for clinical negligence cases, for which there is a corresponding increase in the debtor due from the Welsh Risk Pool.
- Trade and Other Receivables have increased by £11.5m. £7.4m is due to the increase in the debtor for clinical negligence cases from the Welsh Risk Pool as detailed above. The remaining increase of £4.8m is due to a debtor for the nursing home pooled fund. We anticipate a reduction in the trade receivables balance in future months as we receive reimbursement of claims paid from WRP.
- Creditors have decreased by £13.2m from M6, £9.2m of this decrease is due to a decrease in the pharmacy accrual and £5.2m of the decrease is due to a reduction in Non-NHS accruals.

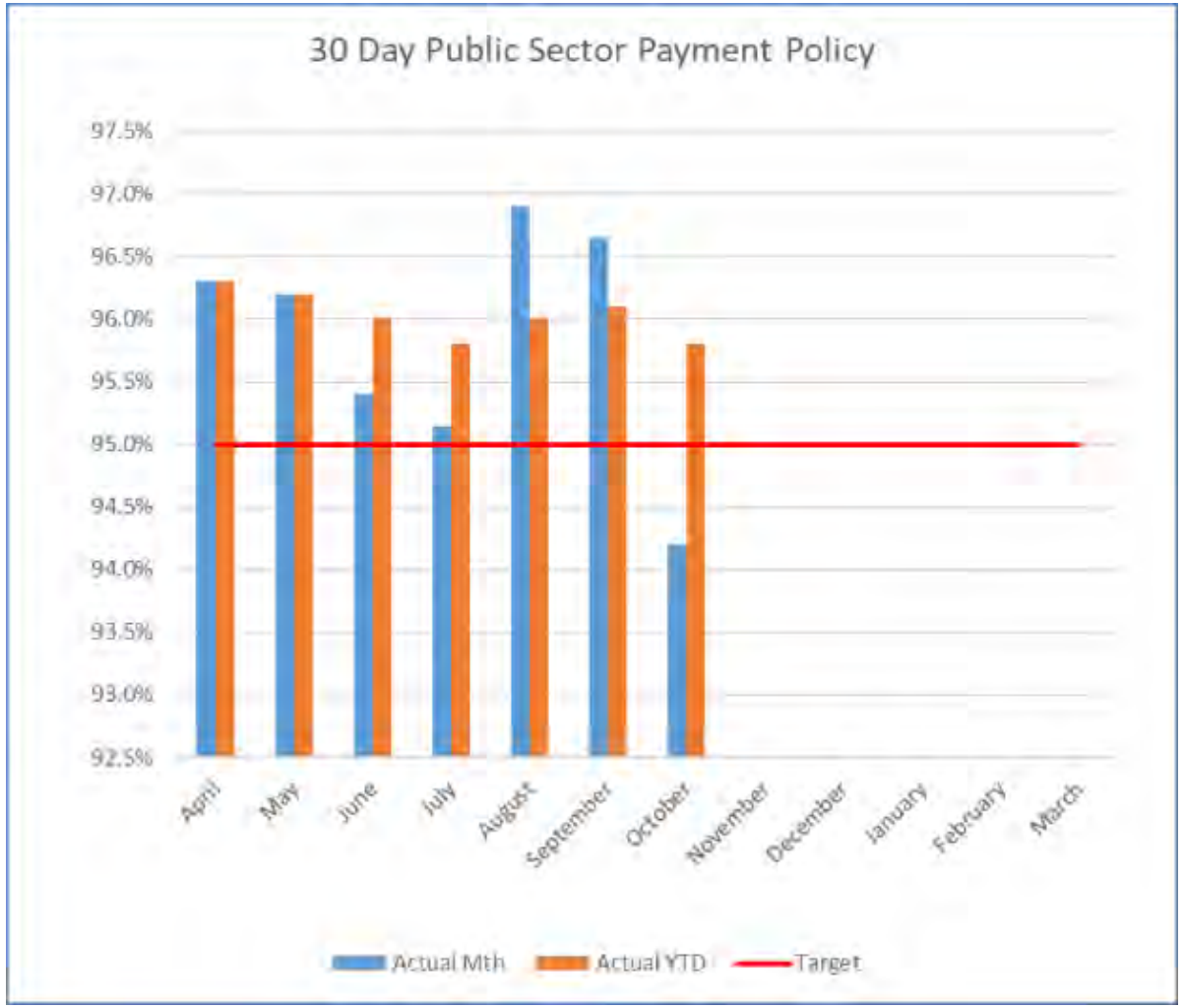
Cash Flow Forecast

Cashflow	Actual/Forecast												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
Receipts													
WG Revenue Funding	125,821	129,267	109,434	135,697	144,727	136,034	134,274	113,600	126,118	123,900	124,900	110,985	1,514,757
WG Capital Funding	11,000	5,000	4,700	5,100	6,600	6,400	6,100	5,300	2,600	6,500	6,700	21,468	87,468
Sale of Assets	0	0	0	0	11	0	8	0	0	0	0	0	19
Welsh NHS Org'ns	11,825	12,178	12,971	9,690	10,199	10,124	14,105	12,000	27,000	13,000	12,000	13,000	158,092
Other	5,152	8,326	2,908	2,147	4,511	2,306	6,299	6,000	6,000	6,000	6,000	6,000	61,649
Total Receipts	153,798	154,771	130,013	152,634	166,048	154,864	160,786	136,900	161,718	149,400	149,600	151,453	1,821,985
Payments													
Primary Care Services	20,053	30,973	11,632	18,986	19,660	21,566	29,677	8,837	32,402	20,735	20,303	10,224	245,048
Salaries and Wages	55,847	62,858	62,476	63,219	67,868	68,374	65,703	66,000	66,000	66,000	66,000	66,000	776,345
Non Pay Expenditure	66,690	54,927	52,665	60,239	69,891	51,318	75,281	57,000	57,000	57,000	57,000	67,299	726,310
Capital Payments	8,289	8,474	6,383	6,282	8,087	6,320	2,437	5,232	5,248	6,463	6,775	19,508	89,498
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	150,879	157,232	133,156	148,726	165,506	147,578	173,098	137,069	160,650	150,198	150,078	163,032	1,837,202
Net Cash In/Out	2,919	(2,461)	(3,143)	3,908	542	7,286	(12,312)	(169)	1,068	(798)	(478)	(11,578)	
Balance B/F	5,225	8,144	5,683	2,540	6,448	6,990	14,276	1,964	1,795	2,863	2,065	1,587	
Balance C/F	8,144	5,683	2,540	6,448	6,990	14,276	1,964	1,795	2,863	2,065	1,587	(9,991)	

Key Points within the Cash Flow Forecast :

- Cash has decreased by £12.3m from M6 as planned, the aim is for the cash balance to be below £6m at month end. The month end balance was £2.0m.
- At year end we are projecting a cash deficit of £10m for which there will be a requirement of working balances cash, which we will put in a request in line with guidance from WG.

Public Sector Payment Policy



Key Points:

- The percentage for the number of non-NHS invoices paid within the 30 day target in October was 94.2%.
- The cumulative percentage year to date is 95.8%, which is above the target of 95%. We anticipate this will be achieved by the end of the financial year.

Agenda Item
6.3

CTM Health Board

IMTP 2025-2028 – Quarter Two Review

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Elizabeth Beadle, Assistant Director of Transformation
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Claire Thompson, Executive Director of Strategy and Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy and 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
Operational Delivery Committee	28/10/2025	NOTED

Acronyms / Glossary of Terms	
IMTP	Integrated Medium Term Plan
IRCF	Integration Rebalancing and Capital Fund

1. Situation /Background

1.1 Developing an integrated medium term (three-year) plan (IMTP) is a statutory duty for all Welsh health boards alongside the associated duty to achieve a financial break-even position during the three-year period, in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014)

1.2 The Board approved the 2025-2028 draft plan for submission to Welsh Government on 27th March 2025. The Health Board has now received formal confirmation of approval from Welsh Government, subject to satisfying accountability conditions set by Welsh Government.

1.3 The 2025-2028 plan is presented as a balanced three-year financial plan, although risks to delivery were assessed and noted during the plan development process.

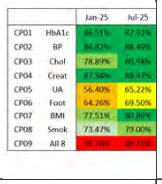
2. Specific Matters for Consideration

2.1 This report provides an update on progress during quarter two.

Delivery of ministerial requirements

2.2 The table below sets out the key measurables for each ministerial priority. A number of measures are undergoing final validation, and the outcome will be confirmed once known.

Strategic priority requirement	Q2 planned	Q2 actual	Notes
Timely access - cancer	69%	Final validation ongoing	August 2025 validated compliance was 63.4%, an improving position, but not compliant.
Timely access - (104-week delays)	Max 1,102 breaches	495	Ahead of trajectory
Timely access – Cardiology diagnostics	0 breaches	717	Not met but September 2025 showed improvement
Timely access – Radiology/ other diagnostics - 8 weeks	100%/ 0 breaches	5535	Not met
Timely access - Endoscopy 8 weeks	100% by July	905	Not met, but the position is improving.
Timely access - ED 12-hour breaches	50% reduction by July	2048	23% higher than March 25 baseline of 1666.

Strategic priority requirement	Q2 planned	Q2 actual	Notes
Timely access - ED Ambulance handover	• 80% of patient handovers within 1 hour • 100% of handovers within 4 hours		Positive reduction in in <45min ambulance handover delays in Q2 average at 331 – 68% reduction from baseline March 25 at 1050.
Population health - diabetes	50% min compliance with all 8 care processes		Compliance remains below target. Improvement actions are being targeted.
Community access - General Medical Services	100% access compliance	Data pending	Anticipated to remain compliant
Community access - reduction in delayed transfers		August 2025 257 delays 9620 days	At August 2025, the number of delays were higher than the March baseline but the number of days delayed showed a 40% reduction from March 25 baseline
Mental health access Psychological therapies – improved access	59%	54.04%	While not yet on trajectory, the psychological therapies compliance has improved from the Q1 position (49%).
Delivery of women's health hubs	Q1 actions		Please refer to the update below

2.3 These measures are recommended to be considered within the wider context of service delivery plans which are to be presented to the committee on a rolling basis, and the integrated performance report.

Enabling actions

2.4 A summary of progress against enabling actions is provided in Appendix one. This demonstrates progress across a range of organisational programmes and notes areas for further progress. There has been a significant improvement in RAG rating from quarter one, in part due to the progress and in part due to confirmation that work on track should be rated as light green.

2.5 The work on interventions not normally undertaken has been reassessed as red, however this is executive oversight and work will be undertaken to improve this position.

Women's Health Plan

2.6 Following the publication of the NHS Wales Women's Health Plan 2025-2035, women's health planning and a specific requirement to develop women's health hubs have been included in the requirements of the NHS Wales Planning Framework and incorporated into the health board's planning for 2025-2028.

2.7 During quarter two, progress has been made with scoping work to consider the model for the delivery of women's health hubs and consideration given to the development of pathfinder for the implementation and testing of the hub model.

Financial position

2.8 As The M6 position is reporting a £2.0m surplus for the period with a year to date deficit of £4.3m, the forecast position has remained break even.

2.9 The savings target of £31.3m is forecast to underdeliver by £7.4m. To mitigate this £7.4m shortfall, £5.3m of accountancy gains have been identified, financial plan slippage and constraints releasing £1.7m together with favourable operating variances of £1.7m.

2.10 This would have delivered a £1.3m surplus against our original IMTP.

2.11 However, the IMTP anticipated that allocations for 2024/25 pay awards and National Insurance would have fully met the additional costs. The recent confirmation of allocations below our anticipated levels has created a further £3.8m pressure that will need to be mitigated by year end to achieve our break even forecast.

2.12 There remains a significant level of risk to this forecast position, with Welsh Risk Pool and national pay disputes being the most material.

Capital planning

2.13 The Health Board's capital resource limit as reported at 30th September is £87.07m (a £4m increase on the previously reported position) and expenditure against this allocation is £35.1m to date. The Committee will continue to receive detailed updates on capital planning and expenditure in alignment with the committee schedule.

2.14 A break-even position is expected.

2.15 Since submission of the IMTP funding has been secured for several of the anticipated allocations as detailed in the table below.

Anticipated Allocations	IMTP Submissions	Latest Position Sept 2025
Llantrisant Health Park	35,500	Programme now split into phases. Funding of £2.828m approved to develop the OBC Phase 1 – Community Diagnostic Hub. Request submitted for £1.885m of funding for OBC Phase 2 - awaiting approval.
Prince Charles Hospital Refurbishment - Phase 3	4,000	Draft FBC submitted , final FBC due for submission Dec 25
Targeted Estates Fund (TEF) - Bids submitted 31/1/25	TBC	Schemes in progress
Diagnostics Replacement Programme	TBC	Scheme in progress
IRCF Maesteg HWBC -Business Case Fees (FBC)	TBC	Additional funding approved to develop SOC/OBC, awaiting confirmation of profile of spend given delays. Additional funding not included in latest CRL
IRCF Llanilid - Business Case Fees	TBC	Funding approved to develop SOC/OBC. Awaiting confirmation of profile of spend given delays. Additional funding not included in latest CRL
Total	£39,500	

People Plan

2.16 The People plan is reported twice annually to the Strategic Development Committee, which the first report prepared in October 2025. Progress made with implementation includes the following:

Getting the Basics Right

- Launch of new People Services central telephone line (June 2025), so that people can get the help that they need quickly and efficiently through accessible, credible and expert people services;
- Agreement of our new Policy workbook (July 2025), with a focus on streamlining Recruitment and Selection policies, and enhancing our Family Friendly policies in year 1.

Great Management and Leadership

- People Plan manager briefing sessions, with dedicated focus from Exec, Care group leadership and Trade Union colleagues (July - August 2025);
- Creation of a new Manager reference group (Sept 2025), with new Line management induction programme to commence in December;
- Design and launch of the first of our bitesize management development sessions; 90 minute Honest and Challenging Conversation sessions commencing from October 2025 (topic area most cited in engagement sessions);
- Launched monthly 'You Said, Together We..' updates, to provide managers with clear lines to take within team discussions.

Inclusive and Healthy Environment

- Speaking Up Safely Guardians appointed (August 2025), with full launch of Working in Confidence system, new sexual safety policy and new anonymous complaint procedure in October 2025;
- Launch of anti-racism training in advance of national mandate, currently on 70% completion in August 2025 and on track to meet 85% target by December 2025;
- Seren Annual Awards Ceremony (September 2025). Over 300 nominations received showcasing dedication, talent and passion that makes CTM so special;;
- Development of our sickness absence action plan. Analysis of data and new sickness absence dashboard development (August) to determine hotspots and prioritised sickness absence action plan (September 2025).

Modern workforce – Skills for the Future

Implementation of Establishment Reporting for Medical and Dental (this merges data from multiple sources to provide detailed staffing data in one report). In recognition of CTM's work in this area, we have secured HEIW funded resource for a Pacesetter project to commence in November. The aim of the pacesetter is to establish reusable technology for ESR Dashboards and Establishment reporting, with pan-Wales scalability;

The first iteration of a new People Metrics dashboard, aligned to our People Promises, has been developed to provide 'at a glance' visuals of our key people metrics;

Enhanced employer visibility through the creation of the CTM Facebook Jobs page (1,900 followers), and consistent social media engagement across all CTM platforms (combined following of 125,000) and the development of a suite of recruitment brochures to promote CTM as an employer of choice

Targeted social media campaigns for high-need areas (e.g. Nursing at PCH), plus alternative recruitment methods implemented in high-volume areas (e.g. Facilities at PCH), resulting in increased applications and reduced agency reliance.

Initial improvements made to enhance the efficiency of our Lateral Moves Scheme. 75% of applications are processed within the 6-month benchmark with the average time to hire via the scheme being 71 days. Phase 2 of the scheme will launch in the Autumn and aims to expand access to other whilst further improving time to hire.

3. Key Risks / Matters for Escalation

3.1 The Health Board has made progress in implementing plans across all areas.

3.2 However, section two identifies a number of areas where performance has not yet met the planned delivery standard, and work will be ongoing to deliver improvement in these areas.

3.3 The financial position at month five confirms significant risks to the delivery of the year-end break even requirement.

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: Creating Health Sustaining our Future Inspiring People
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Starting Well
	If more than one applies please list below: 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)*)	Data to Knowledge
	If more than one applies please list below: Culture and Valuing People
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality (*Duty of Quality Statutory Guidance (gov.wales)*)	Effective
	If more than one applies please list below: All quality domains apply
	No - Not Applicable

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	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: All areas for investment consideration/ change were subject to QIA.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Delivery of ministerial priorities impacts on the reputation of the health board.	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	Yes (Include further detail below)	
	All resource implications of the IMTP have been identified in the planning. Availability of funds for investment and delivery of savings plans are key to the health board's service delivery and financial balance.	

5. Recommendation

5.1 The Board is requested to note the contents of the report and to receive further updates on the delivery of plans.

5.2 Assurance of delivery of improvements will be overseen by the operational and corporate teams and the regular reporting structures.

6. Next Steps

6.1 Reporting will continue to be undertaken on a quarterly basis, supplemented by specific updates on key plans and programmes to the Board, Operational Delivery Committee and other committees as confirmed in the organisational performance structure.

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

Health Board:	**CTMUHB**
Date Submitted:	
Completed by:	**Strategy and Tranformation 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 Minismising 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	**Adoption status**: planning phase **Governance and monitoring**: Community Steering Group/Workstream 1, 6 Goals UEC Programme Board **Key Deliverables**: • 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	**Reduction of Level 1, Level 2 fallers conveyance to ED by 10% by end of December 25/reduction by 25% by end of March 26 (against March 25 baseline)** **Care homes** **March 2025:** **Level 1 – 115 falls conveyed to ED** **Level 2 – 73 falls conveyed to Key benefits measures have been set.** **Data comparison:** **Mar 25 Apr 25 May 25 Jun 25** **L1 115 106 115 102** **L2 73 65 69 58** 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.	Q2 data comparison: March 25 - 188 April 25 - 171 May 25 - 185 June 25 - 178 Jul 25 - 236 Aug 25 - 214 Sept 25 - 53 8.5% reduction from March 25 baseline based on average number of falls per month conveyed between April and September 25 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. 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. 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		Data supplied in the update.	
Six Goals Plan/ Programme	**Adoption status**: delivery phase **Governance and monitoring**: Community Steering Group/Workstream 1, 6 Goals UEC Programme Board **Key Deliverables**: • 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.	**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. Maintaining status of 23-25% care home conveyances to ED monthly. Plans in place to reduce further. **Data comparison**: **Mar 25 Apr 25 May 25 Jun 25** **446 419 415 388** 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.	7% reduction from March 25 baseline based on average number of care homes conveyances per month between April and September 25 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 Please note – practical response to falls training provision and equipment in section above.		Refer to data table (right)	
Six Goals Plan/ Programme	**Adoption status**: planning phase **Governance and monitoring**: Community Steering Group/Workstream 1 & 2, 6 Goals UEC Programme Board **Key Deliverables**: • 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).	**Baseline data**: Front door: March 2024 – February 2025 – 5082 patients over 65 seen in SDEC. On average 42% discharged the same day. Admission to hospital bed (emergency admissions) **Data comparison**: **Mar 25 Apr 25 May 25 Jun 25** **Under 65 524 610 645 686** **Over 65s 931 1071 1165 1116** 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.	SDEC same day discharges continue to be over 85%. 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 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 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 specialty in-reach into AMU.		Please refer to the tables on the right	A

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	**Adoption status**: delivery phase **Governance and monitoring**: Workstream 2, 6 Goals UEC Programme Board **Key Deliverables**: • 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. 1. Ongoing delivery of Strategic Transformation of Acute Medicine Programme to support delivery of flow improvements at the front door. 2. Evaluation of Urgent Treatment Centre in PCH with view to roll out on other acute sites. 3. Monitoring and delivery of 7 priorities as defined by ED Quality Statement. 4. Formulation of implementation plans in readiness for WECDS for roll out by end of March 2026. 5. 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.	**Baseline data**: 4 hr ED performance – target 72% by Q3 **4 hr ED performance** **Data comparison**: Mar 25 Apr 25 May 25 Jun 25 66.5% 67.4% 62.8% 62.7% **Handover delays over 45 min:** Mar 25 Apr 25 May 25 Jun 25 1050 1163 1011 416 53.8% 57.3% 49.1% 21.9% **Lost hours per ambulance arrival:** Mar 25 Apr 25 May 25 Jun 25 2652 3067 2236 732 **12 hr ED breaches:** Mar 25 Apr 25 May 25 Jun 25 1672 1669 1853 1788 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.	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 Positive reduction in in <45min ambulance handover delays in Q2 average at 331 – 68% reduction from baseline March 25 at 1050 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. •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		Data supplied in the update.	
Six Goals Plan/ Programme	**Adoption status**: delivery phase **Governance and monitoring**: Workstream 3, 6 Goals UEC Programme Board **Key Deliverables**: • 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. 1. 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. 2. Continue Super Stranded review panels in POW and community hospitals and scale up to RGH and PCH. 3. 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. 4. Improve timeliness of DST/CHC processes in community beds - integrated discharge model and implementation of Integrated Discharge Team.	**Baseline data**: Average LoS and No of discharges - acute: Mar 25 Apr 25 May 25 Jun 25 12.2 10.8 11.5 9.5 1986 2159 2328 2284 Average LoS and No of discharges - community: Mar 25 Apr 25 May 25 Jun 25 50.3 61.2 62. 7 46.3 143 153 156 151 POCD – number of delays and days delayed Mar 25 Apr 25 May 25 Jun 25 248 284 246 277 14488 13181 11531 11725 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.	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. Community: Negative increase in avg LoS in Q2 average at 54.3 – 7% increase from baseline March 25 at 50.3 Q2 data comparison: LoS Acute Sites (on discharge – avg days) No of discharges monthly are provided in the table (right) LoS Community Sites (on discharge – avg days) No of discharges monthly July 25August 25Sep 25 55.449.158.4 159125148 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. Community: Negative increase in avg LoS in Q2 average at 54.3 – 7% increase from baseline March 25 at 50.3		Please refer to the tables on the right	A
Six Goals Plan/ Programme	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: 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) 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.	Key benefits measures as defined above and per attached document. Benefit Measures 2025-2026.xlsx	Key benefits measures as defined above and per attached document.		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.			G
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.			
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: - Anthroplasty 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%.			

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 our 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 receive 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 66% Quarter 2 69% Quarter 3 72% Quarter 4 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 Llantristant 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 regiona 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 that 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
People Chapter Monitoring via Operational Delivery Committee	Adopt • 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.	• 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.	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. 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. 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.		Please refer to full schedule of actions for further detail and individual RAG rating.	
People plans Monitored via the Value and Sustainability Board	Adopt CTM already has in place a targeted programme of work to drive down agency spend across all hard to fill posts. The governance structure for driving down agency spend in CTM is overseen by the CTM Values and Effectiveness Portfolio Board. Two programmes are in place: • Medical and Dental agency reduction is managed via our monthly Medical Workforce Productivity Programme. • Nursing agency reduction is managed via our Nurse Productivity Programme 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, ACSP, LHP etc.).	Total medical agency in M10 £676k. This has reduced on average by £530k per month when compared to 23/24. 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. 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. 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. CTM's NMR agency spend in M10 2024/25 £1,886k compared to £1900k at the same period in 2023/24. CTM has not used off contract NMR agency workers via Thornbury, since September 2024.	M&D Agency spend YTD at Mth5 is £3,358k (compared to £4,528k in Mth5 24/25) The new cap is escalation up to 5% over rate card to CG MD and over 5% to EMD office. M&D Bank Spend YTD at Mth5 is £8,485k (compared to £10,160k in Mth5 24/25) NMR Agency spend YTD at Mth5 is £6.415k (compared to £9.343k at Mth5 24/5) NMR Bank spend YTD at Mth5 is £1,752k (compared to £1,219k in mth5 24/25). CTM continues not to use off contract NMR agency workers via Thornbury or any other off contract framework.		Please refer to detailed schedule of actions and RAG rating of individual areas.	

People plan Monitoring is at Nursing Productivity Board for HCSW and Admin & Clerical and Estates & Ancillary agency spend is monitored at Operational Delivery Committee	**Adopt** Focussed 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. 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.	**HCSW** • 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. **Admin and clerical** • 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. Focussed recruitment to attract specialist digital resource is underway and alternative options are being considered. **Estates and Ancillary** • 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.	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. HCSW YTD Agency spend at mth5 is £524k and HCSW Bank spend at Mth5 is £5,886k The Bank continues to recruit Bank HCSWs via the student nurse and leave and return pipelines. A&C YTD Agency spend at Mth5 is £122k (compared to £178k at Mth5 24/5) Spend within specialist corporate areas have reduced, but there continues to be some spend in specialist corporate areas and Clinical Care Groups. E&A YTD agency spend at M5 was £744k (compared to £1,220k at M5 24/5 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.		Please refer to detailed schedule of actions and RAG rating of individual areas	
People plan Monitoring is via Medical Workforce Productivity Programme Board	**Adopt** 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. 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.	Job planning compliance within CTM, as of January 2025 was 34% (Consultants and SAS combined). The Care Group with the highest level of completed job plans was Children and Families with 75% (Consultant and SAS combined). Delivery targets are milestones are: 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. 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.	Job planning compliance within CTM, as of Aug 2025 was 35% (Consultants and SAS combined). 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). 4 x Care Groups continue to work towards the September target of 60%. Children and Families Care Group & Mental Health and Learning Disabilities Care Group are exceeding the September target of 60%. 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.			
People plan Monitoring is via Operational Delivery Committee	**Adopt** To support a reduction in sickness absence, CTM is focussing activities under three areas: • Policy awareness • Skills development • Case management. This will be monitored by Care Groups, via People Directorate. 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. CTM is also part of the national working group reviewing the current All- Wales Managing Attendance at Work policy. 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. CTM is making good process implementing the All-Wales Occupational Health Minimum Service Levels and KPIs.	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. Within CTM the staff group with the highest sickness levels is estates and ancillary with an average absence rate of 11.16%. 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%, 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. At January 2025 CTM was complaint in 43 of the 49 activities and was making progress in implementing the outstanding 6 activities. This information is monitored and reported on a quarterly basis. This information will next be reported in April 2025.	Q2 actions included: Rolling 12-month sickness rate as at August 2025 is provisionally 7.04%. Further action is being taken as follows: 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. 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. 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.			

Agenda Item
6.4

CTM Health Board

Capital Programme Update 2025/26

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Carolyn Blockley, Head of Capital
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	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 Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
Matters discussed at ECMG	21/10/2025	Notes/Approved
Operational Delivery Committee	28/10/2025	Noted

Acronyms / Glossary of Terms	
ECMG	Executive Capital Management Group
IRCF	Integration and Rebalancing Care Fund
DPIF	Digital Priorities Investment Fund
FEN	Fire Enforcement Notice
CRL	Capital Resource Limit

AWCP	All Wales Capital Programme
NBV	Net Book Value
WG	Welsh Government
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
PoW	Princess of Wales Hospital
YCC	Ysbyty Cwm Cynon
YGT	Ysbyty George Thomas
TEF	Targeted Estates Fund

1. Situation /Background

The purpose of this report is to provide an update on the current Capital resource limit for 2025/26 and expenditure commitments made to date. The report also covers the actual capital expenditure as at Month 6 and a brief update on all current major capital projects

2. Specific Matters for Consideration

2.1 25/26 Capital Funding Position

The latest capital funding position for 25/26 is shown in Table 1 below comprising £7.375m discretionary and £80.747m All Wales Capital funding.

Table 1 Confirmed CRL funding 2025/26	**Current CRL £'000**
Discretionary allocation 2025/2026	7,375
Prince Charles Hospital Refurbishment - Phase 2	32,607
National Imaging Academy Wales Discretionary	200
Princess of Wales Hospital replacement of roof covering, Fire Enforcement Notice and Electrical Upgrades	10,077
Works at Ysbyty George Thomas - Linked to POW Roof	139
Works at Ysbyty Cwm Cynon - Linked to POW Roof	853
Diagnostic and Medical Equipment 2024-25	169
Llantrisant Health Park – Site Demolition Costs	700
Llantrisant Health Park – RIBA Stage 3	1,056
Llantrisant Health Park – OBC Phase 1 – Community Diagnostic Hub	2,828
Efab - Fire	136
Efab - Decarbonisation	339
Backlog Maintenance - 2024-25	1,079
TEF - Fire	1,071
TEF - Infrastructure	4,403
TEF - Decarbonisation	1,205
TEF - Mental Health	1,782
TEF - Infection Prevention Control	1,052
TEF - Decontamination	1,366
Interventional Radiology (IR), Royal Glamorgan Hospital	1,571
Pharmacy Robot, Royal Glamorgan Hospital	1,200
Non-Radiology Ultrasound Replacement	474
Mental Health Quality and Safety Schemes	593
Radiology Ultrasound Replacement	858
DPIF	
DPIF - single clinical record within mental health and learning disabilities' (MHLD)	250
DPIF - Digital Maternity Cymru Implementation 2024-25	50
DPIF - Medicines & Prescribing: Electronic Prescribing & Medicines Administration (ePMA)	1,417
DPIF - RISP funding for National Imaging Academy Wales	53
DPIF - RISP	422
IRCF	
Bridgend Health & Wellbeing Centre	12,085
Maesteg Health and Wellbeing Park	712
All Wales Capital Funding	**80,747**
IFRS 16 Funding	**-194**
Total WG Funding	**87,928**
Disposal of Assets with NBV	
Government granted/Donated income	197
Total Capital Funding as at 10.10.2025	**88,125**

The highlighted schemes shown in Table 1 have received funding approval since the last reported position, adjustments have also been made to existing schemes where required to match the latest cashflow forecast for the year.

Similar to last year's position, the Health Board currently has the highest level of capital funding across Wales with a 23% share of the available funding.

The capital team are working on confirming accurate full year forecasts, particularly for the PCH refurbishment project and Bridgend Health and Wellbeing Centre. Allocation adjustments for these schemes will be requested by early November 2025 to bring allocations in line with the latest forecasts.

Additional allocations are anticipated for recent funding approvals for improvements to helicopter landing sites as well as additional fees for Maesteg Health and Wellbeing Park.

In addition, slippage bids were submitted to WG for consideration at the end of September and early October totalling £15.2m. This includes £0.625m for backlog maintenance schemes, £4.621m for equipment and £9.954m for digital priorities. There have been clear messages from WG that funding would be available to allocate to slippage bids, hence the level of bids submitted. From more recent discussions however it is unclear if this is still the case, an update is expected over the next few weeks.

The spend to 30th September is £35.1m which is equal to 39% of the total committed spend. This is in line with financial planning assumptions.

2.2 Discretionary Programme Commitments 2025/26

As noted above there is £7.375m of Discretionary Capital available in 2025/26. In addition to this the ECMG agree each year to over commit the programme to assist with managing inevitable year end slippage on capital schemes. Last year this was set at 13.5% however this did not cover the slippage encountered and hence a c17.5% overcommitment was agreed for 2025/26. This is based on the initial allocation before deductions such as TEF contribution and hence equates to £2.1m for this year. When slippage is confirmed it is managed appropriately to ensure a balanced outturn position at the end of the financial year.

Table 2 below shows all approvals and commitments as at October 2025 against the areas of ICT, Equipment, Backlog Maintenance, Statutory Compliance and Service Redesign.

Cwm Taf Morgannwg Discretionary Capital Plan 25/26 M6		
Table 2 - Discretionary Funding and Allocations		October Opening Position
Funding Sources		
Discretionary Capital Funding		12,000
TEF Top Slice		-3,196
All Wales Capital Scheme Commitments B/F		-1,429
Property Disposals		0
17.5% Over commitment		2,100
Total Funding (Including over-commitment)		9,475
Department Allocations		-
IT	Funding	1,795
	Expenditure Allocations	1,800
	Contingency Allocation	-
	Overcommitment against allocation	5
Statutory Compliance	Funding	1,486
	Expenditure Allocations	1,486
	Contingency Allocation	-
	Overcommitment against allocation	-
Backlog Maintenance	Funding	2,401
	Expenditure Allocations	2,401
	Contingency Allocation	-
	Overcommitment against allocation	- 0
Equipment	Funding	2,106
	Expenditure Allocations	1,981
	Contingency Allocation	125
	Overcommitment against allocation	-
Service Redesign	Funding	1,563
	Expenditure Allocations	590
	Contingency Allocation	972
	Overcommitment against allocation	- 0
		-
	Contingency b/f disc schemes	-
Sub Total Committed Expenditure		**8,258**
Subtotal amounts remaining to commit		**1,097**
Total anticipated Spend		**9,355**
Position against Funding (including planned overcommitment)		**120**
Position against actual funding under/(Over)		**- 1,980**

The table shows that the position is currently £1.980m overcommitted if all funding is fully allocated. Following the re-distribution of funding approved at the last ECMG, it is now in line with the planned overcommitted position to allow for natural slippage on schemes. Currently £1.097m of the above is not yet committed, consequently there are sufficient opportunities within the programme to phase works if required to reduce spend should it be necessary.

2.2.1 Statutory Compliance and Backlog Maintenance

Funding has been fully allocated to high-risk backlog maintenance priorities and statutory compliance with no contingency remaining.

There are a number of outstanding requests for funding, and these were included in the bids recently submitted to WG. Unfunded priorities for this financial year total £0.625m and include a chiller replacement in PoWH, works to North Cornelly Clinic, works to the RGH generator containment and flooring replacements in RGH and PoWH.

If further WG funding is not received a decision will need to be made re timing of these works based on the risk.

2.2.2 Service Driven Schemes

Works schemes are presented and discussed at Operational Capital Group meetings attended by Care Group Directors. There are a significant number of priorities escalated however there is insufficient capacity within the Capital and Estates team to progress all schemes.

Given the extensive number of schemes to develop the works are being carried out on a phased basis. The priority schemes currently being progressed are the Air Handling Unit replacement in the RGH Gynaecology Hub and the Blast chillers replacement in the Central Production Unit. The funding currently being held for these, and other minor schemes is in line with the expected spend this financial year. A number of the schemes will then continue into 2026/27 and advance commitments on next year's discretionary capital are being made to ensure timely delivery.

2.2.3 Equipment Allocation

Operational Capital Group (OCG) met on the 25th September 2025 to discuss equipment priorities to be submitted to WG for funding. The list of equipment totalling £4.621m was submitted to WG early October for consideration. If funding from WG is not forthcoming it is likely that many of these priorities will require alternative funding before the end of the financial year.

The number one priority is for replacement scopes and stacks for Endoscopic Retrograde Cholangio-Pancreatography (ERCP) at a cost of c£650k, procurement are engaged to support the service and when they are in a position to progress, a decision on funding will need to be made.

This may be short term hire to cover to the end of March 2025, with a purchase then required from discretionary capital in 2026/27 . An option could also be utilising some slippage funding from AWCP funded schemes in 2025/26 which would then require repayment from discretionary capital in 2026/27. If this option is utilised, then a decision will be required early November before funding is returned to WG.

There are a number of risks to manage over the remaining 6 months of the year but also a number of opportunities available. The position will need further discussion on how best to manage once a steer from WG has been provided on potential funding availability.

Digital bids totalling £9.954m were also submitted to WG for consideration and as with the equipment bids, some of these may need to progress if not funded by WG.

2.3 Major Capital Schemes

The update on the major capital projects is provided in Appendix 1.

2.4 Disposals

The disposal of Pontypridd Health Centre is progressing with a sale expected to complete late in 2025. Proceeds from the sale will be reinvested in the digital programme as directed by Executives when setting the capital programme for 25/26.

The disposal of Bryncethin Clinic is also anticipated to complete in November 2025, this is part of the land swap arrangement with Linc Cymru for the land on which Bridgend Health and Wellbeing Centre is being built.
Plans for vacating Pontypridd Cottage Hospital are under review

3. Key Risks / Matters for Escalation

3.1 The uncertain funding position with regards to additional approvals from WG means that the allocated programme may need to be adjusted and/or commitments made from next year's discretionary capital.

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))*	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality	Safe
	If more than one applies please list below: Effective Efficient

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	Yes (Include further detail below)	
	Legal implications of the capital programme are assessed for each project and advice sought accordingly but 1 programme is linked to a Fire Enforcement Notice	
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	

5. Recommendation

5.1 The Board are asked to:
NOTE the funding position for 25/26, commitments made against this allocation and the bid submitted to WG for additional year-end funding

NOTE the spend to date and risk if further funding is not available from WG

NOTE progress on Major Capital Schemes

NOTE planned disposals in 2025/26

Appendix 1 – Major Capital Schemes Update

1.1. PCH ground and first floor Phase 2

CRL funding for 25/26 for phases 2 and 3 is £32.607M. This now includes an additional £1.3m for the asbestos strip work moved from phase 3 to phase 2. The forecast spend on both phases in 25/26 is currently £28.866M which is £3.7m below the agreed CRL for this year. Further adjustments are however expected to this position in the coming weeks.

Following planning permission being received, a request was submitted to WG to purchase the modular buildings at PCH currently rented as part of the scheme (units 2 and 3). If this purchase is completed this year funding of £3.24m will be required which will offset some of the slippage above.

The full scheme is due to complete in October 2026 and the current forecast is that there will be a £2.5m overspend against the total budget of £221.575m. This overspend is caused by inflationary pressures and it is hoped to mitigate most of this with final VAT recovery and gain share although this will be later after the scheme has completed.

The scheme is split into 7 sections (6 approved within this phase) Sections 1, 2, 3 and 6 have completed.

Construction work is ongoing concurrently in the 2 remaining work sections, namely Sections 4 & 5.

The remaining contingency balance on the total scheme is currently £0.438m.

Final accounts have been agreed on sections 1, 2 and 6 and the gainshare for these is confirmed at £2.6m. However, the remaining gainshare figure is yet to be determined as Section 3 final account is yet to be agreed and Sections 4 & 5 are still in progress. A request to retain the confirmed gainshare to date to cover inflationary pressures on the scheme has been made and agreed with WG.

The scheme has currently committed 96.2% 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.

1.2. PCH ground and first floor Phase 3

The draft Full Business Case for Phase 3 was submitted to WG on the 30th September following support from the Board to submit for technical scrutiny.

The document was being submitted as 'draft' to expedite the scrutiny of clinical and technical aspects of the case and strive for maximum overlap of the Phase 2 and Phase 3 schemes on site.

The funding ask in the draft case is based upon the original scope as per the Programme Business Case. Options to re-programme and reduce the funding ask (but maintain scope) are being explored in parallel to the commencement of the technical scrutiny. The re-programming and adjustment of cost is targeted for completion in November to allow a Final Full Business Case to be submitted to WG by end of December 2025.

1.3. Bridgend Health and Wellbeing Centre

On site works are progressing however a further delay has been reported by the contractor and a revised programme has been provided with a forecast completion date of 31st March 2026 (moved from January 2026).

The primary reasons given for the programme delay are: Incomplete stage 3 designs, inadequate service voids, impact of decarbonisation requirements, room use (RDS) amendments, technical submittal approvals and access control RFI timescales. Following discussion and advice from the Health Boards consultants, a deed of variation is being progressed by Linc Cymru on behalf of the Health Board to agree this date with no financial penalty for the HB or for the contractor.

Discussions regarding a pharmacy provider are continuing 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 which has a revenue impact. A request for expressions of interest is about to be sent out to providers. Advice has been received re the proposed size of the pharmacy following concerns that the space may exceed requirements. The advice concluded that the space is considered appropriate and hence no changes will be made at this time.

The name of the Health Centre has been confirmed as the Bridgend Health & Wellbeing Centre and the new adjacent access road name confirmed as Llys Maen Hir (Standing Stone Court).

Approval has been received from WG for the disposal of Bryncethin, Bryntirion and Quarella Road Clinics. The transfer of Bryncethin has been expedited and legal documents are currently being prepared. A proposed date of November 14th is being targeted for the transfer.

Whilst this is part of the land swap arrangement with Linc Cymru , initially Bryncethin will be purchased by Linc at the value agreed in the business case. On completion of the Health Centre and hence transfer of land to the Health Board, the 2 remaining clinics will transfer to Linc along with repayment of funds received.

1.4. POWH – Roof and Compliance Programme

The handover of Neo Natal, Wards 11 and 12 together with the new (temporary) 6 Bed ITU Unit was achieved on Monday 13th January 2025. The works were witnessed by NHS Wales Shared Services Partnership-Specialist Estates Services. SCBU resumed service on site Mon 10th Feb and Maternity resumed service Mon 17th Feb. ITU returned to its original location 12th June.

Internal works in Ward 5,6,7 and 8 were completed with handover on 24th July

Overall completion date of 13th August was achieved with handover of main Theatres and the roof. All scaffolding has been taken down and the contractor has vacated the site offices. The site offices, compound and fencing were removed from site by the end of August.

Additional cleaning/maintenance to the roof of Phase 2, MPEC and the Eye Unit continued into Sept/early Oct however Scott's and WRS have now fully vacated the site.

The additional works in YGT and YCC are both complete and approval received to utilise the underspend from YCC to fund overspend in YGT and the main roof programme.

The final account on the main roof programme has been agreed with the contractor and is in line with the forecast position. The other expenditure items are being finalised, but the outturn position is expected to remain within the revised allocation.

RGH Temporary Theatres

As a consequence of the works, alternative capacity of 4 theatres and 2 endoscopy rooms was sourced for R Glam. Endoscopy returned to PoWH 6th June. Theatres returned to PoWH beginning of September.

The Health Board are currently in discussion with the supplier over the final account for the enabling works. There are a number of variations included that the Health Board consider should already be included as part of a turnkey solution and hence these requests for additional fees are being challenged. A meeting is scheduled for November to discuss in detail with the supplier.

1.5. Maesteg Health and Wellbeing Centre

Due to business sensitivities the update on the Maesteg Health and Wellbeing Centre is being received in closed session.

1.6. Targeted Estates Funding (TEF) Schemes

Background

The Welsh Government has approved £23.63M of schemes over 2 years as part of its TEF 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.

A total of 52 schemes have been approved all of which come under one of six headings: Infrastructure, Fire Safety, Mental Health, Decarbonisation, IPC & Decarbonisation. 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 direct ward to ensure compatibility with existing systems and processes (this is particularly the case regarding our fire and BMS systems).

RGH AHU Replacement Theatres 1-4

This package of works is the most significant and incorporates four TEF bids with the principal project to replace end of life air handling unit plant feeding theatres 1-4 at the Royal Glamorgan Hospital. While the theatres are vacant we will also look to upgrade the emergency and general lighting in Theatres 1 and 2 as well as cosmetic upgrades to all four theatres. We will utilise the temporary Vanguard mobile theatre provision already on the RGH site giving us a timescale of works, beginning in mid-November 2025 and completing in February 2026. The programme will, however, be confirmed once a main contractor has been appointed at the end of October 2025.

Whilst the theatre works are being undertaken, we will also be upgrading the UPS (uninterruptible power supply) battery backup and installing IPS (isolated power supply) to the ITU department to bring it in line with current standards. We will also take the opportunity to replace the obsolete nurse call currently serving the area.

The final element of this works package is to introduce new UPS and IPS to the Coronary Care Department at the Royal Glamorgan Hospital. This will provide flexibility and resilience to the site, as well as providing a safe and resilient electrical system for our patients ensuring they remain safe by removing the risks of electrical failure or electrical faults that may cause them harm.

The works have been split into three phases, Phase 1 theatre works, Phase 2 CCU works and Phase 3 ITU works.

The Planned Care Group have agreed that Theatres 1 – 4 inclusive will transfer to the Vanguard mobile theatres by Friday 7th November.

Whilst this programme is currently on track, each milestone in this scheme is critical in ensuring the works are complete in time for the end of the Vanguard contract. Once the tenders have been evaluated the total forecast outturn for all elements will be assessed against the current budget to ensure this is sufficient to progress.

POWH Centralised Scope Decontamination

Funding has been approved to centralise scope decontamination in POWH. The principal driver is to retain JAG accreditation for Endoscopy as the current non-compliant layout has led to the loss of accreditation, but the scheme includes decontamination for all the flexible endoscopes on site in other services such as Urology and ENT. A provisional layout has been agreed with the users and this informed the brief.

A design team was appointed in August and hence design is progressing. This scheme will potentially mean the old, vacant modular building (former Booking Clerks' office) will be demolished and replaced like for like (thus not requiring a planning application) to be able to decant the occupants of the former Histopathology laboratory that will be refurbished for the scope decontamination department. A service lead to co-ordinate the revenue implications between several clinical services needs to be nominated. Project Team meetings will commence in October.

Ty Llidiard Extra Care Areas (ECA)

Lead Consultants for this scheme have worked closely with the Care Group to progress the detailed design. Specialist anti-ligature & anti-barricade doors with associated access control systems are an essential requirement for this environment and have been incorporated into the detailed design however these may be unaffordable within the current allocation and hence additional funding may be required. An allowance for this has been made within the service redesign funding however based on the pre- tender estimate provided the full extent of the proposed works will not be affordable and may need to be risk assessed and value engineered.

Tender returns for the main contractor appointment are due back Friday 18th October

PoWH HSDU AHU Replacement

Following a mini competition on the C&V framework, a main contractor has been appointed to replace the air handling unit in PoWH HSDU. Detailed discussions

were held with the service on the contingency plan to vacate HSDU in PoWH and transfer to R Glam HSDU. Whilst the dept is vacant it has been agreed to bring forward the purchase and installation of the 2 porous load steam sterilisers (also TEF funded) into the AHU scheme to avoid a second period of disruption. An additional washer disinfector will also be installed during the period as well as adjustable sinks that were previously approved from discretionary capital. Work commenced mid-October and is due to complete Feb 2026. Following completion of this work and the return to PoWH , minor works are planned for RGH including a replacement steriliser, racking and drying cabinet.

Mental Health works – YCC and Angelton

The capital team have been working with the Care Group to establish a viable programme of works for the IP&C works in Angelton along with the two phases of work to develop fit for purpose Older Adult Wards. It has recently been agreed that these works will be packaged together with one contractor to give maximum flexibility with the order in which the works progress, given the uncertainty around access to these areas. This has delayed the programme slightly but this is being managed in conjunction with care group leads , slippage on this funding is anticipated.

PoWH Roof works

Whilst the funding for remaining roof replacements/upgrades is programmed into 2026/27 urgent works have been identified that will be progressed in year. The works were scoped following recent water ingress in Ward 16 and Y Bwythyn Newydd. Awaiting confirmation of procurement support for direct award to undertake these works prior to winter. This will bring forward spend programmes for next financial year.

Other TEF Schemes

Project managers are working on a further 28 TEF funded schemes including nurse call replacements, lift upgrades and significant fire safety works. Updates will be provided in future months based on risk. Discussions have commenced regarding a number of key 26/27 schemes that have a service impact, as a reminder some of the are listed below.

RGH

- Negative pressure isolation room - on hold pending service confirmation re location
- A&E IPS/UPS to resus and majors

PoWH

- Negative pressure isolation room- on hold pending service confirmation re location
- A&E IPS/UPS to resus and majors

- Main entrance toilets

In addition, there are significant Mental Health related schemes to deliver in Pinewood and PCH Emergency Department.

A full programme of works planned for PoWH was discussed with the General Manager and estates lead for awareness of the significant number of schemes progressing on the site. This programme of work will be regularly updated and shared with the site team to ensure awareness as schemes progress. This is also in development for RGH.

1.7. Llantrisant Health Park

The Phase 1, Community Diagnostics Hub and supporting infrastructure was submitted to WG in draft format on 5th September 2025. Following approval at CTM Board and endorsement at both AB and CAVUHB Boards this was confirmed to WG as the final version on 25th September 2025. Scrutiny is ongoing but IIB is scheduled for the 16th October and work is ongoing with regional partners to prepare for the same.

The site wide planning application went to planning committee on 18th September where it was recommended for approval. The documentation is awaited however conditions were not expected to be too onerous. There will need to be a non-material amendment made to reflect small changes made as a result of the phasing on phase 1 and for the changes to phase 2 later on in the process. An outcome to the SAB application is awaited and should be received by the 20th October.

An application for Phase 2 fees to support the development of the OBC for the orthopaedic hub is awaited. Some clarifications were requested, and a meeting was held with WG on 6th October. It is hoped that an approval letter will be forthcoming imminently. In order to maintain programme work has commenced at risk otherwise an OBC could not be delivered in November.

Following the approval at Programme Board for Phase 2 to be a regional orthopaedic hub there has been some re-design works commenced by MTX and the OBC will be based on the outcomes of a revisited RIBA 2 with 1:200 drawings available. The current programme indicates an immediate recommencement of a revisited RIBA 3 during the OBC approval period. It should be noted that the main changes will be architectural as the changes are not expected to materially impact on the structural or M&E solutions originally proposed. Alongside this the first phase of the orthopaedic plan has been developed and was approved by all 3 regional boards in September. This has provided the demand and capacity modelling to support the right sizing of the Phase 2 orthopaedic hub.

As part of the Phase 1 scrutiny process, WG have requested an indicative programme cost, the programme will focus on the two priority phases as outlined

above. Any plans for a 3rd phase will be scoped out and considered separately and will require further regional consideration of the service to be included.

Demolitions have now completed with the contractors having left site as of the 3rd October. A small number of snagging issues remained, and completion is expected to be confirmed by 16th October. After adjusting for the change to the programme to accommodate car parking, the programme delivered within the agreed cost envelope. Although slightly over the original timeframe this did not cost the Health Board any additional prelims or costs. Due to delays in the main programme associated with phasing this has also not impacted on the critical path.

The site currently remains in use as overflow parking during the day however if phase 1 remains on programme this will need to vacate by January 2026.

1.8. Llanilid Health and Wellbeing Hub

An initial application including a 'concept paper' was submitted for IRCF Funding for the above. The project is at a very early stage but a very high-level estimate of c£17m has been forecast based on advice from consultants working on other similar projects across Wales. The application was supported at the RPB Integrated Leadership Board on 23rd May and submitted to IRCF Panel for consideration at the 16th July meeting. The application was supported at the 17th September IRCF Panel and subsequently approved by the Cabinet Secretary early October. Fees were requested for business case development across 2025/2026 and 2026/2. A formal funding letter is awaited however given the delays, minimal funding is expected to be required in 2025/26

Discussions have commenced with NWSSP-SES on appointing a Supply Chain Partner.

1.9. Kier Hardie Health Park

IRCF capital investment is also being sought by the Local Authority to redesign and extend the existing footprint and facilities of the Learning Disabilities Unit based at the Integrated and Health Wellbeing Hub at Keir Hardie Health Park in Merthyr Tydfil. The building is owned by the Health Board but the service is run by the LA hence they are leading on developing the case. If fees are awarded though this scheme will need to be run by the Health Board. To add to the complexity the scheme has not been merged with another project in one bid.

The bid has been completed by the Regional Capital Project Manager, signed by the Health Board and submitted on the 10th July for consideration. Scrutiny questions were received and responded to in September.

The project is due to be present to the IRCF panel on the 19th November 2025.

Agenda Item
6.5

CTM Health Board

Welsh Language Standards Annual Performance Report 2024/25

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Ben Screen, Welsh Language Lead/Arweinydd y Gymraeg
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Ben Screen, Welsh Language Lead/Arweinydd y Gymraeg
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
Welsh Language Steering Group	19/09/2025	
Operational Delivery Committee	28/10/2025	Endorsed for Board Approval

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 Each financial year the Health Board is required to publish a Welsh Language Standards Annual Performance Report, in accordance with the Welsh Language Standards. It also highlights the actions taken by the Health Board in year, to not only achieve compliance with the standards, but to continually improve the quality and consistency of the delivery of Welsh language services to our patients and service users.

1.2 The deadline for publication of the Annual Report is 31 October 2025, which is six months after the end of the financial year to which it relates.

2. Specific Matters for Consideration

2.1 The Board is requested to note the content and approve the report for publication.

2.2 The Board is also requested to note the progress made during the reporting year, to help create a thriving Welsh language culture and identity, by improving staff skills and awareness for the benefit of our patients and the communities we serve.

2.3 Key areas of achievement include the following:

Developing Welsh language skills has been built into the People Plan 2025-2030 for CTMUHB.

A 5-Year Strategic Plan for Clinical Consultations in Welsh has been published, available here. (Appendix 4.4.b)

CTMUHB was present at the National Eisteddfod in Pontypridd for the first time, holding meaningful public health engagement in Welsh and English.

CTMUHB can report High Assurance with 62% of the Welsh Language Standards, an increase of 2%.

An audit methodology has been created to ensure meaningful data can be gathered across CTMUHB on compliance with all Welsh Language Standards.

Data has been gathered and made public for the first time on how well Primary Care providers are adhering to the Six Duties under their own relevant regulations. This will support targeted work.

Over 200 members of staff took part in learning Welsh at work, an increase of 140 on last reporting period.

Over 90% of all recruitment material is now published bilingually, up from 0% on last reporting period.

A decision tree tool has been created to allow managers to objectively assess whether a post should be advertised as Welsh language skills are essential, desirable, need to be learnt or not required.

A new Welsh Language & Culture Dashboard has been created to bring together key data points that shine a light on the areas most critical to our success.

3. Key Risks / Matters for Escalation

3.1 The report includes a full assurance assessment detailing areas where 'high assurance' of compliance cannot be reported.

4. Assessment

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a covering paper for a statutory report; no policy decision has been made.

Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: This is a covering paper for a statutory report; no policy decision has been made.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Report highlights areas of non-compliance with statutory duties.	
Enw da / Reputational	Yes (Include further detail below)	
	Report must be published by October 2025, and detail included within it highlights non-compliance with statutory duties.	
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 Welsh Language Standards Annual Performance Report for publication on or before the 31 October 2025.

6. Next Steps

6.1 An operational plan has been formulated for Welsh language development for 2025 to 2026, taking account of the current position against the Standards as noted in the report. Progress with this plan is being monitored via the Welsh Language Development Dashboard.

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Cymraeg

Mae'r ddogfen / ffurflen hon hefyd ar gael yn Gymraeg.
This document / form is also available in Welsh.

Cwm Taf Morgannwg University Health Board

Welsh Language Standards Annual Performance Report

2024 to 2025

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Cymraeg

Mae'r ddogfen / ffurflen hon hefyd ar gael yn Gymraeg.

This document / form is also available in Welsh.

About this report

Celebrating Cymraeg at CTMUHB: Our 2025 Update

This year, we've continued our commitment to delivering services in Welsh, in line with the Welsh Language Standards. This report highlights how we're embedding Cymraeg across our organisation—from the care we provide to the way we work every day.

We're proud of the progress we've made to promote bilingualism and support our Welsh-speaking communities. You'll find real examples of how we're putting our values into action in this report. Readers are welcome to compare this report to the last, and we are confident the trajectory can be seen clearly.

This report also meets the requirements of Welsh Language Standard 120. You can read our full compliance notice, setting out all of our legislative duties for Welsh, in the Welsh language here and in English here.

Want to know more about your right to use Welsh with us? See our patient information leaflet in Welsh here and in English here.

This report was approved by our Operational Delivery Committee in October 2025. We would be keen to hear your thoughts—email us at CTT_WelshLanguage@wales.nhs.uk in Welsh or English. You can also share feedback on your experience of care through our Patient Reported Experience Measures, in Welsh here and in English here.

Glossary of terms

Term	What we mean
Active Offer	This means Health Board staff asking you your language preference and recording this, rather than expecting you to tell us.
Welsh Language Standards	These are the statutory duties the Health Board must follow in how we treat Welsh.
Performance report	A report on how well an organisation is performing in a particular area during a set time period
Compliance	Whether or not we follow the statutory duties imposed on the Health Board
Assurance	The process of providing evidence to the Board and other bodies that the Health Board is complying with its duties, and what it is doing to avoid non-compliance
Stakeholder analysis	Stakeholder analysis is the process of identifying everyone who has an interest in a piece of work, and then understanding what they need, how much influence they have, and how the project will affect them
Engagement	Engagement refers to the active participation and involvement of individuals within an organisation or community
Behaviour change	Behaviour change is the process of changing actions or habits
Strategic planning	Strategic planning is creating a roadmap to set a long-term vision and then figuring out the best steps, priorities, and resource allocation to achieve it
Workforce planning	Workforce planning is the process of making sure an organization has the right people with the right skills in the right roles at the right time to achieve its business goals
WPAS	The Welsh Patient Administration System, a system which records patient information
RADIS	The system used in Radiology which records patient information

Executive Summary

Cwm Taf Morgannwg University Health Board (CTMUHB) continues to make strong progress in embedding the Welsh language across our services, workforce, and culture. This report highlights key achievements from April 2024 to March 2025, showing how the Health Board is meeting its legal duties and promoting bilingual healthcare.

Here are our key highlights for the year.

Strategic Commitment

Welsh language priorities are built into CTMUHB's long-term plans, including the People Plan 2025–2030 and the 5-Year Strategy for clinical consultations in Welsh. Proficiency in Welsh is now tracked as a key success measure in the People Plan.

Workforce Engagement

Over 200 staff took part in learning Welsh, our highest ever and up from 64 last year. Campaigns, resources, and training have boosted confidence.

Recruitment

Over 90% of job adverts and descriptions are now bilingual, up from 0%. A new decision tree helps managers assess Welsh language needs for each vacancy. Seven posts were advertised as requiring skills in Welsh, one of which was a clinical role for the first time.

Patient Experience

Welsh is increasingly used in services like Nursing, Therapies, Radiology, and Primary Care. Staff wear badges and lanyards to show they speak Welsh. Rights to use Welsh are promoted online and through campaigns.

Monitoring & Assurance

A new dashboard tracks progress across six key areas. Compliance with Welsh Language Standards has improved with 62% now rated "High Assurance", up from 60%.

Learning & Confidence

Many staff have improved their confidence to use Welsh through tailored sessions, as measured by our evaluation model. Peer support groups are helping embed Welsh into daily practice.

Community Engagement

CTMUHB was present on the Maes at the National Eisteddfod for the first time this year, hosted Welsh promotional days, and celebrated Welsh culture through music and bilingual resources.

Complaints & Recognition

Two complaints were received and resolved. Services like Therapies, Radiology, and Primary Care are recognised for their commitment to Welsh.

1: Do you have a strategic approach to embed Cymraeg from Board to ward?

Integrated Medium Term Plan (IMTP)

The Integrated Medium-Term Plan is a statutory planning document produced annually, setting out how NHS organisations will use their resources over a 3-year period to deliver high quality healthcare services which address population needs. Our work around Welsh language development and the main priorities during its planning cycle were included in the submission for the 2023/24 financial year. It is recognised however that more will need to be included, particularly in relation to workforce planning and at Care Group level, in future iterations.

People Plan and longer-term strategic planning

CTMUHB published its People Plan for 2025-2030 during the reporting period. Our People Plan summarises the priority actions that we need to take to support the achievement of our 10-year strategy, *CTM2030 Our Health, Our Future* in terms of our workforce, and to create a CTM where everyone can thrive. The plan specifically includes commitment to the Welsh language, focussed on developing Welsh language skills in the workforce. Given the improvement in all other areas of Welsh language provision outlined below, a focus on developing Welsh language skills is now the natural next step.

This will be measured by a core success measure for the People Plan, which is "*Welsh language: the number and proficiency of Welsh speaking staff*".

In this reporting period, we also published our 5-Year Strategic Plan for Offering Clinical Consultations in Welsh under Welsh Language Standard 110, aligning also with the More Than Just Words 5-Year Plan, particularly Action 18. This plan, available here in Welsh and here in English, focuses on strengthening our ability to deliver clinical consultations in Welsh, ensuring patients can access care in their preferred language. Key objectives include:

> Increase instances of the Active Offer across primary, secondary, and community care, where the Health Board should be asking patients their language preference instead of expecting the patient to tell us;
> Strengthen workforce planning to support bilingual service delivery;
> Promote a culture of bilingualism within the organisation;
> Enhance patient awareness of their language rights;
> Monitor and evaluate progress through clear KPIs and governance structures.

Annual operational planning

The Welsh Language Development Service has an operational plan each year, which brings longer-term planning into focus for that year. Progress on these priorities is outlined in this report.

2: How have you promoted Cymraeg with your workforce and the public?

Embedding Welsh means changing culture—and that starts with supporting staff to use Welsh in their roles. That's why Communications and Engagement is a guiding theme, driving real change across the system.

Internal Communication Framework

Strategic communication drives change. When done well, it boosts engagement and helps staff commit to initiatives like developing Welsh.[1] Our updates follow the COM-B model—focusing on Capability, Opportunity, and Motivation—to support real behaviour change across the organisation.[2]

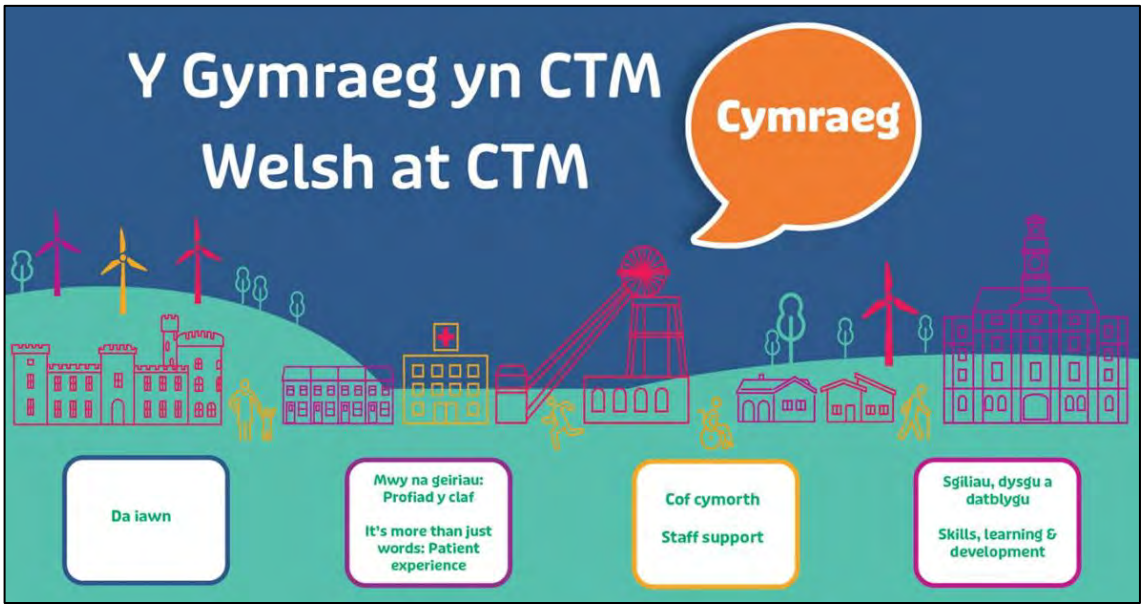
We do this via four key categories:

Da Iawn: celebrates staff best practice, using social proof to boost motivation.

It's More Than Just Words: highlights how Welsh improves patient experience—another motivator.

Staff Support: ensures access to resources and advice, building capability and opportunity.

Skills, Learning & Development: promotes training to grow Welsh language skills—enhancing capability to offer services in Welsh. This year we also added a second type to this category, to share staff stories of learning Welsh and to specifically draw attention to their achievement in gaining skills (see 'Wendy's story' below as an example).



This reporting year alone we've shared 25 updates throughout our internal communication channels, one every two weeks on average. Some inspiring examples from our staff can be seen below.

[1] Hargie, O., & Tourish, D. (2009). *Auditing Organisational Communication: A Handbook of Research, Theory, and Practice*. Routledge; Men, L.R., & Stacks, D.W. (2013). The impact of leadership style and employee empowerment on perceived organizational reputation. *Journal of Communication Management* 17(2), pp. 171-192.

[2] A more technical discussion can be found here: Mitchie, S. et al. (2011), The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation Science* 6(42).

Y Gymraeg yn CTM
Welsh at CTM

Cymraeg

Mwy na geiriau: Cof Cymorth
It's more than just words: Staff support

1. Sgwrs Cyngor Cymraeg
Hoffech chi gael sgwrs sydyn 15 munud ar sut y gall Tîm y Gymraeg eich helpu i ddefnyddio mwy o Gymraeg yn eich gwasanaeth, neu ar unrhyw ofynion Cymraeg?

2. Cyfieithu
Angen cyfieithiad cyflym? Anfonwch e-bost at **CTT_welsh_translation@wales.nhs.uk** a nodwch ddyddiad cau os yw'n berthnasol, a byddwn yn ei anfon yn ôl atoch.

3. Gwell 'da chi anfon neges?
Gyrrwch neges at **CTT_WelshLanguage@wales.nhs.uk** a byddwn yn cysylltu â chi.

1. Welsh Language Check-in Chat
Would you like a quick 15-minute chat on how the Welsh Language Team can help you use more Welsh in your service, or on any Welsh language requirements?

2. Translation
Need a quick translation? Just email **CTT_welsh_translation@wales.nhs.uk** and note a deadline if relevant, and we'll get it back to you.

3. Rather just send a quick email?
Just drop us a message to **CTT_WelshLanguage@wales.nhs.uk** and we'll get back to you.

Y Gymraeg yn CTM
Welsh at CTM

Cymraeg

Welsh Language Skills Self-Assessment Tool

Level 0 - No Skill | Level 1 - Entry | Level 2 - Foundation → Level 3 - Intermediate | Level 4 - Higher | Level 5 - Proficiency

Wendy's story...

During my time in the Increasing Confidence scheme, I was immediately put at ease and supported to feel comfortable making me feel 'free' to speak Welsh instead of feeling stifled and unsure of myself.

Attending the Cynllun Codi Hyder encouraged me to further develop and improve my Welsh language skills by applying for the Canolradd cwrs this September and to use Welsh not only in work with patients and colleagues but in the wider community.

I've also just returned from Confidence Building weekend at Nant Gwrtheyrn which was so fun and it really helped me feel more confident using Welsh.

Y Gymraeg yn CTM
Welsh at CTM

Cymraeg

Mwy na geiriau: Da iawn
It's more than just words: Da iawn

Da iawn i Helen Jones, Rheolwr Gweinyddol Ffisiotherapi, am sicrhau bod eu disgrifiadau swydd a'r holl wybodaeth ar Trac lle bo angen yn ddwyieithog. Dywedodd Helen:

Ers lansio'r gwasanaeth cyfieithu Cymraeg pwrpasol, mae'r adran Ffisiotherapi wedi bod yn rhagweithiol wrth ddefnyddio'r gwasanaeth yn llawn, gan adeiladu archif o ddogfennau swyddi gwag Saesneg/Cymraeg, ar ôl cael yr holl ddisgrifiadau swydd, hysbysebion a ffurflenni Trac wedi'u cyfieithu cyn poblogi gwefan Trac. Rydym wedi rhyfeddu at gyflymdra'r tîm wrth gwblhau'r cyfieithiadau. Mae'r tîm cyfieithu Cymraeg wedi bod yn hynod gymwynasgar a chyfrifol gyda'r holl ymholiadau cyfieithu – Diolch yn Fawr!

Ewch i dudalen Sharepoint y Gymraeg neu anfonwch neges at y tîm ar **CTT_WelshLanguage@wales.nhs.uk** am ragor o wybodaeth.

Da iawn to Helen Jones, Physiotherapy Administration Manager, on ensuring their Job descriptions and all information on Trac where required is bilingual. Helen said:

Since the launch of the a dedicated service for Welsh translation, the Physiotherapy department have been pro-active in using the service fully, building up an archive of English/Welsh vacancy documentation, having had all job descriptions, adverts and the Trac forms translated before populating the Trac website. We've been amazed at the fast turnaround from the team in completing the translations. The Welsh translation team have been extremely helpful and responsible with all translation queries – Diolch yn Fawr!

Visit the Welsh Language Sharepoint page or send the team a message on **CTT_WelshLanguage@wales.nhs.uk** for more information.

Y Gymraeg yn CTM
Welsh at CTM

Cymraeg

Mwy na geiriau: Da iawn
It's more than just words: Da iawn

- Mae pob ward wedi gweithio'n galed iawn i greu amgylchedd dwyieithog croesawgar o arwyddion ac arddangosiadau i wybodaeth i gleifion. Mae timau'r ward wedi creu llyfryn i deuluoedd ac mae hwn yn sôn am sut y gall plant a theuluoedd ddefnyddio'r Gymraeg gyda staff ar y ward.
- Mae'r timau hefyd wedi newid dogfennaeth cleifion mewnol yn ddiweddar er mwyn cofnodi dewis iaith plant a theuluoedd, gan wreiddio dull y Cynnig Rhagweithiol.
- Roedd tîm PCH wedi dathlu 'Diwrnod Su'mai Shw Mae' trwy annog y Gymraeg gyda gweithgareddau ac arddangosfa o lyfrau Cymraeg.
- Ymwelodd Tîm y Gymraeg hefyd â Ward 17/18 yn RGH a helpu i gyfieithu'r arddangosfeydd. Os hoffech chi ymweliad a chymorth fel hynny, rhowch wybod i ni ar CTT_WelshLanguage@wales.nhs.uk
- All wards have worked really hard in creating a welcoming bilingual environment from signs and displays to patient information. The ward teams have created a booklet for families and this talks about how children and families can use Welsh with staff on the ward.
- The teams have changed in-patient documentation recently so that the language of children and families can be recorded, embedding the Active Offer approach.
- PCH celebrated 'Su'mai Shw Mae Day' by prompting Cymraeg with activities and a display of Welsh language children's books.
- The Welsh Language Team visited Ward 17/18 in RGH and helped translate the displays.

If you'd like a visit and some help, just let us know at CTT_WelshLanguage@wales.nhs.uk

Internal campaign for improving compliance with Welsh Language Recruitment Standards

This year CTMUHB began to implement the Welsh Language Standards in relation to recruitment and appointing (see below for more detail on how CTMUHB now complies with these). This work was subject to a formal, planned campaign as part of CTMUHB's Strategic Engagement Forum. This work involved:

Creating a detailed communications plan with evaluation measures;
Stakeholder analysis work which identified 21 different groups of stakeholders to engage using a 'Think, Feel, Do, How' analysis to personalise messaging;
A detailed plan for where to communicate, when, which platform and which assets;
An all-staff event to explain the changes.

This ensured our staff had the opportunity to learn about the changes to recruitment and was a planned, strategic approach to embed compliance.

Well-promoted SharePoint site

There is a dedicated page for supporting staff to use Welsh at work and comply with the Welsh Language Standards. Accessible via the homepage of CTMUHB's intranet, it has been redeveloped using MS Office 365 tools and includes:

Clear information on how to contact the Welsh Language Development Service;
Latest news and updates;
'Why Welsh at CTM' video;
Opportunities to learn Welsh and a simple booking link to 'Welcome-to-Welsh' sessions;
Guidance on embedding Welsh and meeting the Standards;
Resources to download such as bilingual Out-of-office templates;
Information on staff rights to use Welsh at work;
A comment and feedback section.

Advice on complying with Welsh Language Standards

Guides on complying with Service Delivery Standards, Policy Making Standards, Recruitment & Appointing Standards and using Welsh in Communications & Engagement specifically are available on SharePoint. These are regularly shared with staff. This means that the Standards have been interpreted and simplified for the particular context of CTMUHB. These have all also been developed using the 'Welsh Voice/Llais y Gymraeg' strategy to foster belonging and respect, and CTMUHB branding, structured around 'Why', 'How', and 'What' we do in Welsh, and have practical examples and case studies included where relevant.

Welsh Language Awareness Mandatory ESR Module

An all-Wales module on Welsh language awareness is a mandatory training requirement. This module talks about the importance of Welsh in healthcare for Welsh speakers, the Welsh Language Standards and busts some common misconceptions about the Welsh language. As of March 2025, 83% of staff have completed it, which is a percentage increase of 7.7% compared to last year. This means over 11,000 members of staff have completed it.

Engagement with staff

This year the Welsh Language Development Service engaged in the following sessions, with 'engagement session' defined as following:

A meeting, outside of the Welsh Language Development Service and excluding external meetings with people in similar Welsh Language roles across Wales, Welsh Government or other bodies and where the sole purpose of the meeting or part of it was specifically dedicated to the Welsh language.

74 different engagement sessions withs staff and managers across the Health Board. This includes the all-CTM Staff Q&A and CTM Leaders Forum;
4 formal senior leadership meetings three of which were Board Committees (see below for more on governance & assurance);
2 series of site visits, with **2** visits in-year with a promotional stand at the Royal Glamorgan Hospital, Prince Charles Hospital, Princess of Wales Hospital, Ysbyty Cwm Rhondda, Ysbyty Cwm Cynon, Keir Hardie Health Park and once in Dewi Sant Health Park.

These engagement sessions have succeeded in raising the profile of Cymraeg across CTMUHB. The site visits for example achieved the following:

We shared nearly **90** different resources including **25** lanyards and **12** badges. That's **37** new Welsh speakers identifying themselves to other Welsh speakers just from site visits;
We held nearly **120** different conversations about Welsh with our staff;
We spoke to nearly **40** patients about Welsh in healthcare.

Sharing resources

In addition to the resources shared above, this reporting year we also shared **186** Welsh language resources of which **179** were badges and lanyards, posters and Welsh Langauge Ward and Services Packs.

CTM Ar Y Maes: Welsh Language and Culture at the Heart of Public Health at the Eisteddfod

In August 2024, CTMUHB made its debut at the National Eisteddfod in Ynysangharad Park with "CTM on the Maes"—a vibrant, multi-partner health and wellbeing initiative. This marked a milestone in CTM's commitment to embedding Welsh language and culture into healthcare.

Championing Welsh in Healthcare

CTM spotlighted patients' rights to receive care in Welsh, aligning with national language equity goals.
Events like "Speaking Welsh with a Doctor? A right or a nightmare?" tackled real-world challenges and opportunities for Welsh-speaking patients.
Themed days included a dedicated focus on Welsh-language services, reinforcing the importance of culturally sensitive care.

Culture as a Health Catalyst

CTM used the Eisteddfod's cultural setting to deliver accessible health messages, promote mental wellbeing, and reduce social isolation.
Collaborations with groups like Cwm Taf People First ensured inclusive, easy-read materials and community-led engagement.

Broad Reach and Lasting Impact

> CTM's digital campaign (#CTMArYMaes) amplified daily themes and encouraged public participation.

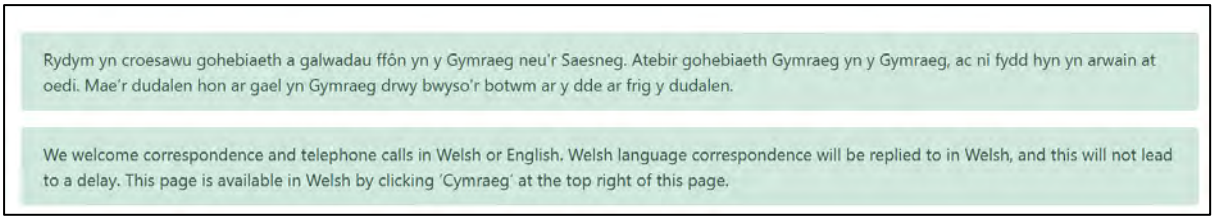
Lessons from the Eisteddfod were applied to CTM's Armed Forces Health Day in June 2025, extending the model of culturally rooted outreach.

Promoting Welsh language rights

CTMUHB has promoted the rights our patients have to use Welsh in many ways this year.

Website

Welsh language accessibility on our website has taken a big step forward. A clear, prominent indicator now appears at both the top and bottom of the screen, signalling the availability of a Welsh language service. This visual enhancement—marked by the new orange Welsh language logo button—has been rolled out across all NHS Wales websites during this reporting year. This achievement stems from an initiative led by Cwm Taf Morgannwg University Health Board in collaboration with Digital Health & Care Wales, aimed at strengthening the visibility and promotion of Welsh language content online.



Social media

We promote our Welsh language social media channels by including a message in the 'About' sections of the English language pages that a Welsh language page is available. We do this on our main channels, Facebook and X.

Welsh language rights information page

We offer a dedicated webpage that empowers patients with clear information about their rights to use Welsh in healthcare settings. The page includes a helpful patient information leaflet and also outlines how Primary Care services are expected to support the use of Welsh.

Explore the webpage in Welsh here and in English here.

See the leaflet in Welsh here and in English here.

Campaign in December

As part of the national 'Defnyddia dy Gymraeg/Use Your Welsh' campaign in December 2024, CTMUHB wrote a detailed campaign plan which ran internally and externally.

This is what we did:

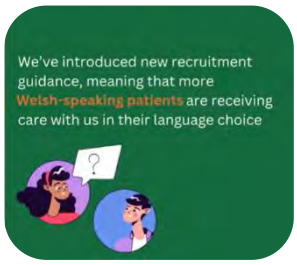
> Created a video outlining what we'd been doing to promote Welsh. The purpose of this was to give patients confidence to use Welsh and that we're working to ensure they can do so;

Shared several infographics across LinkedIn, Facebook and X about what rights patients have to use Welsh;
Crafted messages as part of the plan carefully to ensure the way we talk about Welsh is welcoming and encouraging.

This was the immediate impact:

Platform	Impressions	Views	Other data
English-language main corporate Facebook page	10,713	6.545 average seconds viewed	283 total clicks 228 engaged users 26 reactions and comments 2 shares
Instagram	2,850	503	18 likes 5 shares 1 save
Welsh-language main corporate Facebook page	291	251	28 plays
LinkedIn	2,4448	1,127	1,295 members reached 176 total engagements 6 reposts 29 reactions

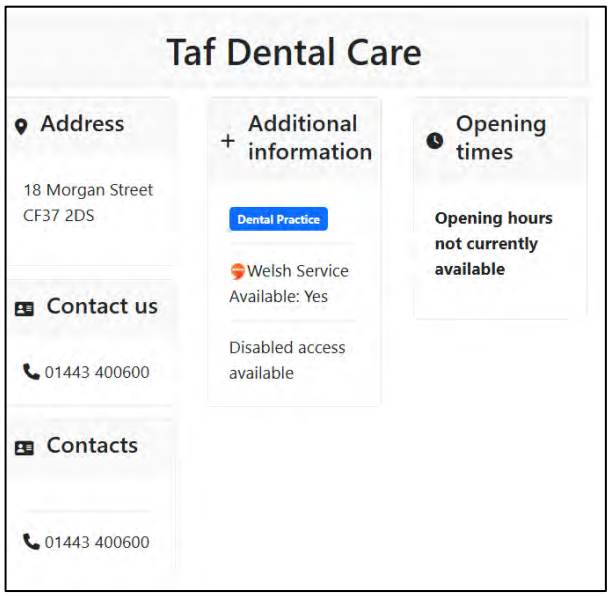
The strategic partnership with our Communications & Engagement team ensured the campaign achieved substantial reach. It is a positive outcome that thousands of individuals were exposed to messaging that promotes and protects Welsh language rights.



Promoting Primary Care Services available in Welsh

CTMUHB continues to make it easy to find out which Primary Care providers can offer services in Welsh. On our website, there's a dedicated section that highlights providers who can deliver all or part of their service in Welsh.

Simply go to 'Find your local NHS service' tool on our website, and you'll be able to see at a glance which providers offer a service in Welsh. It's all about helping you access care in the language that feels most comfortable for you. See an example below.



3: How do you make sure the Health Board follows Welsh language law and protects my rights?

Clear communication and meaningful engagement are key to meeting our Welsh language duties.

We also rely on robust improvement plans, regular monitoring, and effective controls to spot gaps and make sure we're delivering on our commitments.

The Welsh Language Development Service

A key part of complying with Welsh Language law is our Welsh Language Development Service, led by the Welsh Language Lead.

The team supports staff by

offering advice on Welsh language matters
monitoring compliance (see below
delivering language awareness
managing translation
promoting Welsh learning at work
and sharing resources to embed Welsh across the organisation.

Driving Change Through Insight: The Welsh Language & Culture Dashboard

To accelerate progress in embedding Cymraeg across our organisation, we've launched a brand-new Welsh Language & Culture Dashboard this year at our People & Culture Committee. This tool brings together key data points that shine a light on the areas most critical to our success. The methodology behind each metric is detailed in Appendix 1.

The dashboard focuses on six strategic pillars:

Patient Experience: What are our patients telling us through their experiences? We explore how easily they can use Welsh in our services, and what their feedback—both praise and concerns—reveals about our staff language engagement.

Recruitment: Are we actively seeking Welsh language skills in our hiring practices?

Learning Our Language: How many of our staff are taking steps to learn Welsh?

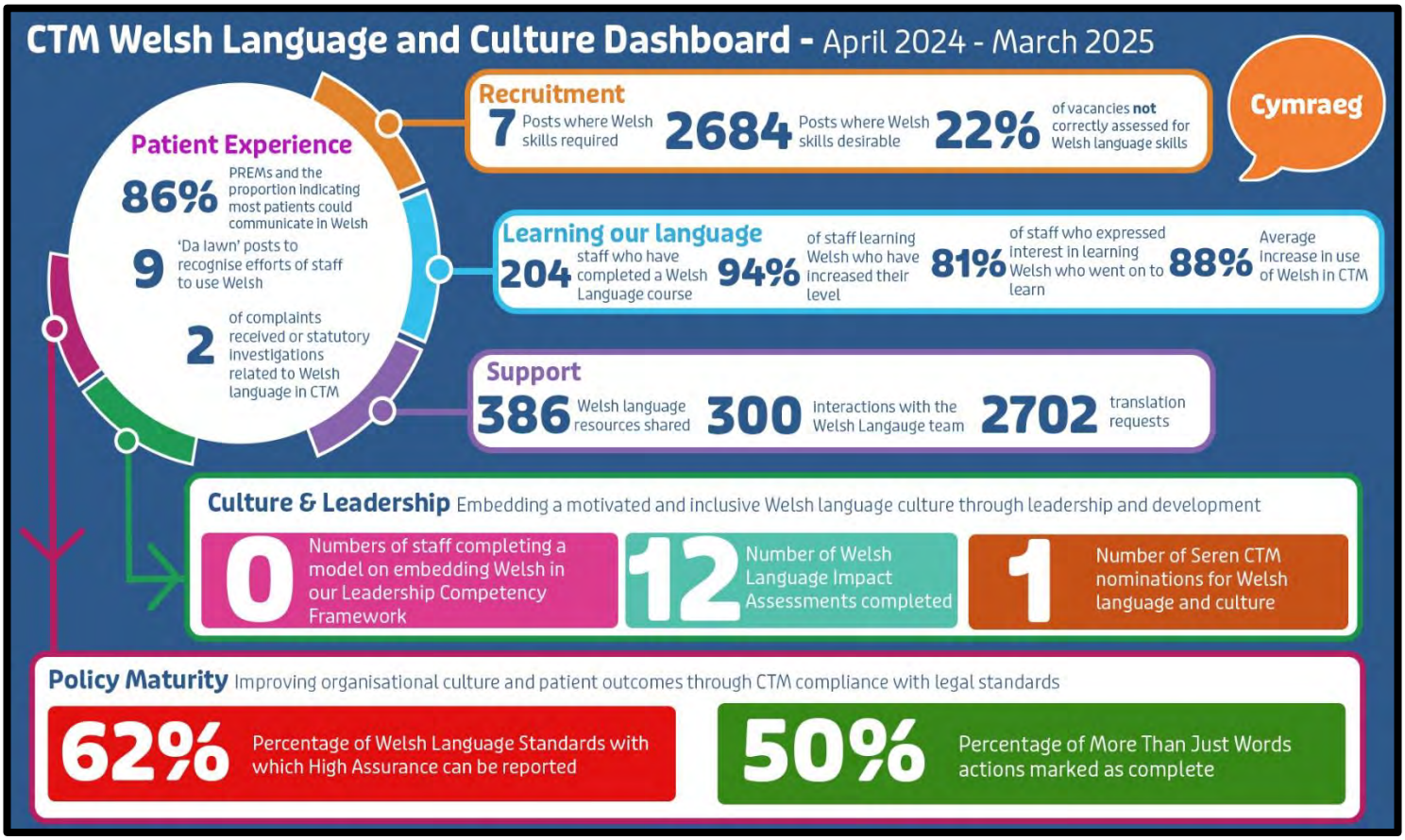
Support: Are staff reaching out and engaging with the Welsh language team?

Culture & Leadership: Are our leaders equipped to champion the Welsh language? Are change leaders considering the impact of their decisions on our language?

Policy Maturity: Based on our internal self-assessment, how well are we aligning with Welsh language legislation?

Each year, this dashboard will be featured in our annual report, tracking progress and highlighting growth in key areas—helping us maintain a clear, upward trajectory in our commitment to Cymraeg. It will also structure biannual updates to our Operational Delivery Committee.

The position for 2024-2025 can be seen below.



Welsh Language Audit Methodology

The Welsh Language & Culture Dashboard above provides a high-level view of CTMUHB's performance against key areas. It shows how committed we are to making the Welsh language a natural part of our services.

Building on the 2023–2024 baseline compliance survey described in last year's report, we have now also developed a robust audit methodology to assess compliance with **each** standard. This ensures consistent, evidence-based reporting and enables us to track progress against our compliance notice (see the full methodology here under 'Most Recent Welsh Language Performance Report').

While some Standards can be assessed through direct observation, others—such as bilingual documentation and temporary signage—require multiple data sources to form a reliable estimate. Given the scale and complexity of our organisation, full verification of every instance of compliance or otherwise is impractical. However, our methodology allows us to form a credible organisational-level assurance determination based on representative data. The full results of this audit can be seen online by following this link here under 'Most Recent Welsh Language Performance Report'.

A visual overview can be seen below in Figure 1, showing the number of Standards with which High Assurance can be reported as opposed to Medium, Low or No Assurance. Definitions are provided below.

High Assurance: The organisation complies with all requirements under all circumstances except for on rare occasions.

Medium Assurance: The organisation is usually fully compliant, but there is non-compliance at some times or in relation to some requirements.

Low Assurance: The organisation complies at some times or in relation to some of the requirements, but does not comply fully and consistently.

No Assurance: The organisation does not comply with the requirements at all, or complies on rare occasions or in only a few respects.

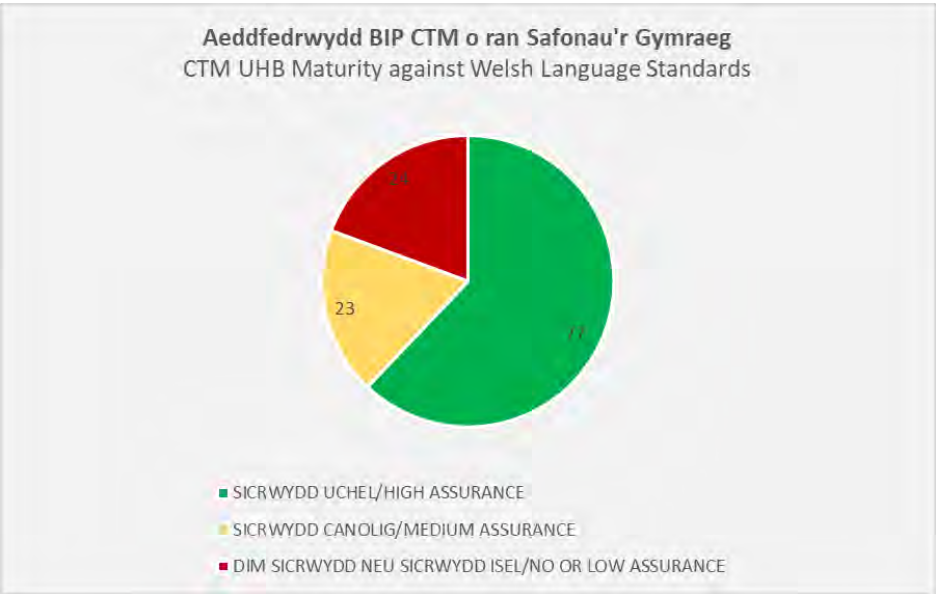


Table 1 and 2 below summarise the Standards for which an **INCREASE** or a **DECREASE** has been reported compared to the 2023/2024 reporting year, and why.

Table 1: **Increase** in assurance level since 2023/2024

Standards with which an **INCREASE** in assurance level has been achieved			
Standard	Change	Activity	Rationale
5	From **LOW** to **MEDIUM ASSURANCE**	Sending correspondence in Welsh to persons.	A records review of translation requests has shown an increase in requests for translation of correspondence.
79	From **NO** to **HIGH ASSURANCE**	Having a ratified internal policy on the internal use of Welsh.	A ratified policy is now in place.
106	From **NO** to **LOW ASSURANCE**	Assessing whether vacancies should be categorised as Welsh Essential, Desirable, Needs to Be Learnt or No skills in Welsh required, via a recorded objective assessment.	A process and guidance, along with an auditing method, is now in place. Staff have begun to follow this guidance this reporting year.
106A	From **NO** to **HIGH ASSURANCE**	Publishing job advertisements in Welsh.	A process and guidance are now in place along with a checkpoint to restrict non-compliant advertising.
107A	From **NO** to **HIGH ASSURANCE**	Publishing recruitment material in Welsh such as job descriptions.	

Table 2: **Decrease** in assurance level since 2023/2024

Standards with which a **DECREASE** in assurance level must be published			
Standard	Change	Activity	Rationale
23A	From **HIGH** to **MEDIUM ASSURANCE**	Notifying other staff on wards of an in-patient's language need once this has been recorded e.g. via the digital e-whiteboards.	The number of instances of recording a patient's language preference is lower for the e-whiteboard than it is for the Welsh Nursing Care Record, meaning language need isn't always recorded as Welsh where it could be.
62	From **HIGH** to **MEDIUM ASSURANCE**	How the Health Board presents its corporate identity.	Some staff uniforms (e.g. polo shirts and jerseys) do not include the Welsh language version for the team and speciality.
78	From **HIGH** to **LOW ASSURANCE**	Assessing the impact of decisions in relation to Primary Care on Welsh.	The current policy is now out of date and evidence shows the previous policy has not been followed.

Table 3 below compares the overall situation last reporting year, with this year. Improvements in compliance are clear.

	ASSURANCE LEVEL		
YEAR	HIGH ASSURANCE	MEDIUM ASSURANCE	NO OR LOW ASSURANCE
2024/25	77 Standards	23 Standards	24 Standards
As % of all Standards	62%	18.5%	19%
2023/24	*74 Standards*	*21 Standards*	*29 Standards*
As % of all Standards	*60%*	*17%*	*23%*

Primary Care and the Contract Assurance Framework

Each year General Medical Services (GPs) are required to self-assess their compliance against their Welsh language requirements. Their responses for 2024/2025 are noted below in Table 4 for the CTMUHB region. This is evidence of monitoring bilingual provision in a significant portion of Primary Care services. The results themselves also show that, whilst there is work to do, Welsh language services are increasingly embedded in GP services.[3]

[3] Some responses may not add up to 100% as 'Not Applicable' responses have been removed.

Primary Care GMS Services Responses under the Contract Assurance Framework		
Question	YES	NO
Does the practice provide medical services under the contract through the medium of Welsh?	70%	25%
Does the new registration form ask the patient specifically about their language needs?	98%	2%
Does the practice supply bilingual signage?	88%	9%
Does the practice supply bilingual posters?	93%	4.5%
Does the practice supply bilingual new patient questionnaires?	81%	15%
Does the practice record patients' chosen/first language in the patient notes?	95%	4.5%
Does the practice encourage staff to document patient language of choice on all their documentation including referrals?	90%	9%
Does the practice offer a Welsh language version of any document or form provided by the Health Board to patients and/or members of the public?	97%	2%
Is the practice willing to allow staff members to attend/undertake Welsh language training?	97%	2%

Ongoing work is also considering General Dental Services, Optometry and Community Pharmacy.

Governance and assurance

The Welsh language and compliance have been subject to a formal agenda item at a Board Committee, with an oral update and a paper, three times during this reporting year. These updates provided the People & Culture Committee with assurance on work ongoing to meet the Welsh Language Standards. These discussions are a matter of public record and can be accessed here in Welsh and here in English.

Recruitment and Welsh language compliance were also discussed formally at the Operational Management Board chaired by the Chief Operating Officer during this reporting year.

4: Where am I most likely to be able to use Cymraeg with the Health Board?

This section provides readers with information on the current bilingual workforce of CTMUHB based on workforce data in March 2025. This is based on data for **92%** of our workforce.

Our current bilingual workforce

Below sets out the current number of staff who have Welsh language skills as of March 2025.

Level	Listening/Speaking Cymraeg				
	2022/23	2023/2024	**2024/25**	Difference on 23/24	Difference on 23/24 as %
0	7740	8401	9067	+666	+8%
1	1871	1961	2081	+120	+6%
2	295	305	320	+15	+5%
3	197	199	203	**+4**	**+2%**
4	223	248	264	**+16**	**+6.5%**
5	284	303	320	**+17**	**+5.6%**
Level	**Reading Cymraeg**				
	2022/23	2023/2024	**2024/25**	Difference on 23/24	Difference on 23/24 as %
0	7873	8556	9312	+756	+8.8%
1	1702	1775	1822	+47	+2.6%
2	292	302	314	+12	+4%
3	159	171	179	**+8**	**+4.6%**
4	225	233	247	**+14**	**+6%**
5	302	326	338	**+12**	**+3.6%**
Level	**Writing Cymraeg**				
	2022/23	2023/2024	**2024/25**	Difference on 23/24	Difference on 23/24 as %
0	8092	8774	9556	+782	+8.9%
1	1511	1595	1615	+20	+1.2%
2	290	288	306	+18	+6.25%
3	173	187	200	**+13**	**+6.9%**
4	188	195	205	**+10**	**+5%**
5	262	292	297	**+5**	**+1.7%**

Where am I most likely to be able to use Welsh with clinical staff?

The analysis published in Welsh here and in English here in September 2024 sets out in detail which staff groups (i.e. nurses or therapists) and which areas are most likely to be able to use Welsh when you or a family member has an appointment or is an in-patient.

While it's not guaranteed in every situation, these areas are the most likely to offer services in Cymraeg, especially where your language preference has been asked and acted upon and where staff have identified themselves as Welsh speakers.

As shown in this report, CTMUHB also has processes in place to ensure Welsh-speaking staff can identify themselves as Welsh-speakers to our patients. This includes the uniforms nurses wear and giving Welsh-speaking staff lanyards where they are allowed to wear them.

Look out for the symbol on uniforms; this means the member of staff can speak Welsh and is comfortable doing so.

In fact, that member of staff could be one of:

Over **200** of our nurses or midwives with skills in Welsh;
Over **70** of our Healthcare Support Workers with skills in Welsh;
Near **100** of our Therapists, Radiographers or Pharmacists with skills in Welsh;
At least **35** of our doctors or consultants with skills in Welsh.

So even if you aren't accessing one of the services outlined in the detailed analysis in Welsh here and in English here, that doesn't mean a service doesn't have any Welsh speaking staff.

What about Primary Care, such as my GP?

Many Primary Care services in the CTMUHB region can offer their service in Welsh. Just access this tool here in Welsh and here in English under 'Find My NHS Service'. If the provider can provide some or all of its services in Welsh, the symbol will be used to show this.

What about other types of services?

As well using Welsh at an appointment or when on our wards, and when staff have identified themselves as Welsh-speakers, you can also be confident that:

You will receive a response in Welsh if you write to us in Welsh;
You will receive correspondence such as appointment letters in Welsh;
You will see the Welsh language around you when you visit our sites on signs and displays;
You can use our website in Welsh without any issues;
You can access our most important social media channels in Welsh.

This is based on our internal checks we detailed above, to ensure that service users can be confident in the services we provide.

5: How have you improved skills in Cymraeg of your existing workforce?

A record-breaking year for learning Welsh at CTMUHB!

We're thrilled to share that **205** members of staff have been supported this year to step into Welsh at work—either through direct participation or via employer-funded opportunities. That's **141** more staff than last year, marking a huge leap forward in our commitment to growing confidence to use our Cymraeg across the organisation. This success was made made possible by the strategic planning exercise carried out at the beginning of the reporting year, setting out what the offer was, how and where to promote it and what our success measures and evaluation method were.

With hundreds of hours of Welsh language learning delivered, this achievement reflects the passion and dedication of our workforce and our managers to embrace and promote Cymraeg in everyday working life.

Diolch yn fawr to everyone who's taken part—you're helping to make Welsh a living, thriving part of CTMUHB. Some more detail can be read below.

Internal Welcome to Welsh Sessions

At CTMUHB, our Welcome to Welsh Sessions are designed to empower staff with the essential Welsh language skills needed to better connect with Welsh-speaking patients and colleagues. These internal, 2-hour interactive sessions focus on everyday expressions and practical vocabulary, helping staff deliver a more inclusive, respectful, and culturally sensitive service.

This initiative supports our commitment to Action 17 of the 5-year plan for clinical consultations in Welsh: ensuring that 30% of staff in the identified areas have at least Level 1 Welsh by 2027.

To ensure the sessions are truly making a difference, we've evaluated their impact using the Kirkpatrick Model—a trusted framework in Learning and Development.[4] This multi-level approach helps us measure not just satisfaction, but also learning, behaviour change, and real-world results. Rather than focusing on just one element which is the enjoyment of the learners, it is important to delve beneath the surface if training is to have the necessary impact.

Some results for real-world impact can be seen below from data up to March 2025:

140 members of staff completed a session
100% of participants reported enjoying the sessions;
94% of the annual target set for staff completing the sessions was met;
22 sessions held up to March 2025;
44 hours of tuition provided;
61% of learners progressed from Level 0 to Level 1 in Speaking and Listening on the Electronic Staff Record (ESR);
A conversion rate from initial interest to taking part of **80%**;
65% of attendees were in clinical roles;
Attendance rate at a session for those who booked of **81%**;
Over **60** staff have joined a new Welsh Learners' Network on MS Teams.

[4] Kirkpatrick, Donald L. *Evaluating Training Programs: The Four Levels.* San Francisco: Emeryville, CA: Berrett-Koehler; Publishers Group West [distributor], 1994.

What Participants Said

"I enjoyed the training very much. I plan to further improve my skills with a course and try to speak to colleagues and patients in both Welsh and English."

"Easy to follow, appropriate length of time. I will be able to speak Welsh more confidently with staff and patients."

"I loved it! It was fun, engaging, and made me want to learn more."

"The tutor was excellent—supportive, friendly, and made the session enjoyable."

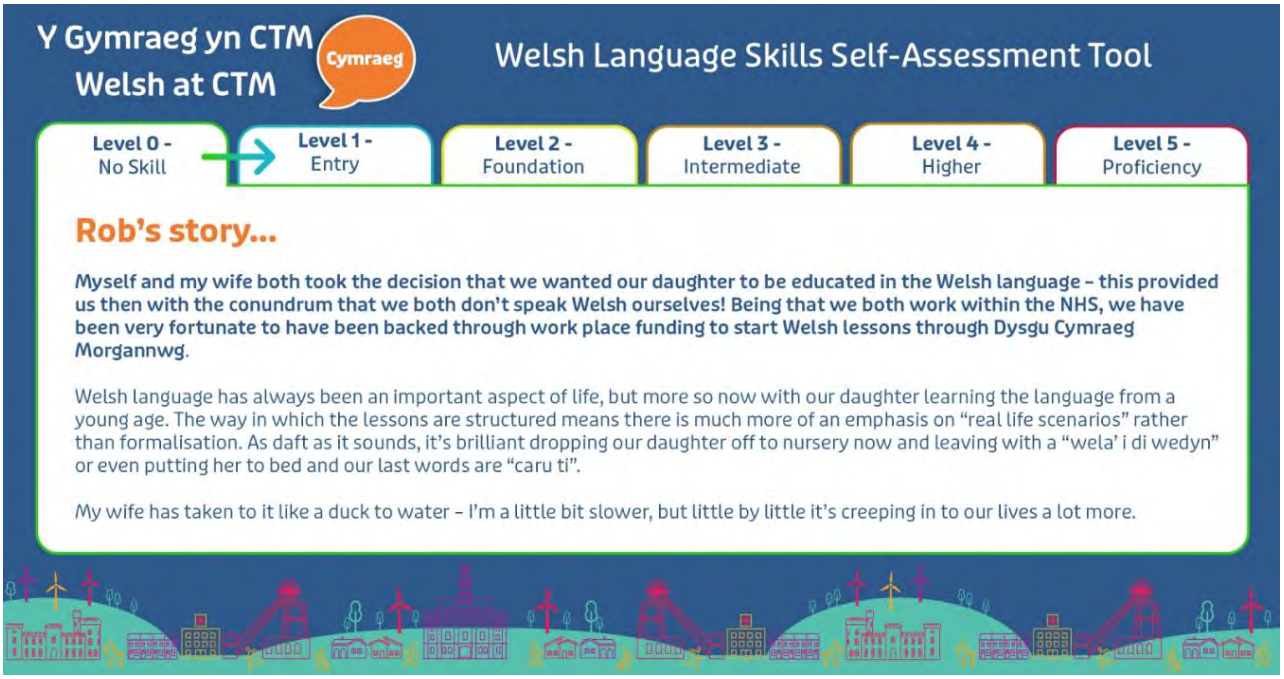
"I've already started using greetings like 'Bore da' in meetings and phone calls. It's a small step, but it feels great."

"I've signed up for a 24-week course and I'm making a conscious effort to use what I've learned with friends, family, and even strangers."

Learning Highlights

Staff gained practical Welsh skills including greetings, saying job titles, and pronunciation.

Many reported increased confidence and greater awareness of using Welsh in emails, meetings, and patient interactions three months later, showing behaviour change in participants.


Y Gymraeg yn CTM
Welsh at CTM
Cymraeg
Welsh Language Skills Self-Assessment Tool
Level 0 - No Skill
Level 1 - Entry
Level 2 - Foundation
Level 3 - Intermediate
Level 4 - Higher
Level 5 - Proficiency
Rob's story...
Myself and my wife both took the decision that we wanted our daughter to be educated in the Welsh language – this provided us then with the conundrum that we both don't speak Welsh ourselves! Being that we both work within the NHS, we have been very fortunate to have been backed through work place funding to start Welsh lessons through Dysgu Cymraeg Morgannwg.
Welsh language has always been an important aspect of life, but more so now with our daughter learning the language from a young age. The way in which the lessons are structured means there is much more of an emphasis on "real life scenarios" rather than formalisation. As daft as it sounds, it's brilliant dropping our daughter off to nursery now and leaving with a "wela' i di wedyn" or even putting her to bed and our last words are "caru ti".
My wife has taken to it like a duck to water – I'm a little bit slower, but little by little it's creeping in to our lives a lot more.

Y Gymraeg yn CTM
Welsh at CTM
Cymraeg
Welsh Language Skills Self-Assessment Tool
Level 0 - No Skill
Level 1 - Entry
Level 2 - Foundation
Level 3 - Intermediate
Level 4 - Higher
Level 5 - Proficiency
Davina's Story
"My Manager was the one who informed me that this course was part of any New Starter Training. Prior to the on-line training, I must admit I was really apprehensive, mainly because of my age and not picking things up very quickly (particularly languages) and the thought of showing myself up.
However, I must admit that I really enjoyed the 2 hour session, and at the end, was wishing it was longer.
I thought you had put together a very clear training package and you made the exercises fun and enjoyable.
I also learned from the Group themselves who interacted really well."

The Inspiring Confidence Scheme: Using the Welsh We Have

The Cynllun Codi Hyder or 'Inspiring Confidence Scheme' aims to support staff with intermediate or underconfident Welsh skills (Levels 3–4 ALTE) to build confidence and increase their use of the language in the workplace. Delivered through tailored 1:1 sessions, the scheme supported 44 staff members this reporting year—73% of the annual target set in our strategic plan for learning Welsh.

Key Success Measures from data up to March 2025:

500+ hours provided.
All Care Groups represented in the cohorts.
A conversion rate form initial interest to taking part of **61%**.
Attendance rate in sessions of **69%**.
Majority of staff in clinical roles, supporting work to offer clinical care in Welsh.
100% of participants reported enjoying the sessions.
Significant increase in confidence to use Welsh in professional and personal settings.
Wider use of Welsh in emails, meetings, and conversations with colleagues and patients.
Peer-led initiatives emerged, including a clinical Welsh discussion group in the Paediatric Speech and Language Therapy team (see below), showing real cultural change.
Obvious cultural shift, with participants encouraging others to use Welsh and promoting the language in their departments.

Participant Feedback

"The tutor made learning fun and helped me feel confident using Welsh again."

"The tutor made learning fun and helped me feel confident using Welsh again."

"I now use Welsh greetings in emails and meetings—it's a small change, but it's made a big

"I've started speaking Welsh with colleagues and even at my child's Ti a Fi group."

"I'm less afraid of making mistakes and more willing to try."

"The sessions were flexible, supportive, and tailored to my needs—I've recommended it to

Learning Impact

Participants didn't just learn Welsh—they rediscovered it. Through tailored, practical sessions, staff gained language skills directly relevant to their roles, from conversational phrases to professional terminology. Many described a renewed enthusiasm for the language. Tutor feedback highlighted clear and consistent progress in fluency, vocabulary, and grammar—showing that confidence and capability grew hand in hand.

Welsh in Action: Embedding Language into Everyday Practice

Staff across CTMUHB are embracing Welsh with growing confidence—whether in clinical consultations, administrative tasks, or everyday interactions. The Cynllun Codi Hyder has played a pivotal role in this developing transformation, helping staff move from hesitation to fluency.

This initiative directly supports CTMUHB's delivery of the Welsh Language Standards and the More than Just Words framework, ensuring that bilingualism is not just encouraged, but embedded in our culture.

What's more, staff-led innovations—like peer support groups and Welsh-language clinical discussions (see Therapies Case Study below)—are helping to weave the language into the fabric of team life and service delivery.

To sustain this momentum, CTMUHB is exploring behavioural change models such as ARFer, which offer powerful tools to support long-term, confident use of Welsh in the workplace.

Funding other Welsh language courses

As part of our ongoing commitment to embedding Cymraeg in the workplace, CTMUHB has also financed staff to complete fully funded Welsh language courses externally.

Over the past year, **17** enthusiastic colleagues took up the opportunity to enrol on Mynediad and Sylfaen level courses, taking meaningful steps on their Welsh language journey. What's more, several of these learners were first inspired to take part after attending our internal Welsh to Welcome Sessions—a testament to the power of early engagement and encouragement.

This growing interest reflects our shared vision of creating a more bilingual and inclusive workplace. Diolch yn fawr to everyone who's taken part—you're helping to shape a brighter, more inclusive future for CTMUHB!

Tracking for Real Progress in Welsh Language Learning

At CTMUHB, we're not just encouraging Welsh language learning—we're measuring meaningful progress. Using an evaluation-led approach, we track each learner's journey toward achieving Courtesy-level Welsh and gaining confidence to use Welsh, ensuring every step is recognised and supported.

After completing our Welcome to Welsh Session or the Increasing Confidence Scheme, staff members' Speaking and Listening skills are assessed by the tutor and then updated on their Electronic Staff Record (ESR). This helps us monitor development in real time and tailor future support more effectively. Importantly, it also ensures data integrity so that when data is used to target promotion of learning Welsh and when analysing the workforce for workforce planning processes, managers have accurate data.

6: How have you considered the skills in Cymraeg of your future workforce?

CTMUHB has made good progress this year in transforming our approach to recruitment and championing bilingualism.

In our last annual report for 2023/2024, we said:

> "CTMUHB is currently working through a significant action plan, the majority of which is concerned with how we treat Welsh in recruitment. The deadline for submission of evidence that we have completed that work is December 2024."

This workplan has now been completed and the following has been achieved:

Over **90%** of our job descriptions and advertisements are now being published bilingually, following an audit of the website for this report. Given CTMUHB publishes nearly 3,000 vacancies a year, this is a significant development.

Endorsed guidance is in place to assist managers in making an objective assessment of whether a vacancy should be advertised as either Welsh language skills are essential, desirable, needs to be learnt or not necessary.

There is a method of recording that assessment on the new job description template and on Trac.

A structured method for auditing the recruitment system has been developed, enabling clear reporting on whether recruitment guidance has been followed. The first report based on this can be seen below in the '*Welsh language workforce planning indicators*' table.

Training has been developed in collaboration with recruitment experts in the People Directorate so that managers are trained on following the guidelines, and why the guidelines should be followed.

Posts requiring Welsh language skills

Below sets out the number of vacancies between April 1st 2024 and March 31st 2025 that were categorised as either 'Welsh language skills are essential', 'Welsh language skills are desirable', 'Welsh language skills need to be learnt once appointed to the post' or 'Welsh language skills are not necessary'.[5] Other important indicators are also included.

Welsh language workforce planning indicators	
Welsh language skills are essential	7
Of which were clinical roles	*1*
Of which were frontline administration roles	*6*
Welsh language skills are desirable	2456
Welsh language skills need to be learnt once appointed to the post	0
Welsh language skills are not necessary	288
Frontline administration posts **not** advertised as Welsh essential or Welsh needs to be learnt on appointment, due to a non-compliant assessment	63
Posts in areas linked to More Than Just Words priority areas with workforce gaps **not** advertised as Welsh essential or Welsh needs to be learnt on appointment, due to a non-compliant assessment	99
Number of Welsh speakers (Level 3+) newly appointed via external recruitment in clinical roles	63

[5] Excluded from the numbers in the table are some posts that were categorised as 'Welsh language skills are essential' or 'Welsh needs to be learnt on appointment' as an administrative error, where the manager actually intended to use 'Welsh skills are desirable'.

7: How have you dealt with complaints and concerns?

Members of the public can contact either the Welsh Language Commissioner or the Health Board directly about a language concern or a language complaint. When concerns are received, they are recorded on the central complaints system called DATIX.

This year the Health Board received the following complaints, with the resolution noted.

Particulars of the complaint	Resolution
A member of the public complained directly to the Health Board that a flyer and questionnaire shared with pupils at Ysgol Garth Olwg were in English only. This was the case on investigation and a breach of Standard 33 and 37.	All information was translated to Welsh, not just the material complained about. Outreach with Welsh-medium schools was also included in the 5-Year Strategy for Welsh language clinical consultations.
A member of the public complained to the Welsh Language Commissioner that they received a response in English to emails sent in Welsh to the Vaccinations Team. On investigation, it appeared the complainant was answered in English in breach of Standard 1. However, it became apparent a small administrative error was responsible. The team can respond to emails in Welsh as the team has Welsh speaking staff.	The Welsh Language Lead used a mystery shopper email address and contacted the relevant team in Welsh, and received a reply the same day in Welsh. Given the above, no further action was taken.

8: What areas deserve special recognition for their commitment to Cymraeg?

Below are some areas in the Health Board that have worked to embed Welsh during the reporting year.

Therapies (Physiotherapy, Occupational Therapy, Speech & Language Therapy & Dietetics)

What have we done this year?

Active Offer

Wearing the Welsh language lanyard is common practice throughout Therapies, and is a well-recognised way of showing our patients we're able to use Welsh. The patient story below from Niamh, one of our Speech & Language therapists, shows that providing our services in Welsh where it matters most is embedded into how we provide our services.

Our referral processes for Therapies include a question on language need to facilitate the Active Offer. These are:

Physiotherapy

When patients contact the administration hub to schedule an appointment, they are asked to specify their preferred language. This information is also confirmed and recorded if the patient presents in person at the physiotherapy reception. Additionally, the preferred language is documented during the physiotherapy assessment process, as part of the standard assessment documentation and confirmed during the clinical session.

Speech and Language Therapy

Administrative staff screen for preferred language during the processing of all new referrals and update the Welsh Patient Administration System (WPAS) accordingly. Clinical staff reconfirm this information during initial assessments, with documentation recorded in the clinical notes. Bilingualism and the patient's language profile are consistently considered during assessments, and this information is reflected both in WPAS and within the patient's initial case history.

Occupational Therapy

During initial assessments, patients are routinely asked to identify their preferred language. This information is recorded on the Initial Interview documentation and within the clinical notes to ensure accurate and consistent communication throughout the care pathway.

Dietetics

Preferred language is recorded on the dietetic record cards. A documentation audit conducted in April 2025 identified the need to reinforce the practice of actively asking and recording this information. Efforts to address this are currently ongoing to ensure full compliance.

We are in the process of adding a message to our website pages so that in areas where we have Welsh speaking staff, we have promoted this with the public, as has been done in Acute Paediatrics within Nursing. We've now agreed that message, and we hope that drawing attention to this will give service users the confidence to use Welsh with staff who wear the Welsh language lanyard.

Service Delivery and governance

Therapies has integrated Welsh language compliance monitoring into its assurance and quality governance procedures. Welsh language compliance is audited regularly, with the last being conducted in 2024 with a brief action plan agreed. These results have been shared at our Lead meetings and the results also recorded on the UHB-wide audit system, AmAT;

Therapies has representation on the corporate Welsh Language Steering Group and contributes good practice to it regularly;

Here are just some examples of what we do in Welsh for patients:

- When we conduct paediatric Speech & Language interventions in Welsh, we send the initial consultation summary letter in Welsh and English to the family and school if it's a Welsh-medium school and/or for Welsh speaking families. These set out how we've taken account of bilingualism in our treatment and note what steps we recommend taking account of the child's main language;
- S&LT Flying Start have delivered training, in Welsh, to Welsh medium childcare settings;
- PIPYN within Paediatric Dietetics have bilingual social media, bilingual activity material for the children and bilingual literature. They also use incidental Welsh during sessions. Two Welsh speakers have recently been recruited into the Team;
- All of our appointment letters are sent in both Welsh and English by default;
- Physiotherapy recently redesigned all their displays in their treatment rooms ensuring they were bilingual;
- All website pages for Therapies are bilingual;
- CTMUHB led on the translation of the IDDSI scale (*International Dysphagia Diet Standardisation Initiative*) this year, which can now be used in Welsh by clinicians across Wales;
- The S&LT Careers Day virtual event is conducted bilingually (Welsh/English);
- Children's S&LT Waiting Well offers are available in both Welsh and English.

Workforce planning and recruitment

Therapies contributed to the first detailed linguistic profile of CTMUHB's workforce as part of work under Standard 110 in September 2024. Using workforce data from ESR, those teams which had Welsh speakers at Level 4 or 5 were mapped and verified. This gave us data on where we are able to offer services in Welsh, and which areas may need a focus such as Adult Speech & Language Therapy;

A number of Therapies managers attended the All-Staff event towards the end of the reporting period around workforce planning and Welsh language;

A recent administration post in the Speech & Language Administration Team was assessed to be advertised as 'Welsh language skills are essential'. This was the first time we stipulated Welsh language skills were essential;

Therapies now routinely ensure our job descriptions and advertisements are published bilingually, and were among the first areas in the Health Board to do this;

Nearly 30 members of Therapies staff participated in learning Welsh at work during this reporting period. This included the Inspiring Confidence scheme, which has led to tangible change in the use of Welsh by our clinicians who previously hadn't use Welsh for many years;
Physiotherapy, Speech and Language Therapy, Occupational Therapy and PIPYN in Dietetics held sessions & manned a stall on the Maes at the Health Board's first ever presence at the National Eisteddfod. They showcased what Therapy services do and how they do it and how they could support local people. All staff in attendance were Welsh speakers.

How has that been beneficial to our service users?

Welsh language & culture at work

Sarah O'Conner, Head of Paediatric Speech & Language Therapy, on the Inspiring Confidence Scheme
Two of our Paediatric S&LTs have attended the Cwrs Codi Hyder. Both were educated in Welsh-medium schools but had rarely used Welsh since leaving school 20–30 years ago. Motivated to rebuild their language skills, they found the course highly beneficial.

Our team promotes a strong, positive attitude toward using Welsh, offering many opportunities for Welsh speakers to use the language at work. Following the course, one SLT set up a peer support group of seven Welsh-speaking SLTs. The group meets quarterly online to discuss clinical cases in Welsh, helping build confidence, standardize terminology, and support effective clinical discussions in the language.

Primary Care & Communities

What have we done this year?

Throughout 2024/25, the Primary Care and Community Care Group has continued to strengthen its commitment to the Welsh Language, embedding it more deeply across workforce planning, service delivery and community engagement. A number of key developments have taken place, grouped under the following core themes:

Welsh Language in the Workforce

Close collaboration has been established with the Welsh Language Development Service, supporting a more consistent and timely approach to the use of translation services. Increased awareness of the Active Offer through various meetings and forums has encouraged Welsh-speaking staff to record their language skills on ESR. Many staff across the Primary Care and Communities Care Group have taken part in the internal Welcome to Welsh Sessions or the Increasing Confidence Scheme, further strengthening our workforce by encouraging Welsh language learning and development within our own services. Adherence to the Welsh Language Recruitment Standards remains strong, with Welsh Job Descriptions and Adverts uploaded to Trac and we've strengthened our commitment to a bilingual workforce by actively advertising 'Welsh Skills Desirable' vacancies to help attract Welsh-speaking candidates and support future workforce needs.

Welsh culture is being actively celebrated in the workplace, with initiatives such as Music Therapy sessions featuring local harpists performing traditional Welsh folk music across CTM community wards. These cultural activities support a greater sense of identity and connection for both staff and patients.

The Welsh Language Primary Care and Communities Steering Group has expanded in scope this year, with new representation from General Medical Services (GMS)—a significant and positive step in extending Welsh language planning and governance into previously unrepresented areas. Welsh Language Development Service engagement has also included active participation in the Practice Nurse Forum, Health Care Support Worker (HCSW) Forum and a dedicated session with Primary Care Academy and GMS staff, with over 20 attendees taking part in a Welsh Language Awareness session.

Engagement, Promotion and Service Delivery

Targeted engagement and promotional activity have been key to raising awareness and use of the Welsh language across community settings. Community hospitals hosted dedicated Welsh Language promotional days, during which more than 80 resources were shared, 50 meaningful conversations held with staff and 12 staff members expressed interest in learning Welsh. The success of the week was shared through our internal Staff Update as seen in the graphic below.

Welsh Language noticeboards have been introduced at some sites, providing staff with up-to-date information and resources to support the use of Welsh in daily practice with one example below. The Care Group has also maintained an active link with the GMS Operational Group and has shared invitations to General Dental Services (GDS) meetings, ensuring inclusive participation in ongoing Welsh language planning.

How has that been beneficial to our service users?

Gwennan Edwards, Parkinson's Disease Clinical Nurse Specialist

I was in YCR Outpatients clinic, and a patient stopped me as I was walking past and started chatting to me in Welsh. He told me he spotted my badge on my uniform, and felt he had to stop and talk to me! It was lovely to see how much this meant to the patient, as he really enjoyed talking to me in Welsh, even just for a few minutes, he told me it made his day!

Radiology

What have we done this year?

Active Offer

Within Radiology asking patients their preferred language is encouraged and this is recorded on RADIS. The Radiology booking team will ask patients their preferred language over the telephone, or on arrival in the department, if not already recorded.

Radiology staff who speak Welsh can now display their language skills via a dedicated lanyard. It's a simple but powerful way to help patients and colleagues easily identify Welsh speakers and feel more at home.

Site leads are also fully in the loop, with a clear understanding of which team members can speak Welsh—ensuring the right support is available when needed and helping to create a more inclusive, bilingual environment. Where we do identify Welsh-speaking patients via the Active Offer, we'll try where we can to ensure they see a Welsh-speaking colleague.

Governance and accountability

Welsh language is at the heart of Radiology's approach to patient-centred services. One example is how Welsh language compliance is firmly on the agenda at every bimonthly Senior Team meeting. This regular spotlight ensures that key issues raised by the corporate Welsh Language Steering Group are brought to the local level—where meaningful discussions and decisions can take place. Radiology is also making strong strides with its own Welsh Language Action Plan, demonstrating real commitment to meeting the Standards. Recent progress includes:

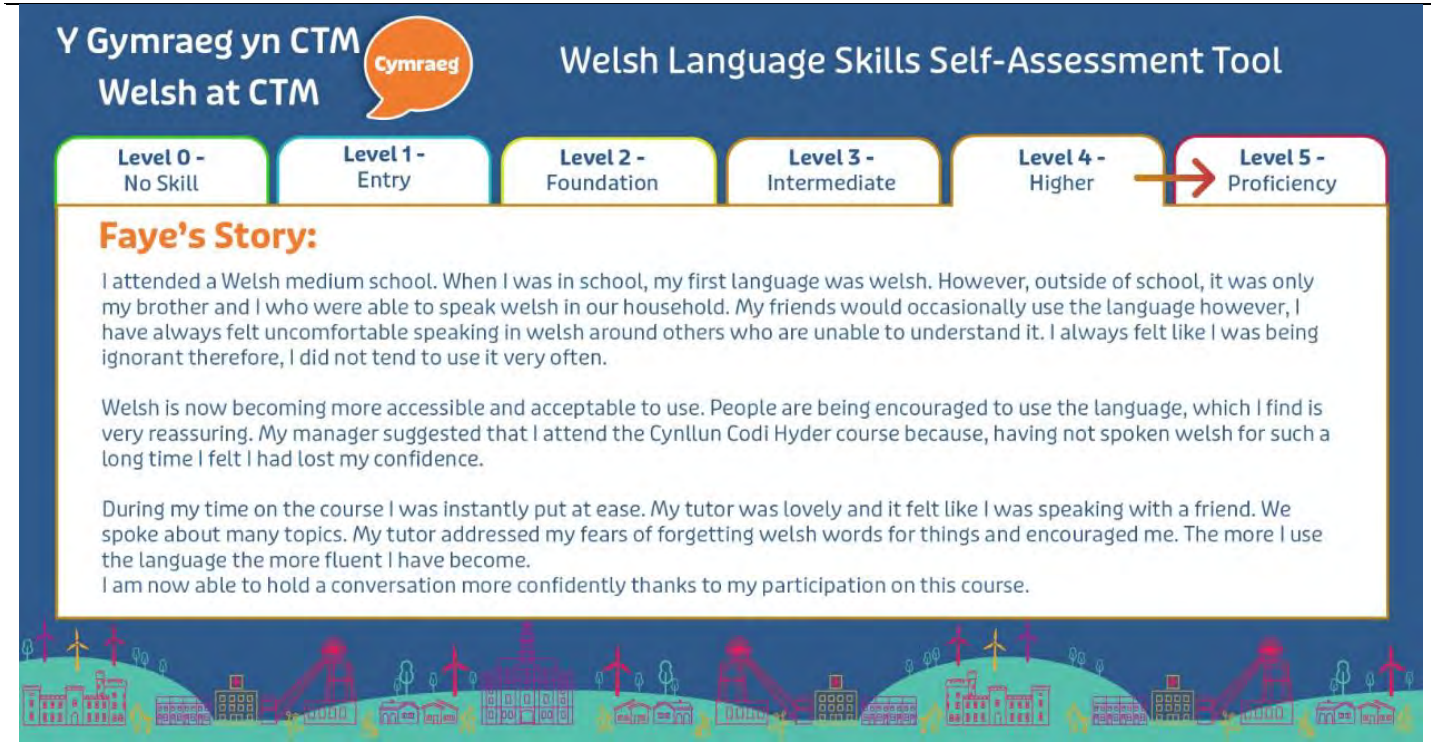
- Most patient letters are now fully bilingual, ensuring clear communication for all;
- Temporary signage is predominantly bilingual, creating a more inclusive environment;
- Patient information materials are available in both Welsh and English, supporting patient choice and accessibility.

These steps reflect Radiology's dedication to embedding the Welsh language into everyday practice—making it a living, visible part of patient care.

Learning Welsh

Radiology team members have been enthusiastically embracing the opportunity to learn Welsh, taking part in both the engaging 2-hour Welcome to Welsh sessions and the empowering Inspiring Confidence Scheme. These initiatives are helping staff build their language skills and cultural confidence in meaningful ways.

One standout example is Faye from Radiology, whose confidence to use Welsh has flourished through the scheme. Thanks to the support and encouragement it offers, she now feels significantly more confident using Welsh in her daily work—an inspiring testament to the power of learning and community support.



Recruitment

Radiology has implemented the Welsh Language Standards for recruitment. It was one of the first areas this reporting year to ensure that it published adverts and job descriptions in Welsh. This reporting year, two posts were advertised as Welsh language skills are essential:

One Band 3 Healthcare Support Worker;
One frontline administration post.

This clearly demonstrates that delivering services in Welsh is not just encouraged—it's an integral part of how we approach operational recruitment.

Welsh language & culture at work

Welsh Language Group for Radiology

Radiology has established its own Welsh Language Working Group. This Group developed organically from a healthy and thriving Welsh language culture in our area. The Group has met seven times since 2023, and has so far discussed the following;

Active offer;
Welsh speaker staff visibility: lanyards and lists of staff;
Preferred language; where to record and how we audit
Patient communication; appointment letters

Review and ongoing monitoring of departmental signage;
Engagement with staff ; leaders to act as role models, alleviate concerns and use resources provided to support staff
Staffing and recruitment – identifying gaps in staff groups and Welsh language skills.

9: Identified risks and next steps

A full breakdown of all Welsh Language Standards and our compliance with them can be seen here, setting our the full risk profile for CTMUHB in this area.

To tackle areas of non-compliance we have identified, an operational plan is produced each year outlining what the priorities are for the next reporting year. To further improve compliance, the below priorities are what we will focus on for 2025/26:

Offering training on recruitment and workforce planning.
Further develop our checks and balances around the new recruitment guidance to ensure it is followed.
Continuing to strategically offer Welsh language training, supporting us to fill workforce gaps.
Deliver the first year of our 5-Year Plan for Clinical Consultations in Welsh.
Further improve our compliance rate by targeting auditing and improvement work.
Bring Welsh into our Leadership Competency Framework.

Appendix 1: Welsh Language & Culture Dashboard Methodology

Core indicator: PATIENT EXPERIENCE	Method of measurement
Sub-indicator: PREMs and the proportion indicating most patients could communicate in Welsh.	For all Patient Reported Experience Measures for which a question on being able to use Welsh was included, calculate the proportion of PREMs where the majority reported they were able to use Welsh against those where a minority reported they could.
Sub-indicator: 'Da Iawn' posts to recognise efforts of staff to use Welsh.	Number of stories coming forward from clinical staff of the impact of Welsh on clinical care, and then as shared via the internal communications framework shown above.
Sub-indicator: Complaints received or statutory investigations related to Welsh language in CTM.	Number of complaints to the Welsh Language Commissioner, statutory investigations commenced by the Welsh Language Commissioner, concerns shared with the Health Board or queries reported via PALS Teams as recorded on DATIX.
Core indicator: RECRUITMENT	Method of measurement
Sub-indicator: Posts where Welsh skills were required.	The data from the Trac recruitment system which records the manager's decision. 'Required' means Welsh language skills were advertised as either 'essential' **OR** 'need to be learnt when appointed to the post'.
Sub-indicator: Posts where Welsh skills were desirable.	
Sub-indicator: % of vacancies **not** correctly assessed for Welsh language skills.	The data from the Trac recruitment system, and analysing by job title and the job description. 'Vacancies not correctly assessed for Welsh language skills' means the vacancy was categorised in a way that did not follow the decision tree criteria to appropriately designate the Welsh language skills required for a post. For example, a frontline admin post advertised as 'Welsh language skills are desirable' instead of 'essential', or an internal Estates post categorised as 'Welsh language skills are desirable' instead of 'Welsh language skills not required'.
Core indicator: LEARNING OUR LANGUAGE	Method of measurement
Sub-indicator: Staff who have completed a Welsh language course.	The number of staff who have completed a Welsh language course as recorded on the training register.
Sub-indicator: % of staff learning Welsh who have increased their level.	Using Level 2 Kirkpatrick evaluation data, the percentage of all staff learning Welsh at CTMUHB whose tutor said they were now more advanced than their ESR record showed when they began the course.
Sub-indicator: % of staff who have expressed interest in learning Welsh who then go on to learn.	The number of staff who have completed a course by year-end as recorded on the training register, as a proportion of all those on the expression of interest register.
Sub-indicator: Average % increase in use of Welsh in CTM.	Using Level 3 evaluation data under the Kirkpatrick training evaluation model, calculate the proportion of staff as a percentage who reported using *more* Welsh three months after the course, against those who did not, and where those areas are.

Core indicator: SUPPORT	Method of measurement
Sub-indicator: Number of Welsh language resources shared.	The number of resources shared as recorded on the resources shared register, resources meaning: Lanyards and badges; Physical prompts to support use of Welsh such as greetings cards and information on compliance; Downloads of resources on SharePoint; Ward & Service Welsh Language Packs.
Sub-indicator: Number of interactions with the Welsh Language Development Service.	Number of times a member of staff has interacted with the Welsh Language Development Service as recorded in the programme monitoring dashboard and according to: 1. The number of queries about learning Welsh; 2. The number of times advice was sought on the Welsh Language Standards; 3. The number of meetings with CTMUHB staff; 4. The number of staff interactions on on-site drop-in sessions; 5. Hits on the Welsh Language SharePoint site.
Sub-indicator: Number of translation requests.	Number of translation requests received as recorded on the translation tracker.
Core indicator: CULTURE & LEADERSHIP	Method of measurement
Numbers of staff completing a model on embedding Welsh within our Leadership Competency Framework.	Number of staff present at the Action Learning Set for the Inspire Model at Leading Systems Level (until bilingualism is added to the offer for Leading Others (Aspire) and Leading Self (Ignite)).
Number of Welsh Language Impact Assessments completed.	The number of impact assessments sent to the relevant shared inbox, and as recorded on the Equality & Welsh Language Impact Assessment tracker in the programme monitoring dashboard.
Number of Seren CTM nominations for Welsh language and culture.	The number of nominations received as recorded and the reason for the nomination (regardless of whether the nominee won the Seren).
Core indicator: POLICY MATURITY	Method of measurement
Percentage of Welsh Language Standards with which High Assurance can be reported.	As recorded on the programme monitoring dashboard and published annually here in Welsh and here in English, the proportion of all Standards for which enough evidence has been gathered to support an objective determination of High Assurance.
Percentage of More Than Just Words actions marked as complete.	As recorded on the programme monitoring dashboard, the actions for which enough evidence has been gathered to support an objective determination that an action has been completed for CTMUHB.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Cymraeg

Mae'r ddogfen / ffurflen hon hefyd ar gael yn Gymraeg.
This document / form is also available in Welsh.

Bwrdd Iechyd Cwm Taf Morgannwg

Adroddiad Perfformiad Safonau'r Gymraeg

2024 i 2025

Cynnwys

Gair am yr adroddiad hwn 3
Rhestr termau 4
Crynodeb Gweithredol 5
1: Oes gennych chi ddull strategol o wreiddio'r Gymraeg o'r Bwrdd i'r Ward? 6
2: Sut ydych chi wedi hyrwyddo'r Gymraeg gyda'ch gweithlu a'r cyhoedd? 7
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Gair am yr adroddiad hwn

Dathlu'r Gymraeg ym Mwrdd Iechyd Prifysgol Cwm Taf Morgannwg (BIPCTM): Ein Diweddariad ar gyfer 2025

Eleni, rydym wedi parhau â'n hymrwymiad i ddarparu gwasanaethau yn y Gymraeg, yn unol â Safonau'r Gymraeg. Mae'r adroddiad hwn yn tynnu sylw at sut rydym yn ymgorffori'r Gymraeg ar draws ein sefydliad—o'r gofal a ddarparwn i'r ffordd rydym yn gweithio bob dydd.

Rydym yn falch o'r cynnydd rydym wedi'i wneud i hyrwyddo dwyieithrwydd a chefnogi ein cymunedau Cymraeg eu hiaith. Fe welwch enghreifftiau go iawn o sut rydym yn rhoi ein gwerthoedd ar waith yn yr adroddiad hwn. Mae croeso i ddarllenwyr gymharu'r adroddiad hwn â'r un blaenorol, ac rydym yn hyderus y gellir gweld y trywydd yn glir.

Mae'r adroddiad hwn hefyd yn bodloni gofynion Safon y Gymraeg 120. Gallwch ddarllen ein hysbysiad cydymffurfio llawn, sy'n nodi ein holl ddyletswyddau deddfwriaethol ar gyfer y Gymraeg yma.

Eisiau gwybod mwy am eich hawl i ddefnyddio'r Gymraeg gyda ni? Gweler ein taflen wybodaeth i gleifion yma.

Cafodd yr adroddiad hwn ei gymeradwyo gan ein Pwyllgor Cyflawni Gweithredol ym mis Hydref 2025. Byddem yn awyddus i glywed eich barn—anfonwch e-bost atom yn CTT_WelshLanguage@wales.nhs.uk yn y Gymraeg neu'r Saesneg. Gallwch hefyd rannu adborth ar eich profiad o ofal drwy ein Mesurau Profiad a Adroddwyd gan Gleifion yma.

Rhestr termau

Term	Beth rydyn ni'n feddwl
Cynnig Rhagweithiol	Mae hyn yn golygu bod staff y Bwrdd Iechyd yn gofyn i chi am eich dewis iaith ac yn cofnodi hyn, yn hytrach na disgwyl i chi ddweud wrthym.
Safonau'r Iaith Gymraeg	Dyma'r dyletswyddau statudol y mae'n rhaid i'r Bwrdd Iechyd eu dilyn yn y ffordd rydym yn trin y Gymraeg.
Adroddiad perfformiad	Adroddiad ar ba mor dda y mae sefydliad yn perfformio mewn maes penodol yn ystod cyfnod penodol o amser
Cydymffurfiaeth	P'un a ydym yn dilyn y dyletswyddau statudol a osodir ar y Bwrdd Iechyd ai peidio
Sicrwydd	Y broses o ddarparu tystiolaeth i'r Bwrdd a chyrff eraill bod y Bwrdd Iechyd yn cydymffurfio â'i ddyletswyddau, a'r hyn y mae'n ei wneud i osgoi diffyg cydymffurfio
Dadansoddiad rhanddeiliaid	Dadansoddi rhanddeiliaid yw'r broses o nodi pawb sydd â diddordeb mewn darn o waith, ac yna deall beth sydd ei angen arnynt, faint o ddylanwad sydd ganddynt, a sut y bydd y prosiect yn effeithio arnynt
Ymgysylltu	Mae ymgysylltu yn cyfeirio at gyfranogiad a chyfranogiad gweithredol unigolion o fewn sefydliad neu gymuned
Newid ymddygiad	Newid ymddygiad yw'r broses o newid gweithredoedd neu arferion
Cynllunio strategol	Cynllunio strategol yw creu map ffordd i osod gweledigaeth hirdymor ac yna darganfod y camau, y blaenoriaethau a'r dyraniad adnoddau gorau i'w gyflawni
Cynllunio'r gweithlu	Cynllunio'r gweithlu yw'r broses o sicrhau bod gan sefydliad y bobl gywir gyda'r sgiliau cywir yn y rolau cywir ar yr amser cywir i gyflawni ei nodau busnes
WPAS	System Gweinyddu Cleifion Cymru, system sy'n cofnodi gwybodaeth am gleifion
RADIS	Y system a ddefnyddir mewn Radioleg sy'n cofnodi gwybodaeth am gleifion

Crynodeb Gweithredol

Mae Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg (BIPCTM) yn parhau i wneud cynnydd cryf o ran ymgorffori'r Gymraeg ar draws ein gwasanaethau, ein gweithlu a'n diwylliant. Mae'r adroddiad hwn yn tynnu sylw at gyflawniadau allweddol o fis Ebrill 2024 i fis Mawrth 2025, gan ddangos sut mae'r Bwrdd Iechyd yn cyflawni ei ddyletswyddau cyfreithiol ac yn hyrwyddo gofal iechyd dwyieithog. Dyma ein huchafbwyntiau allweddol ar gyfer y flwyddyn.

Ymrwymiad Strategol

Mae blaenoriaethau'r Gymraeg wedi'u hymgorffori yng nghynlluniau hirdymor BIPCTM, gan gynnwys y Cynllun Pobl 2025–2030 a'r Strategaeth 5 Mlynedd ar gyfer ymgynghoriadau clinigol yn y Gymraeg. Olrheinir hyfedredd yn y Gymraeg bellach fel mesur llwyddiant allweddol yn y Cynllun Pobl.

Ymgysylltu â'r Gweithlu

Cymerodd dros 200 o staff ran mewn dysgu Cymraeg—ein nifer uchaf erioed ac yn gynnydd ar 64 llynedd. Mae ymgyrchoedd, adnoddau a hyfforddiant wedi rhoi hwb i hyder.

Recriwtio

Mae dros 90% o'n hysbysebion swydd a swydd ddisgrifiadau bellach yn ddwyieithog, i fyny o 0%. Mae coeden benderfyniadau newydd yn helpu rheolwyr i asesu anghenion iaith Gymraeg pob swydd wag. Hysbysebwyd saith swydd fel rhai oedd angen sgiliau yn y Gymraeg.

Profiad y Claf

Rydym yn gweld defnydd uwch o'r Gymraeg mewn gwasanaethau fel Nyrsio, Therapïau, Radioleg a Gofal Sylfaenol. Mae staff yn gwisgo bathodynnau a cortynnau gwddf i ddangos eu bod yn siarad Cymraeg. Mae hawliau i ddefnyddio'r Gymraeg yn cael eu hyrwyddo ar-lein a thrwy ymgyrchoedd.

Monitro a Sicrwydd

Mae dangosfwrdd newydd yn olrhain cynnydd ar draws chwe maes hollbwysig. Mae cydymffurfiaeth â Safonau'r Gymraeg wedi gwella, gyda 62% bellach wedi'u graddio'n "Sicrwydd Uchel", sy'n gynnydd o 60%.

Dysgu a Hyder

Mae llawer o staff wedi gwella eu hyder i ddefnyddio'r Gymraeg drwy sesiynau wedi'u teilwra, fel y mesurwyd gan ein model gwerthuso. Mae grwpiau cymorth cyfoedion yn ymgorffori'r Gymraeg mewn ymarfer dyddiol.

Ymgysylltu â'r gymuned

Roedd BIPCTM yn bresennol ar y Maes yn yr Eisteddfod Genedlaethol am y tro cyntaf eleni, cynhaliwyd diwrnodau hyrwyddo, a dathlon ni ddiwylliant Cymru trwy gerddoriaeth ac adnoddau dwyieithog.

Cwynion a Chydnabyddiaeth

Derbyniwyd a datryswyd dwy gŵyn. Mae gwasanaethau fel Therapïau, Radioleg, a Gofal Sylfaenol yn cael eu cydnabod am eu hymrwymiad i'r Gymraeg.

1: Oes gennych chi ddull strategol o wreiddio'r Gymraeg o'r Bwrdd i'r Ward?

Cynllun Tymor Canolig Integredig

Mae'r Cynllun Tymor Canolig Integredig yn ddogfen gynllunio statudol a gyhoeddir yn flynyddol, sy'n nodi sut y bydd sefydliadau'r GIG yn defnyddio eu hadnoddau dros gyfnod o 3 blynedd i ddarparu gwasanaethau gofal iechyd o ansawdd uchel sy'n mynd i'r afael ag anghenion y boblogaeth. Cafodd ein gwaith ar ddatblygu'r Gymraeg a'r prif flaenoriaethau yn ystod ei gylch cynllunio eu cynnwys yn y cynllun ar gyfer blwyddyn ariannol 2023/24. Fodd bynnag, cydnabyddwn y bydd angen cynnwys mwy, yn enwedig mewn perthynas â chynllunio'r gweithlu ac ar lefel y Grwpiau Gofal, mewn fersiynau yn y dyfodol.

Cynllun Pobl a chynllunio strategol tymor hwy

Cyhoeddodd BIPCTM ei Gynllun Pobl ar gyfer 2025-2030 yn ystod y cyfnod adrodd. Mae ein Cynllun Pobl yn crynhoi'r camau gweithredu pwysicaf y mae angen i ni eu cymryd i gefnogi cyflawniad ein strategaeth 10 mlynedd, *CTM2030 Ein Hiechyd, Ein Dyfodol* o ran ein gweithlu, ac i greu CTM lle gall pawb ffynnu. Mae'r cynllun yn cynnwys ymrwymiad i'r Gymraeg yn benodol, gan ganolbwyntio ar ddatblygu sgiliau Cymraeg yn y gweithlu. O ystyried y gwella sydd wedi bod ym mhob maes arall o ddarpariaeth ddwyieithog a amlinellir isod, y ffocws ar ddatblygu sgiliau Cymraeg yw'r cam naturiol nesaf bellach.

Bydd hyn yn cael ei olrhain gan fesur llwyddiant craidd ar gyfer y Cynllun Pobl, sef "*Y Gymraeg: nifer a hyfedredd staff sy'n siarad Cymraeg*".

Yn ystod y cyfnod adrodd hwn, fe wnaethom hefyd gyhoeddi ein Cynllun Strategol 5 Mlynedd ar gyfer Cynnig Ymgynghoriadau Clinigol yn y Gymraeg o dan Safon y Gymraeg 110, gan gyd-fynd hefyd â Chynllun 5 Mlynedd Mwy na Geiriau, yn enwedig Cam Gweithredu 18. Mae'r cynllun hwn, sydd ar gael yma, yn canolbwyntio ar gryfhau ein gallu i ddarparu ymgynghoriadau clinigol yn y Gymraeg, gan sicrhau y gall cleifion dderbyn gofal yn eu dewis iaith. Mae amcanion allweddol yn cynnwys:

> Cynyddu achosion o'r Cynnig Rhagweithiol ar draws gofal sylfaenol, eilaidd a chymunedol, lle dylai'r Bwrdd Iechyd fod yn gofyn i gleifion beth yw eu dewis iaith yn hytrach na disgwyl i'r claf ddweud wrth y darparwr;
> Cryfhau cynllunio'r gweithlu i gefnogi darparu gwasanaethau dwyieithog;
> Hyrwyddo diwylliant o ddwyieithrwydd o fewn y sefydliad;
> Gwella ymwybyddiaeth cleifion o'u hawliau iaith;
> Monitro a gwerthuso cynnydd drwy ddangosyddion perfformiad allweddol a strwythurau llywodraethu clir.

Cynllunio gweithredol blynyddol

Mae gan Wasanaeth Datblygu'r Gymraeg gynllun gweithredol bob blwyddyn, sy'n dod â chynllunio tymor hwy yn fyw ar gyfer y flwyddyn honno. Mae cynnydd ar y blaenoriaethau hyn wedi'i amlinellu yn yr adroddiad hwn.

2: Sut ydych chi wedi hyrwyddo'r Gymraeg gyda'ch gweithlu a'r cyhoedd?

Mae ymgorffori'r Gymraeg yn golygu newid diwylliant—ac mae hynny'n dechrau gyda chefnogi staff i ddefnyddio'r Gymraeg yn eu rolau. Dyna pam mae Cyfathrebu ac Ymgysylltu yn thema arweiniol, gan sbarduno newid go iawn ar draws y system.

Fframwaith Cyfathrebu Mewnol

Mae cyfathrebu strategol yn sbarduno newid. Pan gaiff ei wneud yn dda, mae'n hybu ymgysylltiad ac yn helpu staff i ymrwymo i fentrau fel datblygu'r Gymraeg.[1] Mae ein diweddariadau'n dilyn model COM-B—gan ganolbwyntio ar Allu, Cyfle, a Chymhelliant—i gefnogi newid ymddygiad go iawn ar draws y sefydliad.[2]

Rydym yn gwneud hyn drwy bedwar categori allweddol:

Da Iawn: yn dathlu arfer gorau staff, gan ddefnyddio prawf cymdeithasol i hybu cymhelliant.

Mwy na Geiriau: yn tynnu sylw at sut mae'r Gymraeg yn gwella profiad cleifion—cymhelliant arall.

Cymorth Staff: yn sicrhau mynediad at adnoddau a chyngor, gan feithrin gallu a chyfleoedd.

Sgiliau, Dysgu a Datblygu: yn hyrwyddo hyfforddiant i feithrin sgiliau Cymraeg—gan wella'r gallu i gynnig gwasanaethau yn y Gymraeg. Eleni fe wnaethon ni ychwanegu ail fath at y categori hwn hefyd, i rannu straeon staff am ddysgu Cymraeg ac i dynnu sylw'n benodol at eu cyflawniad wrth ennill sgiliau (gweler 'Stori Wendy' isod fel enghraifft).

Yn ystod y flwyddyn adrodd hon yn unig, rydym wedi rhannu 25 o ddiweddariadau ar draws ein sianeli cyfathrebu mewnol, un bob pythefnos ar gyfartaledd. Gellir gweld rhai enghreifftiau ysbrydoledig gan ein staff isod.

[1] Hargie, O., a Tourish, D. (2009). *Auditing Organisational Communication: A Handbook of Research, Theory, and Practice*. Routledge; Men, L.R., & Stacks, D.W. (2013). The impact of leadership style and employee empowerment on perceived organizational reputation. *Journal of Communication Management* 17(2), pp. 171-192.

[2] Gellir dod o hyd i drafodaeth fwy technegol yma: Mitchie, S. et al. (2011), The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation Science* 6(42).

Y Gymraeg yn CTM
Welsh at CTM

Cymraeg

Mwy na geiriau: Cof Cymorth
It's more than just words: Staff support

1. Sgwrs Cyngor Cymraeg
Hoffech chi gael sgwrs sydyn 15 munud ar sut y gall Tîm y Gymraeg eich helpu i ddefnyddio mwy o Gymraeg yn eich gwasanaeth, neu ar unrhyw ofynion Cymraeg?

2. Cyfieithu
Angen cyfieithiad cyflym? Anfonwch e-bost at **CTT_welsh_translation@wales.nhs.uk** a nodwch ddyddiad cau os yw'n berthnasol, a byddwn yn ei anfon yn ôl atoch.

3. Gwell 'da chi anfon neges?
Gyrrwch neges at **CTT_WelshLanguage@wales.nhs.uk** a byddwn yn cysylltu â chi.

1. Welsh Language Check-in Chat
Would you like a quick 15-minute chat on how the Welsh Language Team can help you use more Welsh in your service, or on any Welsh language requirements?

2. Translation
Need a quick translation? Just email **CTT_welsh_translation@wales.nhs.uk** and note a deadline if relevant, and we'll get it back to you.

3. Rather just send a quick email?
Just drop us a message to **CTT_WelshLanguage@wales.nhs.uk** and we'll get back to you.

Y Gymraeg yn CTM
Welsh at CTM

Cymraeg

Welsh Language Skills Self-Assessment Tool

Level 0 - No Skill | Level 1 - Entry | Level 2 - Foundation → Level 3 - Intermediate | Level 4 - Higher | Level 5 - Proficiency

Wendy's story...

During my time in the Increasing Confidence scheme, I was immediately put at ease and supported to feel comfortable making me feel 'free' to speak Welsh instead of feeling stifled and unsure of myself.

Attending the Cynllun Codi Hyder encouraged me to further develop and improve my Welsh language skills by applying for the Canolradd cwrs this September and to use Welsh not only in work with patients and colleagues but in the wider community.

I've also just returned from Confidence Building weekend at Nant Gwrtheyrn which was so fun and it really helped me feel more confident using Welsh.

Y Gymraeg yn CTM
Welsh at CTM

Cymraeg

Mwy na geiriau: Da iawn
It's more than just words: Da iawn

Da iawn i Helen Jones, Rheolwr Gweinyddol Ffisiotherapi, am sicrhau bod eu disgrifiadau swydd a'r holl wybodaeth ar Trac lle bo angen yn ddwyieithog. Dywedodd Helen:

Ers lansio'r gwasanaeth cyfieithu Cymraeg pwrpasol, mae'r adran Ffisiotherapi wedi bod yn rhagweithiol wrth ddefnyddio'r gwasanaeth yn llawn, gan adeiladu archif o ddogfennau swyddi gwag Saesneg/Cymraeg, ar ôl cael yr holl ddisgrifiadau swydd, hysbysebion a ffurflenni Trac wedi'u cyfieithu cyn poblogi gwefan Trac. Rydym wedi rhyfeddu at gyflymdra'r tîm wrth gwblhau'r cyfieithiadau. Mae'r tîm cyfieithu Cymraeg wedi bod yn hynod gymwynasgar a chyfrifol gyda'r holl ymholiadau cyfieithu – Diolch yn Fawr!

Ewch i dudalen Sharepoint y Gymraeg neu anfonwch neges at y tîm ar **CTT_WelshLanguage@wales.nhs.uk** am ragor o wybodaeth.

Da iawn to Helen Jones, Physiotherapy Administration Manager, on ensuring their Job descriptions and all information on Trac where required is bilingual. Helen said:

Since the launch of the a dedicated service for Welsh translation, the Physiotherapy department have been pro-active in using the service fully, building up an archive of English/Welsh vacancy documentation, having had all job descriptions, adverts and the Trac forms translated before populating the Trac website. We've been amazed at the fast turnaround from the team in completing the translations. The Welsh translation team have been extremely helpful and responsible with all translation queries – Diolch yn Fawr!

Visit the Welsh Language Sharepoint page or send the team a message on **CTT_WelshLanguage@wales.nhs.uk** for more information.

Y Gymraeg yn CTM
Welsh at CTM

Cymraeg

Mwy na geiriau: Da iawn
It's more than just words: Da iawn

- Mae pob ward wedi gweithio'n galed iawn i greu amgylchedd dwyieithog croesawgar o arwyddion ac arddangosiadau i wybodaeth i gleifion. Mae timau'r ward wedi creu llyfryn i deuluoedd ac mae hwn yn sôn am sut y gall plant a theuluoedd ddefnyddio'r Gymraeg gyda staff ar y ward.
- Mae'r timau hefyd wedi newid dogfennaeth cleifion mewnol yn ddiweddar er mwyn cofnodi dewis iaith plant a theuluoedd, gan wreiddio dull y Cynnig Rhagweithiol.
- Roedd tîm PCH wedi dathlu 'Diwrnod Su'mai Shw Mae' trwy annog y Gymraeg gyda gweithgareddau ac arddangosfa o lyfrau Cymraeg.
- Ymwelodd Tîm y Gymraeg hefyd â Ward 17/18 yn RGH a helpu i gyfieithu'r arddangosfeydd. Os hoffech chi ymweliad a chymorth fel hynny, rhowch wybod i ni ar CTT_WelshLanguage@wales.nhs.uk
- All wards have worked really hard in creating a welcoming bilingual environment from signs and displays to patient information. The ward teams have created a booklet for families and this talks about how children and families can use Welsh with staff on the ward.
- The teams have changed in-patient documentation recently so that the language of children and families can be recorded, embedding the Active Offer approach.
- PCH celebrated 'Su'mai Shw Mae Day' by prompting Cymraeg with activities and a display of Welsh language children's books.
- The Welsh Language Team visited Ward 17/18 in RGH and helped translate the displays.

If you'd like a visit and some help, just let us know at CTT_WelshLanguage@wales.nhs.uk

Ymgyrch fewnol i wella cydymffurfiaeth â Safonau Recriwtio'r Gymraeg

Eleni dechreuodd BIPCTM weithredu Safonau'r Gymraeg mewn perthynas â recriwtio a phenodi (gweler isod am fwy o fanylion ynghylch sut mae BIPCTM bellach yn cydymffurfio â'r rhain). Roedd y gwaith hwn yn destun ymgyrch ffurfiol, wedi'i chynllunio fel rhan o Fforwm Ymgysylltu Strategol BIPCTM. Roedd y gwaith hwn yn cynnwys:

Creu cynllun cyfathrebu manwl gyda mesurau gwerthuso;
Gwaith dadansoddi rhanddeiliaid a nododd 21 o wahanol grwpiau o randdeiliaid i ymgysylltu â nhw gan ddefnyddio dadansoddiad 'Meddwl, Teimlo, Gwneud, Sut' i bersonoli negeseuon;
Cynllun manwl ar gyfer ble i gyfathrebu, pryd, pa blatfform a pha asedau;
Digwyddiad i'r holl staff i esbonio'r newidiadau.

Sicrhaodd hyn fod gan ein staff gyfle i ddysgu am y newidiadau i recriwtio ac roedd yn ddull strategol, wedi'i gynllunio i ymgorffori cydymffurfiaeth.

Safle SharePoint wedi'i hyrwyddo'n dda

Mae tudalen bwrpasol ar gyfer cefnogi staff i ddefnyddio'r Gymraeg yn y gwaith a chydymffurfio â Safonau'r Gymraeg. Mae ar gael drwy hafan mewnrwyd BIPCTM, ac mae wedi'i ailddatblygu gan ddefnyddio offer MS Office 365 ac mae'n cynnwys:

Gwybodaeth glir ar sut i gysylltu â Gwasanaeth Datblygu'r Gymraeg;
Y newyddion a'r diweddariadau diweddaraf;
Fideo 'Pam Cymraeg yn CTM';
Cyfleoedd dysgu Cymraeg a dolen archebu syml i sesiynau 'Croeso i'r Gymraeg';
Canllawiau ar ymgorffori'r Gymraeg a bodloni'r Safonau;
Adnoddau i'w lawrlwytho megis templedi Allan-o'r-swyddfa dwyieithog;
Gwybodaeth am hawliau staff i ddefnyddio'r Gymraeg yn y gwaith;
Adran sylwadau ac adborth.

Cyngor ar gydymffurfio â Safonau'r Gymraeg

Mae canllawiau ar gydymffurfio â Safonau Cyflenwi Gwasanaethau, Safonau Llunio Polisi, Safonau Recriwtio a Phenodi a defnyddio'r Gymraeg mewn Cyfathrebu ac Ymgysylltu yn benodol ar gael ar SharePoint. Caiff y rhain eu rhannu'n rheolaidd gyda staff. Mae hyn yn golygu bod y Safonau wedi'u dehongli a'u symleiddio ar gyfer cyd-destun penodol BIPCTM. Mae'r rhain i gyd hefyd wedi'u datblygu gan ddefnyddio strategaeth 'Llais y Gymraeg' i feithrin perthyn a pharch, a brandio BIPCTM, wedi'u strwythuro o amgylch 'Pam', 'Sut', a 'Beth' rydym yn ei wneud yn y Gymraeg, ac mae enghreifftiau ymarferol ac astudiaethau achos wedi'u cynnwys lle bo'n berthnasol.

Modiwl ESR Gorfodol am Ymwybyddiaeth Iaith

Mae modiwl ymwybyddiaeth iaith Cymru gyfan yn ofyniad hyfforddi gorfodol. Mae'r modiwl hwn yn trafod pwysigrwydd y Gymraeg mewn gofal iechyd i siaradwyr Cymraeg, Safonau'r Gymraeg ac yn chwalu rhai camsyniadau cyffredin am yr iaith. Ym mis Mawrth 2025, roedd 83% o staff wedi'i gwblhau, sy'n gynnydd canrannol o 7.7% o'i gymharu â'r llynedd. Mae hyn yn golygu bod dros 11,000 o aelodau o staff wedi ei gwblhau.

Ymgysylltu â staff

Eleni, cymerodd Gwasanaeth Datblygu'r Gymraeg ran yn y sesiynau canlynol, gyda 'sesiwn ymgysylltu' wedi'i diffinio fel a ganlyn:

Cyfarfod, y tu allan i Wasanaeth Datblygu'r Gymraeg ac heb gynnwys cyfarfodydd allanol â phobl mewn rolau tebyg yn ymwneud â'r Gymraeg ledled Cymru, Llywodraeth Cymru neu gyrff eraill a lle mai unig ddiben y cyfarfod neu ran ohono oedd trafod y Gymraeg.

74 o sesiynau ymgysylltu gwahanol gyda staff a rheolwyr ar draws y Bwrdd Iechyd. Mae hyn yn cynnwys y sesiwn Holi ac Ateb i holl Staff CTM a Fforwm Arweinwyr CTM;
4 cyfarfod ffurfiol i uwch arweinwyr, tri ohonynt yn Bwyllgorau'r Bwrdd (gweler isod am ragor o wybodaeth am lywodraethu a sicrwydd);
2 gyfres o ymweliadau safle, gyda **2** ymweliad yn ystod y flwyddyn gyda stondin hyrwyddo yn Ysbyty Brenhinol Morgannwg, Ysbyty'r Tywysog Siarl, Ysbyty Tywysoges Cymru, Ysbyty Cwm Rhondda, Ysbyty Cwm Cynon, Parc Iechyd Keir Hardie ac unwaith ym Mharc Iechyd Dewi Sant.

Mae'r sesiynau ymgysylltu hyn wedi llwyddo i godi proffil y Gymraeg ar draws BIPCTM. Er enghraifft, cyflawnodd yr ymweliadau â safleoedd y canlynol:

Fe wnaethon ni rannu bron i **90** o adnoddau gwahanol gan gynnwys 25 o gortynnau gwddf a 12 bathodyn Iaith Gwaith. Dyna **37 o** siaradwyr Cymraeg newydd yn adnabod eu hunain i siaradwyr Cymraeg eraill sgil ymweliadau â safleoedd;
Fe wnaethon ni gynnal bron i **120 o** sgyrsiau gwahanol am y Gymraeg gyda'n staff;
Fe wnaethon ni siarad â bron i **40** o gleifion am y Gymraeg mewn gofal iechyd.

Rhannu adnoddau

Yn ogystal â'r adnoddau uchod, yn ystod y flwyddyn adrodd hon fe wnaethom hefyd rannu **186** o adnoddau iaith, ac roedd **179** ohonynt yn fathodynnau a chortynnau gwddf, posteri a Phecynnau Cymraeg i Wardiau a Gwasanaethau.

CTM ar y maes: Y Gymraeg a'i Diwylliant wrth galon iechyd cyhoeddus yn yr Eisteddfod

Ym mis Awst 2024, gwnaeth BIPCTM ei ymddangosiad cyntaf yn yr Eisteddfod Genedlaethol ym Mharc Ynysangharad gyda "CTM ar y Maes"—menter iechyd a lles fywiog, aml-bartner. Roedd hyn yn garreg filltir yn ymrwymiad CTM i ymgorffori'r iaith a'r diwylliant Cymraeg mewn gofal iechyd.

Hyrwyddo'r Gymraeg mewn Gofal Iechyd

Tynnodd CTM sylw at hawliau cleifion i dderbyn gofal yn y Gymraeg, gan gyd-fynd â nodau cydraddoldeb iaith cenedlaethol.
Aeth digwyddiadau fel "Siarad Cymraeg gyda Meddyg? Hawl neu hunllef?" i'r afael â heriau a chyfleoedd y byd go iawn i gleifion sy'n siarad Cymraeg.
Roedd diwrnodau thematig yn cynnwys ffocws penodol ar wasanaethau Cymraeg, gan atgyfnerthu pwysigrwydd gofal sy'n sensitif i ddiwylliant.

Diwylliant fel Ffordd o Wella Iechyd

Defnyddiodd CTM leoliad diwylliannol yr eisteddfod i gyflwyno negeseuon iechyd hygyrch, hyrwyddo lles meddwl, a lleihau unigedd cymdeithasol.
Sicrhaodd cydweithrediadau â grwpiau fel Pobl yn Gyntaf Cwm Taf ddeunyddiau cynhwysol, hawdd eu darllen ac ymgysylltiad dan arweiniad y gymuned.

Cyrhaeddiad Eang ac Effaith Barhaol

Roedd ymgyrch ddigidol CTM (#CTMArYMaes) yn ymhelaethu ar themâu dyddiol ac yn annog cyfranogiad y cyhoedd.

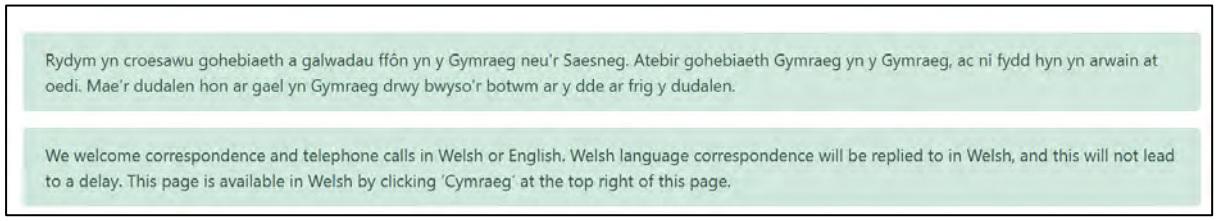
Rhoddon ni wersi o'r Eisteddfod ar waith i Ddiwrnod Iechyd Lluoedd Arfog CTM ym mis Mehefin 2025, gan ymestyn y model o allgymorth â gwreiddiau diwylliannol.

Hyrwyddo hawliau i'r Gymraeg

Mae BIPCTM wedi hyrwyddo'r hawliau sydd gan ein cleifion i ddefnyddio'r Gymraeg mewn sawl ffordd wahanol eleni.

Gwefan

Mae hygyrchedd y Gymraeg ar ein gwefan wedi cymryd cam mawr ymlaen. Mae dangosydd clir, amlwg bellach yn ymddangos ar frig ac ar waelod y sgrin, gan nodi bod gwasanaeth Cymraeg ar gael. Mae'r gwelliant gweledol hwn—sef y botwm logo oren newydd ar gyfer y Gymraeg—wedi'i gyflwyno ar draws holl wefannau GIG Cymru yn ystod y flwyddyn adrodd hon. Mae'r cyflawniad hwn yn dod o fenter dan arweiniad Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg mewn cydweithrediad ag Iechyd a Gofal Digidol Cymru, gyda'r nod o gryfhau gweledededd a hyrwyddo cynnwys Cymraeg ar-lein.



Cyfryngau cymdeithasol

Rydym yn hyrwyddo ein sianeli cyfryngau cymdeithasol Cymraeg drwy gynnwys neges yn adrannau 'Amdanom ni' y tudalennau Saesneg bod tudalen Gymraeg ar gael. Rydym yn gwneud hyn ar ein prif sianeli, Facebook ac X.

Tudalen wybodaeth am hawliau i'r Gymraeg

Rydym yn cynnig tudalen we bwrpasol sy'n grymuso cleifion gyda gwybodaeth glir am eu hawliau i ddefnyddio'r Gymraeg mewn lleoliadau gofal iechyd. Mae'r dudalen yn cynnwys taflen wybodaeth ddefnyddiol i gleifion ac mae hefyd yn amlinellu sut y disgwylir i wasanaethau Gofal Sylfaenol gefnogi'r defnydd o'r Gymraeg.

Mae'r dudalen we ar gael yma.

Gweler y daflen yma.

Ymgyrch ym mis Rhagfyr

Fel rhan o'r ymgyrch genedlaethol 'Defnyddia dy Gymraeg' ym mis Rhagfyr 2024, lluniodd BIPCTM gynllun ymgyrch manwl a redodd yn fewnol ac yn allanol.

Dyma beth wnaethon ni:

> Creon ni fideo yn amlinellu beth roedden ni wedi bod yn ei wneud i hyrwyddo'r Gymraeg. Pwrpas hyn oedd rhoi hyder i gleifion ddefnyddio'r Gymraeg a'n bod yn gweithio i sicrhau y gallwch chi wneud hynny.
> Rhannwyd sawl ffeithlun ar draws LinkedIn, Facebook ac X ynglŷn â pha hawliau sydd gan gleifion i ddefnyddio'r Gymraeg.

Cafodd negeseuon eu llunio'n ofalus fel rhan o'r cynllun i sicrhau bod y ffordd rydyn ni'n siarad am y Gymraeg yn groesawgar ac yn galonogol.

Dyma oedd yr effaith uniongyrchol:

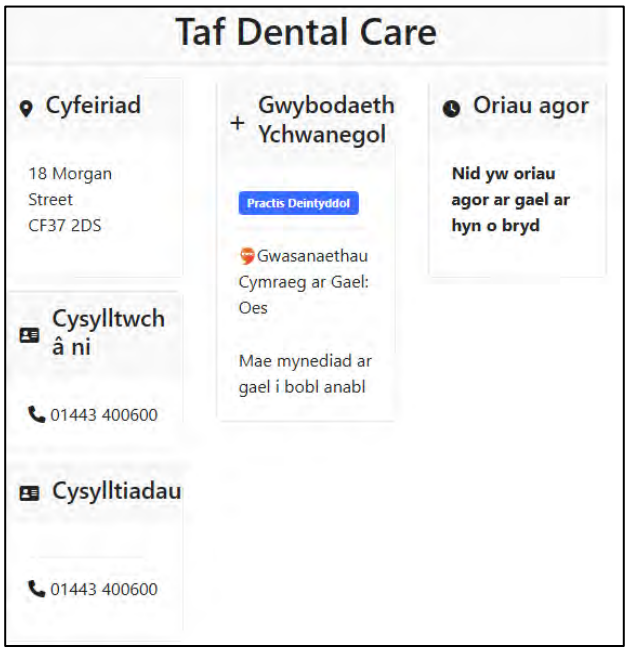
Platfform	Argraffiadau	Edrychiadau	Data arall
Prif dudalen Facebook gorfforaethol Saesneg	10,713	Wedi'i gweld am 6.545 eiliad ar gyfartaledd	283 o gliciau i gyd 228 o ddefnyddwyr wedi ymgysylltu 26 ymateb a sylw 2 o raniadau
Instagram	2,850	503	18 o hoffterau 5 o raniadau 1 arbediad
Prif dudalen Facebook gorfforaethol yn y Gymraeg	291	251	28 o bobl wedi ei chwarae
LinkedIn	2,4448	1,127	Cyrhaeddodd 1,295 o aelodau 176 o ymgysylltiadau i gyd 6 ailbostiad 29 ymateb

Sicrhaodd y bartneriaeth strategol gyda'n tîm Cyfathrebu ac Ymgysylltu fod yr ymgyrch wedi cyrraedd llawer iawn o bobl. Mae'n ganlyniad cadarnhaol bod miloedd o unigolion wedi gweld negeseuon sy'n hyrwyddo ac yn amddiffyn hawliau i'r Gymraeg.

Hyrwyddo Gwasanaethau Gofal Sylfaenol sydd ar gael yn y Gymraeg

Mae BIPCTM yn parhau i'w gwneud hi'n hawdd darganfod pa ddarparwyr Gofal Sylfaenol all gynnig gwasanaethau yn y Gymraeg. Ar ein gwefan, mae adran bwrpasol sy'n tynnu sylw at ddarparwyr a all ddarparu'r cyfan neu ran o'u gwasanaeth yn y Gymraeg.

Ewch i'r offeryn 'Dod o hyd i'ch gwasanaeth GIG lleol' ar ein gwefan, a byddwch yn gallu gweld ar unwaith pa ddarparwyr sy'n cynnig gwasanaeth yn y Gymraeg. Mae'r cyfan yn ymwneud â'ch helpu chi i gael mynediad at ofal yn yr iaith rydych yn teimlo fwyaf cyfforddus ynddi. Gweler enghraifft isod.



3: Sut ydych chi'n sicrhau cydymffurfiaeth â deddfwriaeth y Gymraeg ac amddiffyn fy hawliau?

Mae cyfathrebu clir ac ymgysylltu ystyrlon yn rhan hollbwysig o gyflawni ein dyletswyddau Cymraeg.

Rydym hefyd yn dibynnu ar gynlluniau gwella cadarn, monitro rheolaidd, a rheolaethau effeithiol i ganfod bylchau a sicrhau ein bod yn cyflawni ein hymrwymiadau.

Gwasanaeth Datblygu'r Gymraeg

Rhan allweddol o gydymffurfio â deddfwriaeth y Gymraeg yw ein Gwasanaeth Datblygu'r Gymraeg, dan arweiniad Arweinydd y Gymraeg.

Mae'r tîm yn cefnogi staff drwy

gynnig cyngor ar faterion y Gymraeg;
monitro cydymffurfiaeth (gweler isod);
cyflwyno ymwybyddiaeth iaith;
rheoli cyfieithu;
hyrwyddo dysgu Cymraeg yn y gwaith
a rhannu adnoddau i ymgorffori'r Gymraeg ar draws y sefydliad.

Gyrru Newid Trwy Fewnwelediad: Dangosfwrdd Iaith a Diwylliant Cymru

Er mwyn cyflymu cynnydd wrth ymgorffori'r Gymraeg ar draws ein sefydliad, rydym wedi lansio Dangosfwrdd Iaith a Diwylliant newydd sbon eleni yn ein Pwyllgor Pobl a Diwylliant. Mae'r offeryn hwn yn dwyn ynghyd bwyntiau data allweddol sy'n taflu goleuni ar y meysydd sydd bwysicaf i'n llwyddiant. Mae'r fethodoleg y tu ôl i bob metrig wedi'i hegluro yn Atodiad 1.

Mae'r dangosfwrdd yn canolbwyntio ar chwe cholofn strategol:

Profiad y Claf: Beth mae ein cleifion yn ei ddweud wrthym trwy eu profiadau? Rydym yn archwilio pa mor hawdd y gallan nhw ddefnyddio'r Gymraeg yn ein gwasanaethau, a beth mae eu hadborth—canmoliaeth a phryderon—yn ei ddatgelu am ymgysylltiad ein staff â'n hiaith.

Recriwtio: Ydyn ni'n chwilio am sgiliau iaith Gymraeg yn ein harferion recriwtio?

Dysgu Ein Hiaith: Faint o'n staff sy'n cymryd camau i ddysgu Cymraeg?

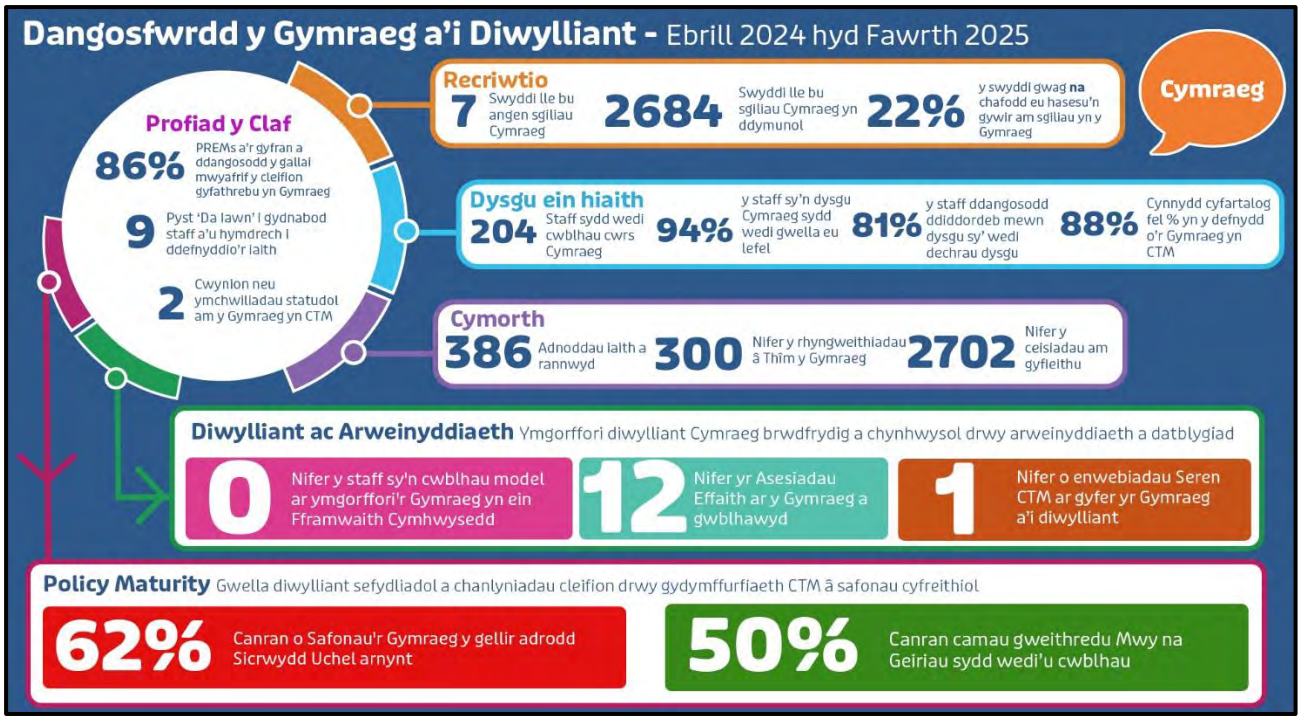
Cymorth: Ydy staff yn estyn allan ac yn ymgysylltu â Thîm y Gymraeg?

Diwylliant ac Arweinyddiaeth: Ydy ein harweinwyr wedi'u harfogi i hyrwyddo'r iaith Gymraeg? Ydy arweinwyr newid yn ystyried effaith eu penderfyniadau ar ein hiaith?

Aeddfedrwydd Polisi: Yn seiliedig ar ein hunanasesiad mewnol, pa mor dda rydym yn dilyn deddfwriaeth y Gymraeg?

Bob blwyddyn, bydd y dangosfwrdd hwn yn cael ei gynnwys yn ein hadroddiad blynyddol, gan olrhain cynnydd ac amlygu twf mewn meysydd allweddol—gan ein helpu i ddangos trywydd clir, ar i fyny yn ein hymrwymiad i'r Gymraeg. Bydd hefyd yn strwythuro diweddariadau chwe-misol i'n Pwyllgor Cyflawni Gweithredol.

Gellir gweld y sefyllfa ar gyfer 2024-2025 isod.



Methodoleg Archwilio'r Gymraeg

Mae Dangosfwrdd y Gymraeg uchod yn rhoi golwg lefel uchel ar berfformiad BIPCTM yn erbyn meysydd allweddol. Mae'n dangos pa mor ymrwymedig rydym ni i wneud y Gymraeg yn rhan naturiol o'n gwasanaethau.

Gan adeiladu ar yr arolwg gwaelodlin o gydymffurfiaeth 2023–2024 a ddisgrifiwyd yn adroddiad y llynedd, rydym bellach hefyd wedi datblygu methodoleg archwilio gadarn i asesu cydymffurfiaeth â **phob** safon. Mae hyn yn sicrhau adrodd cyson, sy'n seiliedig ar dystiolaeth, ac yn ein galluogi i olrhain cynnydd yn erbyn ein hysbysiad cydymffurfio (gweler y fethodoleg lawn yma o dan 'Adroddiad Perfformiad Safonau'r Gymraeg diweddaraf).

Er y gellir asesu rhai Safonau drwy arsylwi uniongyrchol, mae eraill—megis dogfennaeth ddwyieithog ac arwyddion dros dro—yn gofyn am sawl ffynhonnell ddata i lunio amcangyfrif dibynadwy. O ystyried maint a chymhlethdod ein sefydliad, mae gwirio llawn o bob achos o gydymffurfiaeth, neu fel arall, yn anymarferol. Fodd bynnag, mae ein methodoleg yn caniatáu i ni lunio penderfyniad sicrwydd credadwy ar lefel sefydliadol yn seiliedig ar ddata cynrychioliadol. Gellir gweld canlyniadau llawn yr archwiliad hwn ar-lein drwy ddilyn y ddolen hon yma o dan 'Adroddiad Perfformiad Safonau'r Gymraeg diweddaraf'.

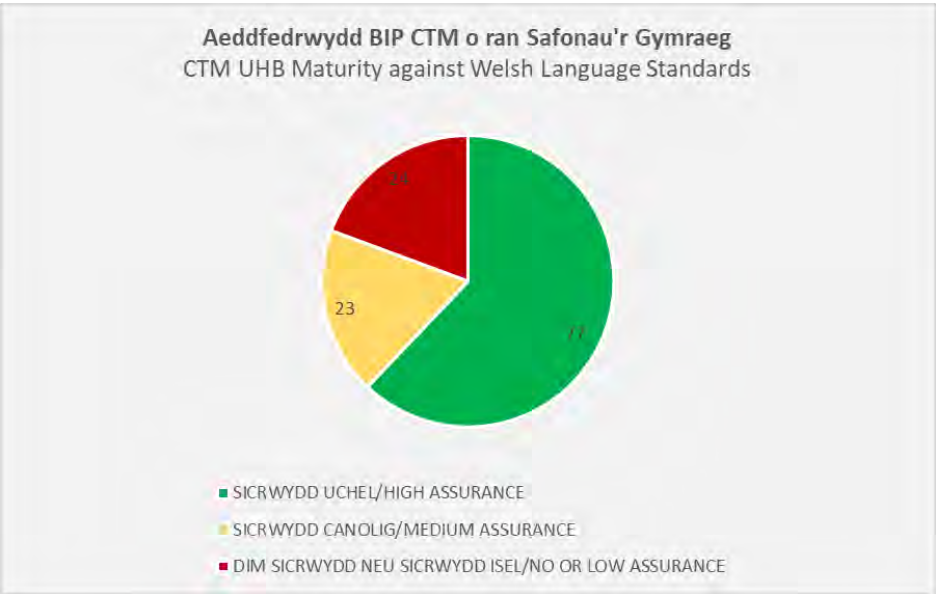
Gellir gweld trosolwg gweledol isod yn Ffigur 1, sy'n dangos nifer y Safonau y gellir adrodd Sicrwydd Uchel arnynt, yn hytrach na Sicrwydd Canolig, Isel neu Ddim Sicrwydd. Darperir diffiniadau isod.

Sicrwydd Uchel: Mae'r sefydliad yn cydymffurfio â'r holl ofynion o dan bob amgylchiad ac eithrio ar adegau prin.

Sicrwydd Canolig: Mae'r sefydliad yn cydymffurfio'n llawn fel arfer, ond mae diffyg cydymffurfiaeth ar rai adegau neu o ran rhai gofynion.

Sicrwydd Isel: Mae'r sefydliad yn cydymffurfio ar rai adegau neu o ran rhai o'r gofynion, ond ddim yn cydymffurfio'n llawn ac yn gyson.

Dim Sicrwydd: Nid yw'r sefydliad yn cydymffurfio â'r gofynion o gwbl, neu mae'n cydymffurfio ar adegau prin neu o ran ychydig o agweddau'n unig.



Mae Tabl 1 a 2 isod yn crynhoi'r Safonau lle mae **CYNNYDD** neu wedi'i adrodd ar eu cyfer o'i gymharu â blwyddyn adrodd 2023/2024, a pham. Mae hefyd yn dangos y safonau hynny lle mae **GOSTYNGIAD** wedi bod yn y lefel sicrwydd.

Tabl 1: **Cynnydd** yn y lefel sicrwydd ers 2023/2024

Safonau lle mae **CYNNYDD** wedi bod yn y lefel sicrwydd.			
Safon	Newid	Gweithgarwch	Rhesymeg
5	O SICRWYDD **ISEL** i **GANOLIG**	Anfon gohebiaeth yn y Gymraeg at bersonau.	Mae adolygiad cofnodion o geisiadau cyfieithu wedi dangos cynnydd yn nifer y ceisiadau am gyfieithu gohebiaeth.
79	O **DIM SICRWYDD** i **SICRWYDD UCHEL**	Cymeradwyo polisi mewnol ar ddefnydd mewnol y Gymraeg.	Mae polisi wedi ei gymeradwyo a bellach ar waith.
106	O **DIM SICRWYDD** i **SICRWYDD ISEL**	Asesu a ddylid categoreiddio swyddi gwag fel rhai Cymraeg Hanfodol, Dymunol, Angen Dysgu Cymraeg neu Dim angen sgiliau yn y Gymraeg, trwy asesiad gwrthrychol wedi'i gofnodi.	Mae proses a chanllawiau, ynghyd â dull archwilio, bellach ar waith. Mae staff wedi dechrau dilyn y canllawiau hyn yn ystod y flwyddyn adrodd hon.
106A	O **DIM SICRWYDD** i **SICRWYDD UCHEL**	Cyhoeddi hysbysebion swyddi yn y Gymraeg.	Mae proses a chanllawiau bellach ar waith ynghyd â phwynt gwirio i atal hysbysebion nad ydynt yn cydymffurfio.
107A	O **DIM SICRWYDD** i **SICRWYDD UCHEL**	Cyhoeddi deunydd recriwtio yn y Gymraeg, fel disgrifiadau swyddi.	

Tabl 2: **Gostyngiad** yn y lefel sicrwydd ers 2023/2024

Safonau y mae'n rhaid cyhoeddi **GOSTYNGIAD** yn eu lefel sicrwydd.			
Safon	Newid	Gweithgarwch	Rhesymeg
23A	O SICRWYDD **UCHEL** i **GANOLIG**	Hysbysu staff eraill ar wardiau am angen iaith claf mewnol ar ôl i hyn gael ei gofnodi e.e. drwy'r e-fyrddau gwyn digidol.	Mae nifer yr achosion o gofnodi dewis iaith claf yn is ar gyfer y bwrdd gwyn electronig nag ydyw ar gyfer Cofnod Gofal Nyrsio Cymru, sy'n golygu nad yw angen iaith bob amser yn cael ei gofnodi lle gallai fod.
62	O SICRWYDD **UCHEL** i **GANOLIG**	Sut mae'r Bwrdd Iechyd yn cyflwyno ei hunaniaeth gorfforaethol.	Nid yw rhai gwisgoedd staff (e.e. crysau polo a chrysau) yn cynnwys y fersiwn Gymraeg ar gyfer y tîm a'r arbenigedd.
78	O SICRWYDD **UCHEL** i **ISEL**	Asesu effaith penderfyniadau mewn perthynas â Gofal Sylfaenol ar y Gymraeg.	Mae'r polisi presennol bellach wedi dyddio ac mae tystiolaeth yn dangos nad yw'r polisi blaenorol wedi'i ddilyn.

Mae Tabl 3 isod yn cymharu'r sefyllfa gyffredinol yn ystod y flwyddyn adrodd ddiwethaf â'r flwyddyn hon. Mae gwelliannau o ran cydymffurfiaeth yn amlwg.

	LEFEL SICRWYDD		
BLWYDDYN	SICRWYDD UCHEL	SICRWYDD CANOLIG	DIM SICRWYDD NEU SICRWYDD ISEL
2024/25	77 safon.	23 safon.	24 safon.
Fel % o'r holl Safonau	62%	18.5%	19%
2023/24	*74 safon.*	*21 safon.*	*29 safon.*
Fel % o'r holl Safonau	*60%*	*17%*	*23%*

Gofal Sylfaenol a'r Fframwaith Sicrwydd Contractau

Bob blwyddyn mae'n ofynnol i Wasanaethau Meddygol Cyffredinol (GMS) hunanasesu eu cydymffurfiaeth yn erbyn eu gofynion iaith. Nodir eu hymatebion ar gyfer 2024/2025 isod yn Nhabl 4 ar gyfer rhanbarth BIPCTM. Mae hyn yn dystiolaeth o fonitro darpariaeth ddwyieithog mewn cyfran sylweddol o wasanaethau Gofal Sylfaenol. Mae'r canlyniadau eu hunain hefyd yn dangos, er bod gwaith i'w wneud, bod gwasanaethau Cymraeg yn cael eu hymgorffori fwyfwy mewn gwasanaethau meddygon teulu.[3]

[3] Efallai na fydd rhai ymatebion yn cyfateb i 100% gan fod ymatebion 'Ddim yn berthnasol' wedi'u dileu.

Ymatebion Gwasanaethau Meddygol Cyffredinol Gofal Sylfaenol o dan y Fframwaith Sicrwydd Contractau		
Cwestiwn	IE	NA
A yw'r practis yn darparu gwasanaethau meddygol o dan y contract drwy gyfrwng y Gymraeg?	70%	25%
A yw'r ffurflen gofrestru newydd yn gofyn i'r claf yn benodol am ei anghenion iaith?	98%	2%
A yw'r practis yn darparu arwyddion dwyieithog?	88%	9%
A yw'r practis yn darparu posteri dwyieithog?	93%	4.5%
A yw'r practis yn darparu holiaduron cleifion newydd dwyieithog?	81%	15%
A yw'r practis yn cofnodi iaith ddewisol/iaith gyntaf cleifion yn nodiadau'r claf?	95%	4.5%
A yw'r practis yn annog staff i gofnodi iaith ddewisol y claf ar eu holl ddogfennaeth gan gynnwys atgyfeiriadau?	90%	9%
A yw'r practis yn cynnig fersiwn Gymraeg o unrhyw ddogfen neu ffurflen a ddarperir gan y Bwrdd Iechyd i gleifion a/neu aelodau'r cyhoedd?	97%	2%
A yw'r practis yn darparu gwasanaethau meddygol o dan y contract drwy gyfrwng y Gymraeg?	97%	2%

Mae gwaith ar y gweill hefyd o ran ystyried Gwasanaethau Deintyddol Cyffredinol, Optometreg a Fferyllfa Gymunedol.

Llywodraethu a Sicrwydd

Mae'r Gymraeg a chydymffurfiaeth wedi bod yn destun eitem ffurfiol ar yr agenda mewn Pwyllgor Bwrdd, gyda diweddariad ar lafar a phapur i gyd-fynd, dair gwaith yn ystod y flwyddyn adrodd hon. Rhoddodd y diweddariadau hyn sicrwydd i'r Pwyllgor Pobl a Diwylliant ynghylch y gwaith sy'n mynd rhagddo i fodloni Safonau'r Gymraeg. Mae'r trafodaethau hyn yn fater o gofnod cyhoeddus a gellir eu cyrchu yma.

Trafodwyd recriwtio a chydymffurfiaeth â'r Gymraeg yn ffurfiol hefyd yn y Bwrdd Rheoli Gweithredol dan gadeiryddiaeth y Prif Swyddog Gweithredol yn ystod y flwyddyn adrodd hon.

4: Ble mae'n fwyaf tebygol y bydda i'n gallu defnyddio'r Gymraeg gyda'r Bwrdd Iechyd?

Mae'r adran hon yn rhoi gwybodaeth i ddarllenwyr am weithlu dwyieithog presennol BIPCTM yn seiliedig ar ddata gweithlu ym mis Mawrth 2025. Mae hyn yn seiliedig ar ddata ar gyfer **92%** o'n gweithlu.

Ein gweithlu dwyieithog presennol

Isod mae nifer y staff sydd â sgiliau yn y Gymraeg ar hyn o bryd, yn ôl data Mawrth 2025.

Lefel	Gwrando/Siarad Cymraeg				
	2022/23	2023/2024	**2024/25**	Gwahaniaeth ar 23/24	Gwahaniaeth ar 23/24 fel %
0	7740	8401	9067	+666	+8%
1	1871	1961	2081	+120	+6%
2	295	305	320	+15	+5%
3	197	199	203	**+4**	**+2%**
4	223	248	264	**+16**	**+6.5%**
5	284	303	320	**+17**	**+5.6%**
Lefel	**Darllen Cymraeg**				
	2022/23	2023/2024	**2024/25**	Gwahaniaeth ar 23/24	Gwahaniaeth ar 23/24 fel %
0	7873	8556	9312	+756	+8.8%
1	1702	1775	1822	+47	+2.6%
2	292	302	314	+12	+4%
3	159	171	179	**+8**	**+4.6%**
4	225	233	247	**+14**	**+6%**
5	302	326	338	**+12**	**+3.6%**
Lefel	**Ysgrifennu Cymraeg**				
	2022/23	2023/2024	**2024/25**	Gwahaniaeth ar 23/24	Gwahaniaeth ar 23/24 fel %
0	8092	8774	9556	+782	+8.9%
1	1511	1595	1615	+20	+1.2%
2	290	288	306	+18	+6.25%
3	173	187	200	**+13**	**+6.9%**
4	188	195	205	**+10**	**+5%**
5	262	292	297	**+5**	**+1.7%**

Ble mae'n fwyaf tebygol y byddaf yn gallu defnyddio'r Gymraeg gyda staff clinigol?

Mae'r dadansoddiad a gyhoeddwyd yma ym mis Medi 2024 yn nodi'n fanwl pa grwpiau staff (h.y. nyrsys neu therapyddion) a pha feysydd sydd fwyaf tebygol o allu defnyddio'r Gymraeg pan fydd gennych chi neu aelod o'r teulu apwyntiad neu pan fyddwch chi'n glaf mewnol.

Er nad yw'n cael ei warantu ym mhob sefyllfa, yr ardaloedd hyn yw'r rhai mwyaf tebygol o gynnig gwasanaethau yn y Gymraeg, yn enwedig lle gofynnwyd am eich dewis iaith a lle gweithredwyd ar hynny, a lle mae staff wedi dangos eu bod yn siaradwyr Cymraeg.

Fel y dangosir yn yr adroddiad hwn, mae gan BIPCTM brosesau ar waith i sicrhau y gall staff sy'n siarad Cymraeg adnabod eu hunain fel siaradwyr Cymraeg i'n cleifion. Mae hyn yn cynnwys y gwisgoedd mae nyrsys yn eu gwisgo a rhoi cortynnau gwddf i staff sy'n siarad Cymraeg lle maen nhw'n cael eu gwisgo.

Chwiliwch am y symbol ar wisgoedd; mae hyn yn golygu bod yr aelod staff yn gallu siarad Cymraeg ac yn gyfforddus yn gwneud hynny.

Mewn gwirionedd, gallai'r aelod staff hwnnw fod yn un o:

Dros **200** o'n nyrsys neu fydwragedd â sgiliau yn y Gymraeg;
Dros **70** o'n Gweithwyr Cymorth Gofal Iechyd â sgiliau yn y Gymraeg;
Bron i **100** o'n Therapyddion, Radiograffwyr neu Fferyllwyr â sgiliau yn y Gymraeg;
O leiaf **35** o'n meddygon neu ymgynghorwyr â sgiliau yn y Gymraeg.

Felly hyd yn oed os nad ydych chi'n defnyddio un o'r gwasanaethau a amlinellir yn y dadansoddiad manwl yma, dydy hyn ddim yn golygu nad oes gan y gwasanaeth unrhyw staff sy'n siarad Cymraeg.

Beth am Ofal Sylfaenol, fel fy Meddyg Teulu?

Gall llawer o wasanaethau Gofal Sylfaenol yn rhanbarth BIPCTM gynnig eu gwasanaeth yn y Gymraeg. Defnyddiwch yr offeryn hwn yma yn y Gymraeg o dan 'Dod o Hyd i'm Gwasanaeth GIG'. Os gall y darparwr ddarparu rhai neu'r cyfan o'i wasanaethau yn y Gymraeg, bydd y symbol hwn yn cael ei ddefnyddio i ddangos hyn.

Beth am fathau eraill o wasanaethau?

Yn ogystal â defnyddio'r Gymraeg mewn apwyntiad neu ar ein wardiau, a phan fydd staff wedi nodi eu bod yn siaradwyr Cymraeg, gallwch hefyd fod yn hyderus am y canlynol:

Byddwch yn derbyn ymateb yn y Gymraeg os ysgrifennwch atom yn y Gymraeg;
Byddwch yn derbyn gohebiaeth fel llythyrau apwyntiad yn y Gymraeg;
Fe welwch chi'r Gymraeg o'ch cwmpas pan fyddwch chi'n ymweld â'n safleoedd ar arwyddion ac arddangosfeydd;
Gallwch ddefnyddio ein gwefan yn y Gymraeg heb unrhyw broblemau;
Gallwch gael mynediad at ein sianeli cyfryngau cymdeithasol pwysicaf yn y Gymraeg.

Mae hyn yn seiliedig ar ein gwiriadau mewnol a nodwyd uchod, er mwyn sicrhau y gall defnyddwyr gwasanaeth fod yn hyderus yn y gwasanaethau a ddarparwn.

5: Sut ydych chi wedi gwella sgiliau Cymraeg eich gweithlu presennol?

Blwyddyn sy'n torri record i ddysgu Cymraeg yn BIPCTM!

Rydym wrth ein bodd yn rhannu bod **205** o aelodau staff wedi cael eu cefnogi eleni i gymryd cam tuag at y Gymraeg yn y gwaith—naill ai trwy gyfranogiad uniongyrchol neu drwy gyfleoedd rydym wedi eu hariannu. Mae hynny'n **141** yn fwy o staff na'r llynedd, sy'n nodi cam enfawr ymlaen yn ein hymrwymiad i gynyddu hyder i ddefnyddio ein Cymraeg ar draws y sefydliad. Gwnaed y llwyddiant hwn yn bosibl oherwydd yr ymarfer cynllunio strategol a gynhaliwyd ar ddechrau'r flwyddyn adrodd, gan nodi beth oedd y cynnig, sut a ble i'w hyrwyddo a beth oedd ein mesurau llwyddiant a'n dull gwerthuso.

Wedi cyflwyno cannoedd o oriau o ddysgu, mae'r cyflawniad hwn yn adlewyrchu angerdd ac ymroddiad ein gweithlu a'n rheolwyr i gofleidio a hyrwyddo'r Gymraeg ym mywyd gwaith bob dydd.

Diolch yn fawr i bawb sydd wedi cymryd rhan—rydych chi'n helpu i wneud y Gymraeg yn rhan fyw a ffyniannus o BIPCTM. Gallwch ddarllen mwy isod.

Sesiynau Croeso i'r Gymraeg mewnol

Yn BIPCTM, mae ein Sesiynau Croeso i'r Gymraeg wedi'u cynllunio i rymuso staff gyda'r sgiliau Cymraeg hanfodol sydd eu hangen i gysylltu'n well â chleifion a chydweithwyr sy'n siarad Cymraeg. Mae'r sesiynau rhyngweithiol mewnol, 2 awr o hyd hyn yn canolbwyntio ar ymadroddion pob dydd a geirfa ymarferol, gan helpu staff i ddarparu gwasanaeth mwy cynhwysol, parchus a sensitif yn ddiwylliannol.

Mae'r fenter hon yn cefnogi ein hymrwymiad i Gam Gweithredu 17 yn cynllun 5 mlynedd ar gyfer ymgynghoriadau clinigol yn y Gymraeg: sicrhau bod gan 30% o staff yn y meysydd a nodwyd o leiaf Lefel 1 yn y Gymraeg erbyn 2027.

Er mwyn sicrhau bod y sesiynau'n gwneud gwahaniaeth gwirioneddol, rydym wedi gwerthuso eu heffaith gan ddefnyddio Model Kirkpatrick—fframwaith dibynadwy mewn Dysgu a Datblygu.[4] Mae'r dull aml-lefel hwn yn ein helpu i fesur nid yn unig boddhad, ond hefyd dysgu, newid ymddygiad, a chanlyniadau yn y byd go iawn. Yn hytrach na chanolbwyntio ar un elfen yn unig sef mwynhad y dysgwyr, mae'n bwysig ymchwilio o dan yr wyneb os yw hyfforddiant am gael yr effaith angenrheidiol.

Gellir gweld rhai canlyniadau ar gyfer effaith yn y byd go iawn isod o ddata hyd at fis Mawrth 2025:

Cwblhaodd **140** o aelodau staff sesiwn
Nododd **100%** o'r cyfranogwyr eu bod wedi mwynhau'r sesiynau;
Cyrhaeddwyd **94%** o'r targed blynyddol a osodwyd ar gyfer staff yn cwblhau'r sesiynau;
22 sesiwn wedi'u cynnal hyd at fis Mawrth 2025;
44 awr o hyfforddiant wedi'i ddarparu;
Aeth **61%** o ddysgwyr ymlaen o Lefel 0 i Lefel 1 mewn Siarad a Gwrando ar y Cofnod Staff Electronig (ESR);
Cyfradd drosi o ddiddordeb cychwynnol i gymryd rhan o **80%**;
Roedd **65%** o'r mynychwyr mewn rolau clinigol;
Cyfradd presenoldeb mewn sesiwn i'r rhai a archebodd o **81%**;
Mae dros **60** o staff wedi ymuno â Rhwydwaith Dysgwyr Cymraeg newydd ar MS Teams.

[4] Kirkpatrick, Donald L. *Evaluating Training Programs: The Four Levels*. San Francisco: Emeryville, CA: Berrett-Koehler; Publishers Group West [dosbarthwr], 1994.

Adborth Cyfranogwyr

"Mwynheais yr hyfforddiant yn fawr iawn. Rwy'n bwriadu gwella fy sgiliau ymhellach gyda chwrs a cheisio siarad â chydweithwyr a chleifion yn y Gymraeg a'r Saesneg."

"Hawdd ei ddilyn, hyd priodol. Byddaf yn gallu siarad Cymraeg yn fwy hyderus gyda staff a chleifion."

"Roeddwn i wrth fy modd! Roedd yn hwyl, yn ddiddorol, ac yn gwneud i mi eisiau dysgu

"Roedd y tiwtor yn ardderchog—cefnogol, cyfeillgar, a gwnaeth y tiwtor y sesiwn yn hwyl."

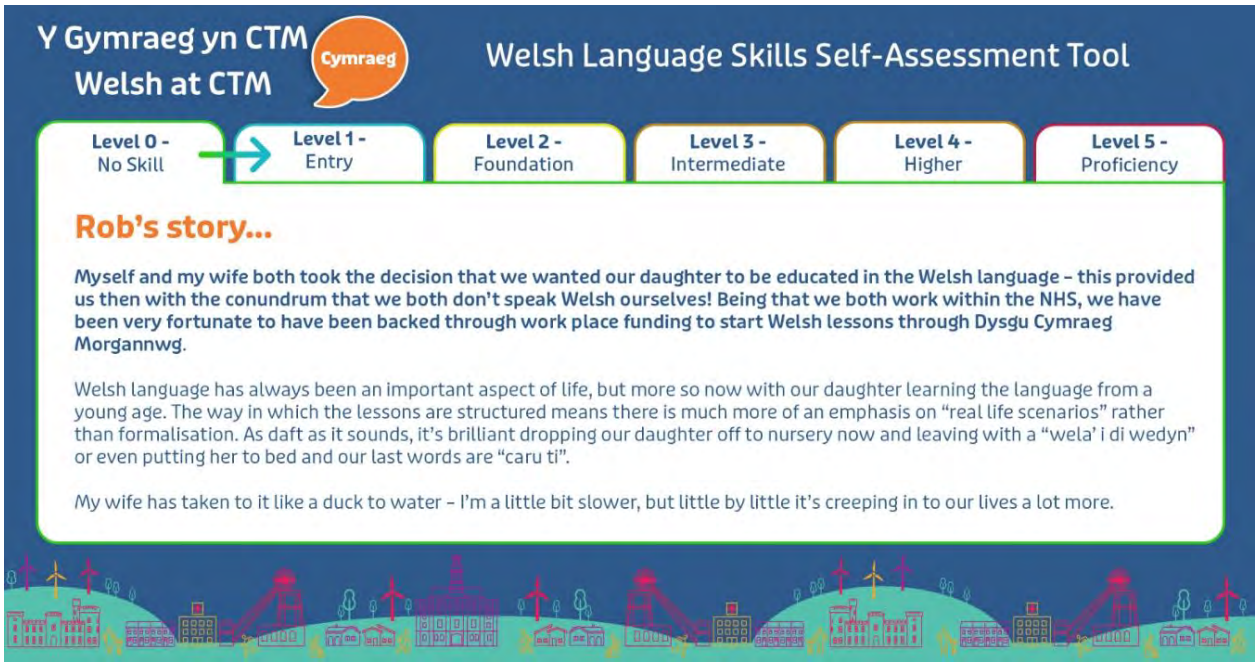
"Rydw i eisoes wedi dechrau defnyddio cyfarchion fel 'Bore da' mewn cyfarfodydd a galwadau ffôn. Mae'n gam bach, ond mae'n teimlo'n wych."

"Rydw i wedi cofrestru ar gyfer cwrs 24 wythnos ac rydw i'n gwneud ymdrech ymwybodol i ddefnyddio beth rydw i wedi'i ddysgu gyda ffrindiau, teulu, a hyd yn oed dieithriaid."

Uchafbwyntiau Dysgu

Dysgodd y staff sgiliau Cymraeg ymarferol gan gynnwys cyfarchion, dweud teitlau swyddi, ac ynganu.

Adroddodd llawer am fwy o hyder a mwy o ymwybyddiaeth o ddefnyddio'r Gymraeg mewn e-byst, cyfarfodydd a rhyngweithiadau â chleifion, sy'n dangos bod newid wedi bod mewn ymddygiad.



Y Cynllun Codi Hyder: Defnyddio'r Gymraeg Sydd Gennym

Nod y Cynllun Codi Hyder yw cefnogi staff sydd â sgiliau Cymraeg canolradd neu heb hyder (Lefelau 3–4 ALTE) i feithrin hyder a chynyddu eu defnydd o'r iaith yn y gweithle. Wedi'i gyflwyno drwy sesiynau 1:1 wedi'u teilwra, cefnogodd y cynllun 44 aelod o staff yn ystod y flwyddyn adrodd hon—73% o'r targed blynyddol a osodwyd yn ein cynllun strategol ar gyfer dysgu Cymraeg.

Mesurau Llwyddiant Allweddol o ddata hyd at fis Mawrth 2025:

500+ awr wedi'i darparu;
Pob Grŵp Gofal wedi'i gynrychioli yn y carfannau;
Cyfradd drosi o ddiddordeb cychwynnol i gymryd rhan o **61%**;
Cyfradd presenoldeb mewn sesiynau o **69%**;
Mwyafrif o staff mewn rolau clinigol, yn cefnogi gwaith i gynnig gofal clinigol yn y Gymraeg;
Nododd **100%** o'r cyfranogwyr eu bod wedi mwynhau'r sesiynau;

Cynnydd sylweddol yn yr hyder i ddefnyddio'r Gymraeg mewn lleoliadau proffesiynol a phersonol;

Defnydd ehangach o'r Gymraeg mewn negeseuon e-bost, cyfarfodydd, a sgyrsiau gyda chydweithwyr a chleifion;

Daeth mentrau dan arweiniad cyfoedion i'r amlwg, gan gynnwys grŵp trafod Cymraeg clinigol yn y tîm Therapi Iaith a Lleferydd Pediatrig (gweler isod), sy'n dangos newid diwylliannol go iawn;

Newid diwylliannol amlwg, gyda chyfranogwyr yn annog eraill i ddefnyddio'r Gymraeg ac yn hyrwyddo'r iaith yn eu hadrannau.

Adborth Cyfranogwyr

"Gwnaeth y tiwtor ddysgu'n hwyl a helpodd fi i deimlo'n hyderus yn defnyddio'r Gymraeg

"Gwnaeth y tiwtor ddysgu'n hwyl a helpodd fi i deimlo'n hyderus yn defnyddio'r Gymraeg

"Rwy'n defnyddio cyfarchion Cymraeg mewn negeseuon e-bost a chyfarfodydd nawr—

"Rydw i wedi dechrau siarad Cymraeg gyda chydweithwyr a hyd yn oed yng ngrŵp Ti a Fi fy

"Rwy'n llai ofnus o wneud camgymeriadau ac yn fwy parod i roi cynnig arni."

"Roedd y sesiynau'n hyblyg, yn gefnogol, ac wedi'u teilwra i fy anghenion—rwyf wedi'i

Effaith Dysgu

Roedd y cyfranogwyr wedi gwneud mwy na dysgu—fe wnaethon nhw ei darganfod hi o'r newydd. Drwy sesiynau ymarferol wedi'u teilwra, enillodd staff sgiliau iaith oedd yn uniongyrchol berthnasol i'w rolau, o ymadroddion sgwrsio i derminoleg broffesiynol. Disgrifiodd llawer frwdfrydedd newydd dros yr iaith. Amlygodd adborth tiwtoriaid gynnydd clir a chyson mewn rhuglder, geirfa a gramadeg—gan ddangos bod hyder a gallu wedi tyfu law yn llaw.

Cymraeg ar Waith: Ymgorffori Iaith mewn Ymarfer Bob Dydd

Mae staff ar draws BIPCTM yn cofleidio'r Gymraeg gyda hyder sy'n tyfu—boed mewn ymgynghoriadau clinigol, tasgau gweinyddol, neu ryngweithio bob dydd. Mae'r Cynllun Codi Hyder wedi chwarae rhan allweddol yn y trawsnewid hwn, gan helpu staff i symud o betruster i ruglder.

Mae'r fenter hon yn cefnogi'n uniongyrchol y gwaith o weithredu'r Safonau'r Gymraeg a fframwaith Mwy na Geiriau, gan sicrhau nid yn unig y caiff dwyieithrwydd ei annog, ond ei fod yn cael ei wreiddio yn ein diwylliant.

Yn fwy na hynny, mae arloesiadau dan arweiniad staff—fel grwpiau cymorth gan gymheiriaid a thrafodaethau clinigol yn y Gymraeg (gweler Astudiaeth Achos Therapïau ar Dudalen 28)—yn helpu i blethu'r iaith i wead bywyd timau a darparu gwasanaethau.

I gynnal y momentwm hwn, mae BIPCTM yn archwilio modelau newid ymddygiad fel ARFer, sy'n cynnig dull pwerus o gefnogi defnydd hirdymor a hyderus o'r Gymraeg yn y gweithle.

Ariannu cyrsiau iaith Gymraeg eraill

Fel rhan o'n hymrwymiad parhaus i ymgorffori'r Gymraeg yn y gweithle, mae BIPCTM hefyd wedi ariannu staff i gwblhau cyrsiau iaith a ariennir yn llawn yn allanol.

Dros y flwyddyn ddiwethaf, manteisiodd **17** o gydweithwyr brwdfrydig ar y cyfle i gofrestru ar gyrsiau lefel Mynediad a Sylfaen, gan gymryd camau ystyrlon ar eu taith tuag at y Gymraeg. Yn fwy na hynny, cafodd nifer o'r dysgwyr hyn eu hysbrydoli i gymryd rhan gyntaf ar ôl mynychu ein Sesiynau Croeso mewnol—tystiolaeth o bŵer ymgysylltu ac anogaeth gynnar.

Mae'r diddordeb cynyddol hwn yn adlewyrchu ein gweledigaeth gyffredin o greu gweithle mwy dwyieithog a chynhwysol. Diolch yn fawr i bawb sydd wedi cymryd rhan—rydych chi'n helpu i lunio dyfodol mwy disglair a chynhwysol i BIPCTM!

Olrhain Cynnydd Go Iawn wrth Ddysgu'r Gymraeg

Yn BIPCTM, nid yn unig rydym yn annog dysgu'r Gymraeg—rydym yn mesur cynnydd ystyrlon. Gan ddefnyddio dull sy'n cael ei arwain gan werthuso, rydym yn olrhain taith pob dysgwr tuag at gyflawni Cymraeg lefel Cwrteisi ac ennill hyder i ddefnyddio'r Gymraeg, gan sicrhau bod pob cam yn cael ei gydnabod a'i gefnogi.

Ar ôl cwblhau ein Sesiwn Croeso i'r Gymraeg neu'r Cynllun Codi Hyder, caiff sgiliau Siarad a Gwrando aelodau staff eu hasesu gan y tiwtor ac yna eu diweddaru ar eu Cofnod Staff Electronig (ESR). Mae hyn yn ein helpu i fonitro datblygiad mewn amser real a theilwra cefnogaeth yn y dyfodol yn fwy effeithiol. Mae hyn hefyd yn sicrhau cywirdeb data, fel bod gan reolwyr ddata cywir i dargedu dysgu Cymraeg ac i ddadansoddi'r gweithlu ar gyfer prosesau cynllunio'r gweithlu.

6: Sut ydych chi wedi ystyried sgiliau Cymraeg gweithlu y dyfodol?

Mae BIPCTM wedi gwneud cynnydd da eleni o ran trawsnewid ein dull o recriwtio a hyrwyddo dwyieithrwydd.

Yn ein hadroddiad blynyddol diwethaf ar gyfer 2023/2024, dywedon ni:

> "Mae BIPCTM ar hyn o bryd yn gweithio drwy gynllun gweithredu sylweddol, y rhan fwyaf ohono'n ymwneud â sut rydym yn trin y Gymraeg wrth recriwtio. Y dyddiad cau ar gyfer cyflwyno tystiolaeth ein bod wedi cwblhau'r gwaith hwnnw yw Rhagfyr 2024."

Mae'r cynllun gwaith hwn bellach wedi'i gwblhau ac mae'r canlynol wedi'i gyflawni:

Mae dros **90%** o'n swydd ddisgrifiadau a'n hysbysebion swydd bellach yn cael eu cyhoeddi'n ddwyieithog, yn dilyn awdit o'r wefan ar gyfer yr adroddiad hwn. O ystyried bod BIPCTM yn cyhoeddi bron i 3,000 o swyddi gwag y flwyddyn, mae hwn yn ddatblygiad arwyddocaol;

Mae canllawiau wedi'u cymeradwyo ar waith i gynorthwyo rheolwyr i wneud asesiad gwrthrychol ynghylch a ddylid hysbysebu swydd wag fel sgiliau Cymraeg yn hanfodol, yn ddymunol, angen eu dysgu neu ddim yn angenrheidiol;

Mae dull o gofnodi'r asesiad hwnnw ar y templed disgrifiad swydd newydd ac ar Trac;

Mae dull strwythuredig ar gyfer archwilio'r system recriwtio wedi'i ddatblygu, gan alluogi adrodd clir ynghylch a yw canllawiau recriwtio wedi'u dilyn. Gellir gweld yr adroddiad cyntaf yn seiliedig ar hyn isod yn y tabl '*Dangosyddion cynllunio gweithlu'r Gymraeg*';

Mae hyfforddiant wedi'i ddatblygu mewn cydweithrediad ag arbenigwyr recriwtio yn y Gyfarwyddiaeth Pobl fel bod rheolwyr yn cael eu hyfforddi ar ddilyn y canllawiau, a pham y dylid dilyn y canllawiau.

Swyddi gwag lle bu sgiliau Cymraeg yn angenrheidiol

Isod mae nifer y swyddi gwag rhwng 1 Ebrill 2024 a 31 Mawrth 2025 a gafodd eu categoreiddio fel naill ai 'Mae sgiliau Cymraeg yn hanfodol', 'Mae sgiliau Cymraeg yn ddymunol', 'Mae angen dysgu sgiliau Cymraeg ar ôl penodi' neu 'Nid yw sgiliau iaith Gymraeg yn angenrheidiol'.[5] Mae dangosyddion pwysig eraill hefyd wedi'u cynnwys.

Dangosyddion cynllunio gweithlu'r Gymraeg	
Sgiliau yn Gymraeg yn hanfodol	7
Y nifer ohonynt oedd yn rolau clinigol	*1*
Y nifer ohonynt oedd yn rolau gweinyddiaeth reng flaen	*6*
Sgiliau yn Gymraeg yn ddymunol	2456
Mae angen dysgu sgiliau Cymraeg ar ôl penodi i'r swydd	0
Sgiliau Cymraeg heb fod yn angenrheidiol	288
Swyddi gweinyddu rheng flaen heb eu hysbysebu fel 'Cymraeg hanfodol' neu 'Angen dysgu'r Gymraeg ar benodi', oherwydd asesiad nad oedd yn cydymffurfio;	63
Swyddi mewn meysydd sy'n gysylltiedig â meysydd blaenoriaeth Mwy na Geiriau gyda bylchau yn y gweithlu **heb** eu hysbysebu fel rhai hanfodol neu lle mae angen dysgu'r Gymraeg ar benodiad, oherwydd asesiad nad oedd yn cydymffurfio	99
Nifer y siaradwyr Cymraeg (Lefel 3+) a benodwyd yn ddiweddar drwy recriwtio allanol mewn rolau clinigol	63

[5] Wedi'u heithrio o'r niferoedd yn y tabl mae rhai swyddi a gafodd eu categoreiddio fel 'Mae sgiliau Cymraeg yn hanfodol' neu 'Mae angen dysgu'r Gymraeg ar ôl penodi' fel gwall gweinyddol, lle'r oedd y rheolwr mewn gwirionedd yn bwriadu defnyddio 'Mae sgiliau Cymraeg yn ddymunol'.

7: Sut ydych chi wedi delio â chwynion a phryderon?

Gall aelodau'r cyhoedd gysylltu naill ai â Chomisiynydd y Gymraeg neu'r Bwrdd Iechyd yn uniongyrchol ynglŷn â phryder iaith neu gŵyn iaith. Pan dderbynnir pryderon, cânt eu cofnodi ar y system gwynion ganolog o'r enw DATIX.

Eleni derbyniodd y Bwrdd Iechyd y cwynion canlynol, gyda'r datrysiad wedi'i nodi.

Manylion y gŵyn	Penderfyniad
Cwynodd aelod o'r cyhoedd yn uniongyrchol i'r Bwrdd Iechyd fod taflen a holiadur a rannwyd gyda disgyblion yn Ysgol Garth Olwg yn Saesneg yn unig. Dyma oedd yr achos ar ôl ymchwiliad, yn groes i Safon 33 a 37.	• Cyfieithwyd yr holl wybodaeth i'r Gymraeg, nid dim ond y deunydd y cwynwyd amdano. • Cynhwyswyd allgymorth gydag ysgolion cyfrwng Cymraeg hefyd yn y Strategaeth 5 Mlynedd ar gyfer ymgynghoriadau clinigol yn y Gymraeg.
Cwynodd aelod o'r cyhoedd wrth Gomisiynydd y Gymraeg eu bod wedi derbyn ymateb yn Saesneg i negeseuon e-bost a anfonwyd yn Gymraeg at y Tîm Brechiadau. Ar ôl ymchwilio, ymddangosodd bod yr achwynydd wedi cael ateb yn Saesneg yn groes i Safon 1.	• Defnyddiodd Arweinydd y Gymraeg gyfeiriad e-bost siopwr cudd a chysylltodd â'r tîm perthnasol yn y Gymraeg, a derbyniodd ateb yr un diwrnod yn y Gymraeg. • O ystyried yr uchod, ni chymerwyd unrhyw gamau pellach.

8: Pa ardaloedd sy'n haeddu cydnabyddiaeth arbennig am eu hymrwymiad i'r Gymraeg?

Isod mae rhai meysydd yn y Bwrdd Iechyd sydd wedi gweithio i ymgorffori'r Gymraeg yn ystod y flwyddyn adrodd.

Therapïau (Ffisiotherapi, Therapi Galwedigaethol, Therapi Iaith a Lleferydd a Dieteteg)

Beth rydyn ni wedi'i wneud eleni?

Y Cynnig Rhagweithiol

Mae gwisgo'r cortyn gwddf Iaith Gwaith yn arfer cyffredin drwy gydol Therapïau, ac mae'n ffordd gydnabyddedig o ddangos i'n cleifion ein bod ni'n gallu defnyddio'r Gymraeg. Mae stori claf isod gan Niamh, un o'n therapyddion Iaith a Lleferydd, yn dangos bod darparu ein gwasanaethau yn y Gymraeg lle mae hynny ar ei bwysicaf wedi'i ymgorffori yn y ffordd rydym yn darparu ein gwasanaethau.

Mae ein prosesau atgyfeirio ar gyfer Therapïau yn cynnwys cwestiwn ar yr angen ieithyddol i hwyluso'r Cynnig Rhagweithiol. Y rhain yw:

Ffisiotherapi

Pan fydd cleifion yn cysylltu â'r ganolfan weinyddol i drefnu apwyntiad, gofynnir iddynt beth yw eu dewis iaith. Cadarnheir a chofnodir y wybodaeth hon hefyd os yw'r claf yn cyrraedd wyneb-yn-wyneb yn y dderbynfa ffisiotherapi. Yn ogystal, mae'r ddewis iaith yn cael ei dogfennu yn ystod y broses asesu ffisiotherapi, fel rhan o'r ddogfennaeth asesu safonol. Mae hyn yn cael ei chadarnhau yn ystod y sesiwn glinigol.

Therapi Iaith a Lleferydd

Mae staff gweinyddol yn sgrinio am y ddewis iaith wrth brosesu pob atgyfeiriad newydd ac yn diweddaru System Gweinyddu Cleifion Cymru (WPAS) yn unol â hynny. Mae staff clinigol yn cadarnhau'r wybodaeth hon eto yn ystod yr asesiadau cychwynnol, gyda dogfennaeth wedi'i chofnodi yn y nodiadau clinigol. Ystyrir dwyieithrwydd a phroffil iaith y claf yn gyson yn ystod asesiadau, ac adlewyrchir y wybodaeth hon yn WPAS ac yn hanes achos cychwynnol y claf.

Therapi Galwedigaethol

Yn ystod asesiadau cychwynnol, gofynnir i gleifion nodi eu dewis iaith yn rheolaidd. Mae'r wybodaeth hon wedi'i chofnodi ar ddogfennaeth y Cyfweliad Cychwynnol ac yn y nodiadau clinigol i sicrhau cyfathrebu cywir a chyson drwy gydol y llwybr gofal.

Deieteg

Mae'r ddewis iaith yn cael ei chofnodi ar y cardiau cofnod dietetig. Nododd archwiliad dogfennaeth a gynhaliwyd ym mis Ebrill 2025 yr angen i atgyfnerthu'r arfer o ofyn a chofnodi'r wybodaeth hon. Mae ymdrechion i fynd i'r afael â hyn yn mynd rhagddynt ar hyn o bryd er mwyn sicrhau cydymffurfiaeth lawn.

Rydym wrthi'n ychwanegu neges at ein tudalennau gwefan fel ein bod, mewn ardaloedd lle mae gennym staff sy'n siarad Cymraeg, wedi hyrwyddo hyn gyda'r cyhoedd, fel y gwnaed mewn Pediatreg Acíwt o fewn Nyrsio. Rydym bellach wedi cytuno ar y neges honno, ac rydym yn gobeithio y bydd tynnu sylw at hyn yn rhoi hyder i ddefnyddwyr gwasanaeth ddefnyddio'r Gymraeg gyda staff sy'n gwisgo'r cortyn gwddf Iaith Gwaith.

Darparu Gwasanaethau a Llywodraethiant

Mae Therapïau wedi integreiddio monitro cydymffurfiaeth â Safonau'r Gymraeg yn ei weithdrefnau sicrhau a llywodraethu ansawdd. Caiff cydymffurfiaeth â'r Gymraeg ei harchwilio'n rheolaidd, gyda'r un olaf yn cael ei gynnal yn 2024 gyda chynllun gweithredu byr wedi'i gytuno. Rhannwyd y canlyniadau hyn yn ein cyfarfodydd Arweinwyr ac mae'r canlyniadau hefyd wedi'u cofnodi ar system archwilio ledled y BIP, AmAT;
Mae gan Therapïau gynrychiolaeth ar Grŵp Llywio'r Gymraeg corfforaethol ac mae'n cyfrannu arfer da iddo'n rheolaidd;
Dyma rai enghreifftiau o beth rydyn ni'n ei wneud yn y Gymraeg i gleifion:

- Pan fyddwn yn cynnal ymyriadau Iaith a Lleferydd pediatrig yn y Gymraeg, rydym yn anfon y llythyr crynodeb o'r ymgynghoriad cychwynnol yn y Gymraeg a'r Saesneg at y teulu a'r ysgol os yw'n ysgol cyfrwng Cymraeg a/neu ar gyfer teuluoedd sy'n siarad Cymraeg. Mae'r rhain yn nodi sut rydym wedi ystyried dwyieithrwydd yn ein triniaeth ac yn nodi pa gamau rydym yn eu hargymell gan ystyried prif iaith y plentyn;
- Mae Dechrau'n Deg wedi darparu hyfforddiant, yn y Gymraeg, i leoliadau gofal plant cyfrwng Cymraeg;
- Mae gan PIPYN o fewn Dieteteg Pediatrig gyfryngau cymdeithasol dwyieithog, deunydd gweithgareddau dwyieithog i'r plant a llyfrynnau dwyieithog. Maen nhw hefyd yn defnyddio Cymraeg achlysurol yn ystod sesiynau. Mae dau siaradwr Cymraeg wedi cael eu recriwtio i'r Tîm yn ddiweddar;
- Anfonir ein holl lythyrau apwyntiad yn y Gymraeg a'r Saesneg yn ddiofyn;
- Yn ddiweddar, ailgynlluniodd ffisiotherapi eu holl arddangosfeydd yn eu hystafelloedd triniaeth gan sicrhau eu bod yn ddwyieithog;
- Mae pob tudalen wefan ar gyfer Therapïau yn ddwyieithog;
- Arweiniodd BIPCTM y gwaith o gyfieithu graddfa IDDSI (*Menter Safoni Deiet Dysffagia Ryngwladol*) eleni, y gellir ei defnyddio bellach yn y Gymraeg gan glinigwyr ledled Cymru;
- Cynhelir digwyddiad rhithwir Diwrnod Gyrfaoedd Iaith a Lleferydd yn ddwyieithog (Cymraeg/Saesneg);
- Mae cynigion Aros yn Iach Iaith a Lleferydd i Blant ar gael yn y Gymraeg a'r Saesneg.

Cynllunio'r gweithlu a recriwtio

Cyfrannodd therapïau at y proffil ieithyddol manwl cyntaf o weithlu BIPCTM fel rhan o waith o dan Safon 110 ym mis Medi 2024. Gan ddefnyddio data gweithlu o ESR, cafodd y timau hynny oedd â siaradwyr Cymraeg ar Lefel 4 neu 5 eu mapio a'u gwirio. Rhoddodd hyn ddata i ni ar ble rydym yn gallu cynnig gwasanaethau yn y Gymraeg, a pha feysydd y gallai fod angen ffocws arnynt fel Therapi Iaith a Lleferydd i Oedolion;
Mynychodd nifer o reolwyr Therapïau y digwyddiad staff tua diwedd y cyfnod adrodd ynghylch cynllunio'r gweithlu a'r Gymraeg;
Yn ddiweddar, penderfynwyd bod swydd weinyddol yn y Tîm Gweinyddol i Iaith a Lleferydd yn cael ei hysbysebu fel un 'Cymraeg yn hanfodol'. Dyma oedd y tro cyntaf i ni nodi bod sgiliau yn y Gymraeg yn hanfodol;

Mae Therapïau bellach yn sicrhau'n rheolaidd bod ein disgrifiadau swyddi a'n hysbysebion yn cael eu cyhoeddi'n ddwyieithog, ac roedden nhw ymhlith y meysydd cyntaf yn y Bwrdd Iechyd i wneud hyn;

Cymerodd bron i 30 o aelodau staff Therapïau ran mewn dysgu Cymraeg yn y gwaith yn ystod y cyfnod adrodd hwn. Roedd hyn yn cynnwys y cynllun Codi Hyder, sydd wedi arwain at newid pendant yn y defnydd o'r Gymraeg gan ein clinigwyr nad oeddent wedi defnyddio'r Gymraeg ers blynyddoedd lawer o'r blaen;

Cynhaliodd Ffisiotherapi, Therapi Iaith a Lleferydd, Therapi Galwedigaethol a PIPYN mewn Dieteteg sesiynau ar ein stondin yn y Maes ym mhresenoldeb cyntaf erioed y Bwrdd Iechyd yn yr Eisteddfod Genedlaethol. Fe wnaethon nhw ddangos beth mae gwasanaethau Therapi yn ei wneud a sut maen nhw'n ei wneud a sut y gallen nhw gefnogi pobl leol. Roedd yr holl staff a oedd yn bresennol yn siaradwyr Cymraeg.

Sut mae hynny wedi bod o fudd i ddefnyddwyr ein gwasanaeth?

Iaith a diwylliant Cymru yn y gwaith
Sarah O'Conner, Pennaeth Therapi Iaith a Lleferydd Pediatrig, ar y Cynllun Codi Hyder *Mae dau o'n S&LT Pediatrig wedi mynychu'r Cwrs Codi Hyder. Addysgwyd y ddau mewn ysgolion cyfrwng Cymraeg ond anaml yr oeddent wedi defnyddio'r Gymraeg ers gadael yr ysgol 20–30 mlynedd yn ôl. Wedi'u cymell i ailafael yn eu sgiliau iaith, roeddent yn teimlo bod y cwrs yn fuddiol iawn.* *Mae ein tîm yn hyrwyddo agwedd gref a chadarnhaol tuag at ddefnyddio'r Gymraeg, gan gynnig llawer o gyfleoedd i siaradwyr Cymraeg ddefnyddio'r iaith yn y gwaith. Yn dilyn y cwrs, sefydlodd un Therapydd Iaith a Lleferydd grŵp cymorth cyfoedion o saith o Therapyddion Iaith a Lleferydd sy'n siarad Cymraeg. Mae'r grŵp yn cyfarfod ar-lein bob chwarter i drafod achosion clinigol yn y Gymraeg, gan helpu i feithrin hyder, safoni terminoleg, a chefnogi trafodaethau clinigol effeithiol yn yr iaith.*

Radioleg

Beth rydyn ni wedi'i wneud eleni?

Y Cynnig Rhagweithiol

O fewn Radioleg, mae gofyn i gleifion beth yw eu dewis iaith yn cael ei wreiddio a chaiff hyn ei gofnodi ar RADIS. Bydd tîm trefnu apwyntiadau Radioleg yn gofyn i gleifion beth yw eu dewis iaith dros y ffôn, neu wrth gyrraedd yr adran, os nad yw eisoes wedi'i gofnodi.

Gall staff radioleg sy'n siarad Cymraeg nawr arddangos eu sgiliau iaith drwy wisgo bathodyn Iaith Gwaith wedi'i frodio ar eu neu drwy ddewis cortyn gwddf. Mae'n ffordd syml ond bwerus o helpu cleifion a chydweithwyr i adnabod siaradwyr Cymraeg yn hawdd a theimlo'n fwy cartrefol.

Mae arweinwyr safleoedd hefyd yn gwbl ymwybodol o'r sefyllfa, gyda dealltwriaeth glir o ba aelodau o'r tîm all siarad Cymraeg—gan sicrhau bod y gefnogaeth gywir ar gael pan fo angen a helpu i greu amgylchedd mwy cynhwysol a dwyieithog. Lle byddwn yn nodi cleifion sy'n siarad Cymraeg drwy'r Cynnig Rhagweithiol, byddwn yn ceisio sicrhau lle gallwn eu bod yn gweld cydweithiwr sy'n siarad Cymraeg.

Llywodraethu ac atebolrwydd

Mae'r Gymraeg wrth wraidd dull Radioleg o ddarparu gwasanaethau sy'n canolbwyntio ar y claf. Un enghraifft yw sut mae cydymffurfiaeth â Safonau'r Gymraeg yn gadarn ar yr agenda ym mhob cyfarfod yr Uwch Dîm bob dau fis. Mae'r sylw rheolaidd hwn yn sicrhau bod materion allweddol a godir gan Grŵp Llywio'r Gymraeg corfforaethol yn cael eu hystyried ar lefel leol—lle gall trafodaethau a phenderfyniadau ystyrlon ddigwydd. Mae Radioleg hefyd yn gwneud camau breision gyda'i Chynllun Gweithredu Cymraeg ei hun, gan ddangos ymrwymiad gwirioneddol i gyrraedd y Safonau. Mae cynnydd diweddar yn cynnwys:

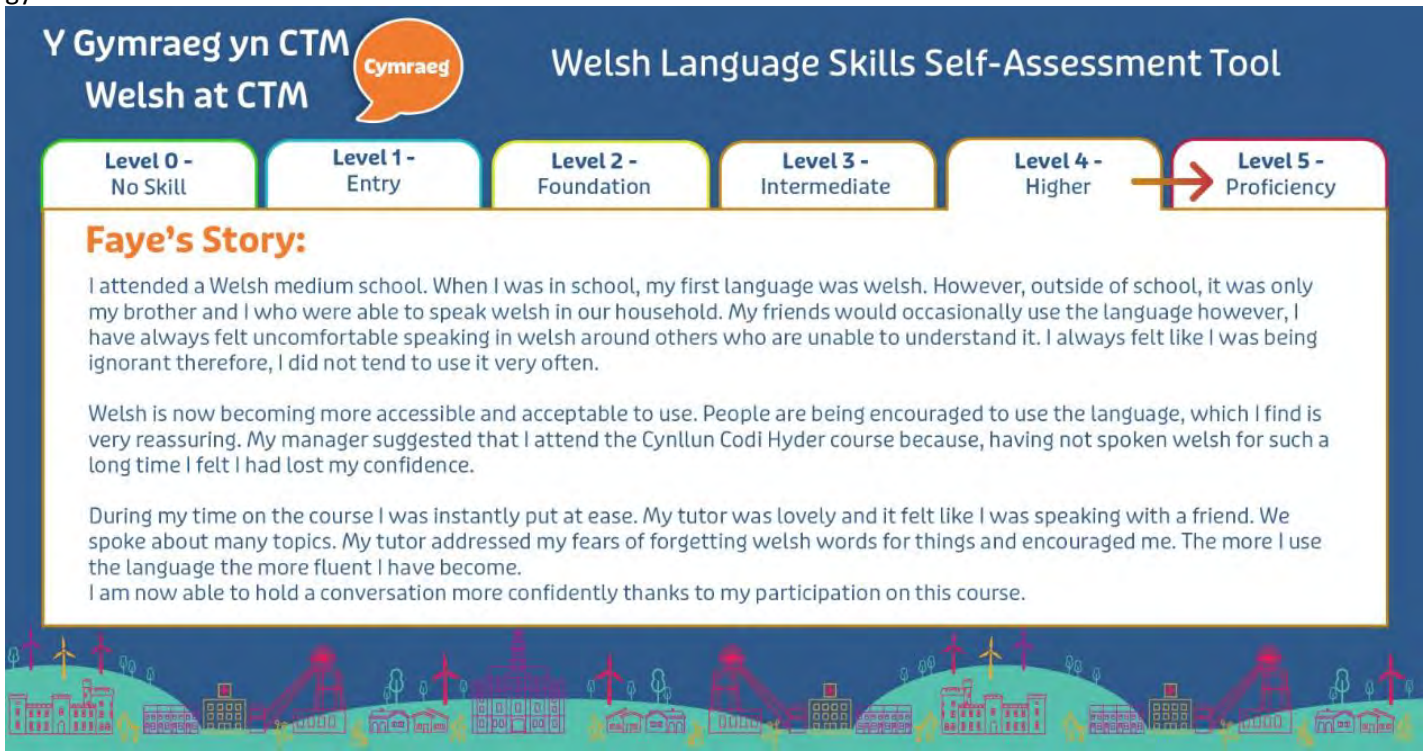
- Mae'r rhan fwyaf o lythyrau cleifion bellach yn gwbl ddwyieithog, gan sicrhau cyfathrebu clir i bawb;
- Mae arwyddion dros dro yn bennaf yn ddwyieithog, gan greu amgylchedd mwy cynhwysol;
- Mae deunyddiau gwybodaeth i gleifion ar gael yn y Gymraeg a'r Saesneg, gan gefnogi dewis iaith cleifion.

Mae'r camau hyn yn adlewyrchu ymroddiad Radioleg i ymgorffori'r Gymraeg mewn ymarfer bob dydd—gan ei gwneud yn rhan fyw, weladwy o ofal cleifion.

Dysgu Cymraeg

Mae aelodau'r tîm radioleg wedi bod yn croesawu'r cyfle i ddysgu Cymraeg yn frwdfrydig, gan gymryd rhan yn y sesiynau Croeso i'r Gymraeg dwy awr ddiddorol a'r Cynllun Codi Hyder sy'n grymuso staff. Mae'r mentrau hyn yn helpu staff i feithrin eu sgiliau iaith a'u hyder diwylliannol mewn ffyrdd ystyrlon.

Un enghraifft amlwg yw Faye o Radioleg, y mae ei hyder i ddefnyddio'r Gymraeg wedi ffynnu drwy'r cynllun. Diolch i'r gefnogaeth a'r anogaeth y mae'n eu cynnig, mae hi bellach yn teimlo'n llawer mwy hyderus yn defnyddio'r Gymraeg yn ei gwaith bob dydd—enghraifft ysbrydoledig o bŵer dysgu a chefnogaeth gymunedol.



Recriwtio

Mae Radioleg wedi gweithredu Safonau'r Gymraeg ar gyfer recriwtio. Roedd yn un o'r meysydd cyntaf yn ystod y flwyddyn adrodd hon i sicrhau ei fod yn cyhoeddi hysbysebion a disgrifiadau swyddi yn y Gymraeg. Yn ystod y flwyddyn adrodd hon, hysbysebwyd dwy swydd gyda sgiliau Cymraeg yn hanfodol:

Un Cynorthwyydd Gofal Iechyd Radioleg Band 3
Un swydd weinyddol reng flaen Band 4

Mae hyn yn dangos yn glir nad annog yn unig sydd ar waith yma—mae'r Gymraeg yn rhan annatod o sut rydym yn ymdrin â recriwtio o ddydd i ddydd.

Iaith a diwylliant Cymru yn y gwaith

Grŵp y Gymraeg ar gyfer Radioleg

Mae Radioleg wedi sefydlu ei Grŵp Gwaith Iaith ei hun. Datblygodd y Grŵp hwn yn organig o ddiwylliant iaith Gymraeg iach a ffyniannus yn ein hardal. Mae'r Grŵp wedi cyfarfod saith gwaith ers 2023, ac mae hyd yn hyn wedi trafod y canlynol;

Cynnig Rhagweithiol;
Gweledegd staff sy'n siaradwyr Cymraeg: llinynnau gwddf a rhestrau staff;
Yr iaith a ffefrir; ble i gofnodi a sut rydym yn archwilio
Cyfathrebu â chleifion; llythyrau apwyntiad
Adolygu a monitro arwyddion adrannol yn barhaus;
Ymgysylltu â staff; arweinwyr i weithredu fel modelau rôl, lleddfu pryderon a defnyddio adnoddau a ddarperir i gefnogi staff
Staffio a recriwtio – nodi bylchau mewn grwpiau staff a sgiliau iaith Gymraeg.

Gofal Sylfaenol a Chymunedau

Beth rydyn ni wedi'i wneud eleni?

Drwy gydol 2024/25, mae'r Grŵp Gofal Sylfaenol a Gofal Cymunedol wedi parhau i gryfhau ei ymrwymiad i'r Gymraeg, gan ei hymgorffori'n ddyfnach ar draws cynllunio'r gweithlu, darparu gwasanaethau ac ymgysylltu â'r gymuned. Mae nifer o ddatblygiadau allweddol wedi digwydd, wedi'u grwpio o dan y themâu craidd canlynol:

Y Gymraeg yn y Gweithlu

Mae cydweithio agos wedi'i sefydlu â Gwasanaeth Datblygu'r Gymraeg, gan gefnogi dull mwy cyson ac amserol o ddefnyddio gwasanaethau cyfieithu. Mae ymwybyddiaeth gynyddol o'r Cynnig Rhagweithiol drwy amrywiol gyfarfodydd a fforymau wedi annog staff sy'n siarad Cymraeg i gofnodi eu sgiliau iaith ar ESR. Mae llawer o staff ar draws y Grŵp Gofal Sylfaenol a Gofal Cymunedol wedi cymryd rhan yn y Sesiynau Croeso i'r Gymraeg mewnol neu'r Cynllun Codi Hyder, gan gryfhau ein gweithlu ymhellach drwy annog dysgu a datblygu'r Gymraeg o fewn ein gwasanaethau ein hunain. Mae glynu wrth Safonau Recriwtio'r Gymraeg yn parhau'n gryf, gyda Disgrifiadau Swyddi a Hysbysebion Cymraeg yn cael eu huwchlwytho i Trac ac rydym wedi cryfhau ein

hymrwymiad i weithlu dwyieithog drwy hysbysebu swyddi gwag ‘Sgiliau Cymraeg yn Ddymunol’ i helpu i ddenu ymgeiswyr sy’n siarad Cymraeg a chefnogi anghenion y gweithlu yn y dyfodol.

Mae diwylliant Cymru yn cael ei ddathlu yn y gweithle, gyda mentrau fel sesiynau Therapi Cerdd yn cynnwys telynorion lleol yn perfformio cerddoriaeth werin draddodiadol Gymreig ar draws wardiau cymunedol CTM. Mae'r gweithgareddau diwylliannol hyn yn cefnogi ymdeimlad mwy o hunaniaeth a chysylltiad i staff a chleifion fel ei gilydd.

Mae Grŵp Llywio’r Gymraeg ar gyfer ein hardal ni wedi ehangu o ran cwmpas eleni, gyda chynrychiolaeth newydd o’r Gwasanaethau Meddygol Cyffredinol (GMS)—cam arwyddocaol a chadarnhaol wrth ymestyn cynllunio a llywodraethu’r Gymraeg i feysydd nad oeddent yn cael eu cynrychioli o’r blaen. Mae’r ymgysylltiad â Gwasanaeth Datblygu'r Gymraeg hefyd wedi cynnwys cyfrannu at Fforwm y Nyrsys Ymarfer, Fforwm y Gweithwyr Cymorth Gofal Iechyd (HCSW) a sesiwn bwrpasol gyda staff yr Academi Gofal Sylfaenol a'r GMS, gyda dros 20 o fynychwyr yn cymryd rhan mewn sesiwn Ymwybyddiaeth o'r Gymraeg.

Ymgysylltu, Hyrwyddo a Chyflenwi Gwasanaethau

Mae ymgysylltu wedi'i dargedu a gweithgareddau hyrwyddo wedi bod yn allweddol i godi ymwybyddiaeth a defnydd o'r Gymraeg ar draws lleoliadau cymunedol. Cynhaliodd ysbytai cymunedol ddiwrnodau hyrwyddo’r Iaith Gymraeg pwrpasol, lle rhannwyd mwy nag 80 o adnoddau, cynhaliwyd 50 o sgyrsiau ystyrlon gyda staff a mynegodd 12 aelod o staff ddiddordeb mewn dysgu Cymraeg. Rhannwyd llwyddiant yr wythnos drwy ein Diweddariad Staff mewnol fel y gwelir yn y graffig isod.

Mae hysbysfyrddau'r Gymraeg wedi'u cyflwyno mewn rhai safleoedd, gan roi gwybodaeth ac adnoddau cyfredol i staff i gefnogi'r defnydd o'r Gymraeg mewn ymarfer beunyddiol gydag un enghraifft isod. Mae'r Grŵp Gofal hefyd wedi cynnal cysylltiad â Grŵp Gweithredol Gwasanaethau Deintyddol Cyffredinol ac wedi rhannu gwahoddiadau i gyfarfodydd Gwasanaethau Deintyddol Cyffredinol (GDS), gan sicrhau bod y Gymraeg wedi cael ei hystyried.

Sut mae hynny wedi bod o fudd i ddefnyddwyr ein gwasanaeth?

Gwennan Edwards, Nyrs Glinigol Arbenigol Clefyd Parkinson

Roeddwn i yng nghlinig Cleifion Allanol YCR, a stopiodd claf fi wrth i mi gerdded heibio a dechrau sgwrsio â mi yn Gymraeg. Dywedodd wrtha i ei fod wedi gweld fy mathodyn ar fy ngwisg, a theimlo bod yn rhaid iddo stopio a siarad â mi! Roedd yn hyfryd gweld faint roedd hyn yn ei olygu i'r claf, gan ei fod wedi mwynhau siarad â mi yn y Gymraeg yn fawr iawn, hyd yn oed am ychydig funudau, dywedodd wrthyf ei fod wedi gwneud ei ddiwrnod!

9: Risgiau a nodwyd a'r camau nesaf

Gellir gweld dadansoddiad llawn o'r holl Safonau a'n cydymffurfiaeth â nhw yma, gan osod ein proffil risg llawn ar gyfer CTMUHB yn y maes hwn.

Er mwyn mynd i'r afael â meysydd o ddiffyg cydymffurfiaeth yr ydym wedi'u nodi, cynhyrchir cynllun gweithredol bob blwyddyn yn amlinellu beth yw'r blaenoriaethau ar gyfer y flwyddyn adrodd nesaf. Er mwyn gwella cydymffurfiaeth ymhellach, y blaenoriaethau isod yw'r hyn y byddwn yn canolbwyntio arnynt ar gyfer 2025/26:

• Cynnig hyfforddiant ar recriwtio a chynllunio'r gweithlu.

• Datblygu ymhellach ein gwiriadau a'n cydbwyseddau o amgylch y canllawiau recriwtio newydd i sicrhau eu bod yn cael eu dilyn.

• Parhau i gynnig hyfforddiant iaith Gymraeg yn strategol, gan ein cefnogi i lenwi bylchau yn y gweithlu.

• Cyflawni blwyddyn gyntaf ein Cynllun 5 Mlynedd ar gyfer Ymgynghoriadau Clinigol yn y Gymraeg.

• Gwella ein cyfradd cydymffurfio ymhellach trwy dargedu gwaith archwilio a gwella.

• Dod â'r Gymraeg i'n Fframwaith Cymhwysedd Arweinyddiaeth.

Atodiad 1: Methodoleg Dangosfwrdd Iaith a Diwylliant Cymru

Dangosydd craidd: PROFIAD Y CLAF	Dull mesur
Is-ddangosydd: PREMs a'r gyfran sy'n dangos bod y rhan fwyaf o gleifion yn gallu cyfathrebu yn y Gymraeg.	Ar gyfer pob Mesur Profiad a Adroddwyd gan Gleifion lle cynhwyswyd cwestiwn ar allu i ddefnyddio'r Gymraeg, cyfrifwch gyfran y PREMs lle nododd y mwyafrif eu bod yn gallu defnyddio'r Gymraeg o'i gymharu â'r rhai lle nododd lleiafrif eu bod yn gallu gwneud hynny.
Is-ddangosydd: Pyst 'Da Iawn' i gydnabod ymdrechion staff i ddefnyddio'r Gymraeg.	Nifer y straeon sydd wedi eu cyflwyno gan staff clinigol am effaith y Gymraeg ar ofal clinigol, ac yna fel y'u rhannwyd drwy'r fframwaith cyfathrebu mewnol a ddangosir uchod.
Is-ddangosydd: Cwynion a dderbyniwyd neu ymchwiliadau statudol yn ymwneud â'r Gymraeg yn CTM.	Nifer y cwynion i Gomisiynydd y Gymraeg, ymchwiliadau gan Gomisiynydd y Gymraeg, pryderon a rannwyd gyda'r Bwrdd Iechyd neu ymholiadau a adroddwyd drwy Dimau PALS fel y'u cofnodwyd ar DATIX.
Dangosydd craidd: RECRIWTIO	Dull mesur
Is-ddangosydd: Swyddi lle'r oedd angen sgiliau Cymraeg.	Y data o system recriwtio Trac sy'n cofnodi penderfyniad y rheolwr. Mae 'Angenrheidiol' yn golygu bod sgiliau iaith Gymraeg wedi'u hysbysebu fel gofyniad 'hanfodol' **NEU** 'angen dysgu Cymraeg pan benodir i'r swydd'.
Is-ddangosydd: Swyddi lle'r oedd sgiliau Cymraeg yn ddymunol.	
Is-ddangosydd: % o swyddi gwag nad oeddent wedi'u hasesu'n gywir ar gyfer sgiliau iaith.	Y data o system recriwtio Trac, a'i ddadansoddi yn ôl teitl swydd a disgrifiad swydd. Mae 'Swyddi gwag heb eu hasesu'n gywir ar gyfer sgiliau iaith' yn golygu bod y swydd wag wedi'i chategoreiddio mewn ffordd nad oedd yn dilyn meini prawf y goeden benderfyniadau i ddynodi'n briodol y sgiliau iaith Gymraeg sy'n ofynnol ar gyfer swydd. Er enghraifft, swydd weinyddol reng flaen wedi'i hysbysebu fel 'Mae sgiliau iaith Gymraeg yn ddymunol' yn lle 'hanfodol', neu swydd Ystadau fewnol wedi'i chategoreiddio fel 'Mae sgiliau iaith Gymraeg yn ddymunol' yn lle 'Nid oes angen sgiliau Cymraeg'.
Dangosydd craidd: DYSGU EIN HAITH	Dull mesur
Is-ddangosydd: Staff sydd wedi cwblhau cwrs iaith.	Nifer y staff sydd wedi cwblhau cwrs dysgu Cymraeg fel y'i cofnodwyd ar y gofrestr hyfforddi.
Is-ddangosydd: % o staff sy'n dysgu Cymraeg sydd wedi cynyddu eu lefel.	Gan ddefnyddio data gwerthuso Lefel 2 Kirkpatrick, canran yr holl staff sy'n dysgu Cymraeg yn BIPCTM y dywedodd eu tiwtor eu bod bellach yn fwy medrus yn y Gymraeg nag a ddangosodd eu cofnod ESR pan ddechreuon nhw'r cwrs.
Is-ddangosydd: % o staff sydd wedi mynegi diddordeb mewn dysgu Cymraeg sydd wedyn yn mynd ymlaen i ddysgu.	Nifer y staff sydd wedi cwblhau cwrs erbyn diwedd y flwyddyn fel y'i cofnodwyd ar y gofrestr hyfforddi, fel cyfran o'r holl rai ar y gofrestr o staff sydd wedi mynegi diddordeb.

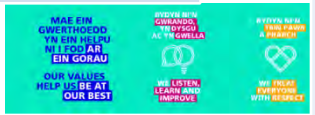
Is-ddangosydd: Cynnydd % cyfartalog yn y defnydd o'r Gymraeg yn CTM.	Gan ddefnyddio data gwerthuso Lefel 3 o dan fodel gwerthuso hyfforddiant Kirkpatrick, cyfrifwch gyfran y staff fel canran a nododd eu bod yn defnyddio *mwy* o Gymraeg dri mis ar ôl y cwrs, o'i gymharu â'r rhai nad oeddent yn defnyddio'r Gymraeg, a ble mae'r meysydd hynny.
Dangosydd craidd: CYMORTH	Dull mesur
Is-ddangosydd: Nifer yr adnoddau iaith a rannwyd.	Nifer yr adnoddau a rannwyd fel y'u cofnodwyd ar y gofrestr adnoddau a rannwyd, ystyr adnoddau yw: Cortynnau gwddf a bathodynnau Adnoddau i gefnogi defnydd o'r Gymraeg fel cardiau cyfarch a gwybodaeth am gydymffurfiaeth; Lawrlwythiadau o adnoddau ar SharePoint; Pecynnau Cymraeg i Wardiau a Gwasanaethau.
Is-ddangosydd: Nifer y rhyngweithiadau â Gwasanaeth Datblygu'r Gymraeg.	Nifer y weithiau y mae aelod o staff wedi rhyngweithio â Gwasanaeth Datblygu'r Gymraeg fel y'i cofnodwyd yn y dangosfwrdd monitro rhaglen ac yn ôl: 1. Nifer yr ymholiadau am ddysgu Cymraeg; 2. Y nifer o weithiau y ceisiwyd cyngor am Safonau'r Gymraeg; 3. Nifer y cyfarfodydd â staff BIPCTM; 4. Nifer y rhyngweithiadau staff mewn sesiynau galw heibio ar y safle; 5. Ymweliadau i safle SharePoint y Gymraeg.
Is-ddangosydd: Nifer y ceisiadau cyfieithu.	Nifer y ceisiadau cyfieithu a dderbyniwyd fel y'u cofnodwyd ar y traciwr cyfieithu.
Dangosydd craidd: DIWYLLIANT AC ARWEINYDDIAETH	Dull mesur
Nifer y staff sy'n cwblhau model ar ymgorffori'r Gymraeg yn ein Fframwaith Cymhwysedd Arweinyddiaeth.	Nifer y staff sy'n bresennol yn y Set Dysgu Gweithredol ar gyfer y Model 'Inspire' ar Lefel Arwain Systemau (nes y bydd dwyieithrwydd yn cael ei ychwanegu at y cynnig ar gyfer Arwain Eraill (Aspire) ac Arwain yr Hunan (Ignite)).
Nifer yr Asesiadau Effaith ar y Gymraeg a gwblhawyd.	Nifer yr asesiadau effaith a anfonwyd i'r mewnflwch perthnasol a rennir, ac fel y'u cofnodwyd ar yr traciwr Asesiad Effaith ar Gydraddoldeb a'r Gymraeg yn y dangosfwrdd monitro rhaglen.
Nifer yr enwebiadau Seren CTM ar gyfer yr iaith a'r diwylliant Cymraeg.	Nifer yr enwebiadau a dderbyniwyd fel y'u cofnodwyd a'r rheswm dros yr enwebiad (ni waeth a enillodd yr enwebai'r Seren ai peidio).
Dangosydd craidd: AEDDFEDRWYDD POLISI	Dull mesur
Canran o Safonau'r Gymraeg y gellir adrodd ar Sicrwydd Uchel gyda nhw.	Fel y'i cofnodwyd ar y dangosfwrdd monitro rhaglen ac fel y cyhoeddir yn flynyddol yma yn y Gymraeg ac yma yn Saesneg, cyfran o'r holl Safonau y casglwyd digon o dystiolaeth ar eu cyfer i gefnogi penderfyniad gwrthrychol o Sicrwydd Uchel.

Canran y camau gweithredu Mwy na Geiriau a farciwyd fel rhai wedi'u cwblhau.	Fel y'i cofnodwyd ar y dangosfwrdd monitro rhaglen, y camau gweithredu y casglwyd digon o dystiolaeth ar eu cyfer i gefnogi penderfyniad gwrthrychol bod cam gweithredu wedi'i gwblhau ar gyfer BIPCTM.

Agenda Item 7.1	27/11/25	Public Board	Winter Planning

Report Details:	
FOI Status:	Open (Public)
If closed please indicate reason:	NA
Prepared By:	Sarah James, Deputy Chief Operating Officer
Presented By:	Gethin Hughes, Chief Operating Officer
Approving Executive Sponsor:	Gethin Hughes, Chief Operating Officer
Report Purpose	For Approval Endorsing for Approval
Engagement undertaken to date:	Local Authority , including Regional Partnership Lead and colleagues across CTMUHB Care Groups & other directorates

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Quality , Safety and Patient Experience
Related Health and Care Standard	Governance, Leadership & Accountability
Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	No – To provide an understanding of the measures the Health board are planning to prepare for winter and manage pressures to existing services
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	The Health Board is planning under the assumption that there will be no available funding to support winter preparedness. Without additional resources, the increased demands of the winter season does pose significant challenges to both Health Board operations and workforce capacity.
Link to Strategic Goals	Sustaining Our Future Improving Care Creating Health



CTMUHB Planning Together Winter Preparedness Operational Plan 25/26

Winter Operational Plan – First Update

The presentation details the operational plans for Winter 2025/26, with a focus on a comprehensive system-wide approach. It integrates insights and collaborative input from all Care Groups, Local Authorities (LA), Site Teams and Corporate Services.

This is the first update on our winter planning. It is fluid and iterative – plans will continue to evolve as we respond to emerging challenges and opportunities.

Planning Framework

- Led by an initial multi-agency seasonal workshop (9 Sept) with LA colleagues
- Aligned to the **'Planning Together for Winter' Toolkit**
- Public Health Wales Winter Well-being: Shared Actions and Impact
- Builds on actions agreed at the National Winter Planning Summit (31 Jan 2025)
- Focused on three strategic goals and six key actions for respiratory illness:
  1. Strengthen community capacity – care closer to home
  2. Optimise capacity within acute and community hospitals
  3. Ensure effective hospital patient flow – advance a 'Home First' strategy

Purpose

- Deliver resilient plans to maintain patient flow and safety at all times
- Respond to forecasted peaks in demand and meet Duty of Quality
- Maintain performance in key areas:
  - Ambulance handovers within 45 minutes
  - Reduce patient waits in Emergency Department (ED) longer than 12 hours
  - Planned Care targets – sustaining elective activity and reducing backlog

CTM Approach

- Collaborative planning with Local Authorities and internal teams
- Establishes shared values, consistent language, and unified goals across health and social care

Governance Timeline

- 12 September - Welsh Government- self assessment submission
- 30 October – Independent Members update winter planning
- 31 October Welsh Government – Winter resilience submission
- 27 November Board – winter preparedness update

Winter bed modelling – Current Position and Next Steps

Initial modelling has been completed to inform capacity planning and it has been noted, that the significant service and ward changes over the past year, have made predictions more challenging and less certain. Further modelling feedback session with CGs w/c 3rd Nov

Ongoing refinement through discussions with Care Groups, Site Based Leaderships Teams and Local Authorities to strengthen system-wide response around bank holidays periods for acute, Mental Health and community sites.

Specific operational plans by site across community and acute will be fluid and updated onto this master document held by COO office. Revised Integrated Escalation policy live 3/11, Pre-emptive boarding and surge sequence (existing surge capacity) Standard Operating Procedure (SOP) under review.

High-level Care Group and Site plans included later in this presentation to provide assurance of arrangements and developments as part of ongoing planning process. 6 goals and TRUE Programme work ongoing and central to winter resilience planning.

Site Management and Integrated working

Co-ordinated Actions to Manage Capacity and Demand Across All Sites

Ringfenced Capacity: We will identify and ring fence specific specialty acute and community capacity to ensure the right beds are available when needed i.e. Stroke, Gynaecology, Trauma etc.

Enhanced Rotas: especially over critical periods such as the Christmas season. This includes planning for additional staffing to cover any gaps and ensuring that senior decision-makers are available to support optimal patient flow. Explore opportunity for additional SDMs to support periods of expected surge in demand.

Leadership Availability: Site leadership teams play a crucial role in managing patient flow and co-ordinating actions across the system. We are strengthening our leadership site flow teams and ensuring that there is a robust system in place for escalation and decision-making. Daily senior flow lead rota in place, supported by a new revised Integrated Escalation policy, ED action cards, Senior Manager On Call (SMOC) handbook and pre-emptive boarding SOP.

Promoting and Driving SAFER Actions: This includes Optimise rollout at Princess Of Wales (POW), Royal Glamorgan Hospital (RGH) and Prince Charles Hospital (PCH) and embedding of internal professional standards to enhance patient experience, reduce LOS and maximise discharge opportunities to create continuous hospital flow.

Buddy System for Rotas: agree a buddy system for SMOC and Executive Of Call (EOC) rotas over the Christmas and New year period.

Aligning Surge Capacity: Aligning the use of existing surge capacity with anticipated periods of higher escalation and demand, considering any increase in winter illnesses and Infection Prevention and Control (IPC) constraints.

Strengthening ED Escalation Cards: Strengthening site-based escalation cards with clear trigger points and actions to be taken. Escalation cards operational from 27th October .

Early Planning for Additional WAST (Welsh Ambulance Service Trust) Vehicles: to support timely discharges and reduce hand back frequency.

Site Preparedness: Ensuring site preparedness across estates and facilities and other enabling services such as Digital and Health & Safety .

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Acute Sites

	Unscheduled Care Capacity	Planned Care Capacity	Additional
PCH	• 1 x Ward to be de escalated (24 Beds) • All Treatment Rooms de escalated (4 Beds) • All Double Boarding de escalated (5 Beds) • All Triple Boarding de escalated (4 Beds) Total = 37 Beds	6 x Beds de escalated across each ward on Surgical Floor (24 Beds)	Site Management Rota is currently being drafted, working towards an 8a presence during the Christmas Period as a minimum.
RGH	• Opportunity to temporarily relocate Ward 4 to Ward 2 to increase cubicle capacity allowing for isolation and respond to demand in Resp illness peak. • Opportunity to temporarily relocate SDEC (Same Day Emergency Care) to allow ED surge to meet increased Winter demand / support a CDU model • Explore opportunity for additional SDM's to support periods of expected surge in demand • Identify ward to be de escalated (24)beds • Removal of boarding beds (9 beds)	• Utilisation of data within planned care SLT meetings weekly update provided • Plan of surge capacity on elective wards with daily updates on capacity available • Additional staffing will be requested during peak periods to enable discharge and SDEC flow • Christmas plan will be finalised mid-nov utilising elective capacity for surge.	Opportunity for additional Surge capacity via decommissioned wards – funding and workforce dependent. Develop clinical pathways for patients no longer requiring tertiary care in RGH to release capacity for speciality admission pathway
POW	1 x Ward (Ward 16) to be escalated (16 Beds) De escalate Blue Bay Ward 9 (6 Beds) Boarding to de escalated Ward 15 (1 Bed) *Both Blue Bay War 9 and +1 Ward 15 are utilised to support current demand. Total = 23 Beds * Requires CG approval	POW has 1 surgical ward (Ward 11) with 20 surgical beds fully utilised to support current demand.	Site Management Rota is currently being drafted.

Community Hospitals

Approach	De-escalation Capacity
• Community beds will be flexed down in a staggered way to create ring-fenced capacity with a gradual re-opening plan from Dec 28th. • De-escalation of 25% of predicted discharges ringfenced. • Beds will be flexibly and dynamically allocated to acute sites based on risk and escalation. • Capacity for enhanced care will be reviewed and spot purchased beds with LA prioritised.	• YCC: 2 beds per general ward and 2 day rooms and 2 beds ward 6: creating 12 beds • YCR: 3 beds per general ward and 2 day rooms: creating 14 beds • YGT: 5 beds per ward: creating 10 beds • Glanrhyd Ward 3: 2 beds • 2 beds in commissioned P3 beds Bridgend Total: 40 beds

Winter Priorities for Joint Working: Health and Social Care

Integrated Discharge Services

- Revised structure and governance of the Integrated Discharge Delivery Board – with revised escalation and accountability structures.
- Closer alignment between PoCD (Pathway of Care Delays) and Discharge Operational delivery with a revised structure of assurance and escalation meetings.
- Senior oversight of stranded escalation panels (Deputy Chief Operating Officer (COO)) and integrated escalation processes in place.
- MDT triage in discharge hub to increase in P1 discharges and associated reduction in P3s
- Aligning community resources to proactively pull delayed patients
- Revised integrated improvement
- Scheduled fortnightly meetings at COO/Deputy COO and LA Director level to unblock any system issues including integrated escalation from IDDB related to PoCD

Reducing Pathway of Care Delays

Reducing assessment delays:

- Introduction of straight to service in MTCBC and BCBC for intermediate care P1
- Full roll-out of P1 crisis response bridging care Nov 25 – with integrated SoP for delegation of duties.
- Digitisation of Nursing Needs Assessment & mapping of Continuing Health Care (CHC) process with clear identification when NNA and DST is needed with reduction of DSTs in acute sites by 10%.

Optimise

- Targeted support programme through Optimise supporting optimal flow and discharge launched in Princess of Wales October 25. Ensuring effective board rounds and compliance with E- White Board data reporting. To be rolled out RGH,PCH also.

Care Homes

- Extending contract with independent sector for Pathway 3 assessment beds.

Integrated Risk and Escalation

- Introducing integrated performance dashboard for discharge delays, one version for health and social
- Revision of the Integrated PoCD/Discharge delay escalation framework in line with new System Escalation Policy for

Admission Avoidance

- Review of front door discharge model with revised standards in line with D2RA (Discharge to Recover and Assess) and crisis response services
- Focus on care homes – clinical pathways through

Care Group - Overviews

Unscheduled Care - Overview

PCH

- Extend Urgent Treatment Centre (UTC) Hours
- Re-set Acute medicine
- Risk assessed surge space x 1 in ED

RGH

- Review further opportunities to divert General Practitioner intake back to POW – Phase 1 complete
- Risk assessed surge space x 1 in ED

POW

- Re-set Acute Medicine – Acute Medical Unit/SDEC – Re-alignment of pathway and workforce
- Optimise across USC launched 6th October 2025
- Expansion/realignment of Acute Care of the Elderly (ACE)
- Ambulatory footprint ED
- Risk assessed surge space x 1 in ED
- Surgical SDEC to be rolled out across all 3 sites : live at PCH and RGH, POW Ambulatory Emergency Surgical Unit (AMU) model under review

Additional actions

- Review data and bed modelling shared 09/09/2025
- Review additional capacity requirements
- Review additional decision makers
- Increased support for discharge at the font and back door with a revised discharge service.

Risks and Issues for discussion

- Clinical pathways - remaining at RGH due to critical incident – Surgery/Urology/Ear Nose Throat (ENT)/Trauma/GP medicine/Stroke
- Workforce and Recruitment

Planned Care - Overview

Elective Capacity

Where possible, the elective programme will be maintained at all sites in line with the ministerial enabler to protect 90% of days planned care inpatient/day-case/theatre recovery capacity from unscheduled care pressures. However, theatre planning will remain dynamic through the 642 scheduling mechanism and a weekly utilisation forum.

Surge

Where necessary, surge into elective capacity will be agreed, and site level surge plans will be identified through planning process.

Critical Care

Escalation SOP agreed, additional L3 bed @ PCH operational.

Staffing capacity / resilience

Peak in the winter months (Nov-Jan) recognised trend, these trends will be used to inform winter plans with proactive health and wellbeing interventions and work redesign, with a proactive focus on maintaining healthy working environments at local level.

In hospital acute bed capacity

Scenario planning with CTM information leads in evolved stages. Currently working within a range of 6% to 20% additional demand on non-elective beds. However, work ongoing re trauma pathway and associated LoS (Length of Stays)opportunity linked to community step down. Additionally, plan to switch full surgical take form POW to RGH approved.

Risks / Issues for discussion

Primary & Urgent Care - Overview

GMS

- Active monitoring of 44 practices through escalation framework
- Commissioning of supplementary services for frailty (16 practices), flu (43 practices)
- OWLs pending funding route as planned care committed
- To encourage GP practices to bring forward repeat prescribing ahead of the Christmas period where this is possible.

Out of Hours

- Consistent shift fill across the 3 Primary & Community Care and home visiting- reporting level 1.
- Extension of navigation hub and care home avoidance on weekends

Urgent Primary Care / Clinical Navigation Hub

- Integrated response with LA mobile responders to attend falls from the ambulance stack.
- Pro-active Physician triage and streaming. Urgent community response and virtual ward Doccla with Hospital@Home
- Breathlessness Pathway – plans to expand
- Admission avoidance – Care Home conveyances and direct access to SDEC.

Staffing capacity /Resilience

Tbc

Optom/Dental

- Continued rollout of Welsh General Ophthalmic Service (WGOS) 4&5
- Core service provision including urgent access

Risks/Issues for discussion

- Observing increase in GP sickness and therefore impact on locum reimbursement costs

Community Overview

Community Capacity

- Hospital@Home registrant recruitment completed by Nov
- Health Care Assistant (HCA) provision to support Bridgend County Borough Council (BCBC) integrated team.
- OOH district nursing capacity supported by additional Registered General Nursing in H@H

Discharge Services

- Rapid implementation of proposed Discharge Service with identified discharge operational lead.
- In-reach pull model from Hospital@Home service
- Developing MDT triage in the discharge hub to reduce delays for assessment.
- Revised model of discharge at the front door – re-alignment of SW@H resources.

Community Beds and Surge Capacity

- 108 Beds Ysbyty Cwm Cynon (YCC) – 4 Surge (potential 14 ward 5)
- 108 Beds Ysbyty Cwm Rhondda (YCC) – 4 Surge
- 10 Beds Ward 3 Angelton – 0 Surge
- 54 Beds – 2 Surge
- 9 Commissioned beds (Pathway 3) – 0 Surge
- 6 LA beds (Pathway 2) – 0 Surge

Total Capacity: 319 beds

Staffing Capacity /Resilience

- Continued staffing issues Out of Hours (OOH) in Stay Well@Home (SW@H)
- Continued well-being support for staff to avoid staffing gaps
- Staffing issues in Ysbyty George Thomas (YGT)
- Reliant on agency and overtime for surge staffing

Integrated Working with Local Authorities

- Proposed risk and escalation in line with new discharge service
- Straight to service model action plan in place for BCBC
- Integrated winter plan IDDB
- Additional capacity in home care and winter incentives
- RoCD funding from WG – additional staff being recruited

Risks/Issues for discussion

- Increasing assessment delays – reduce impact of H@H
- Workforce capacity ward 5 – in line with other ward closures
- Appropriate Enhanced Care capacity in community sites – model for YGT

Children and Families - Overview

Total Beds

57 beds across 3 sites
- POW: 16 beds (incl. 2 High Dependency Unit (HDU)
- RGH: 19 beds (incl. 2 HDU)
- PCH: 22 beds (incl. 2 HDU)

PAU Capacity

- PWH: 6 beds + 2 treatment rooms (Mon–Fri only)
- RGH: Temporary 2 beds + 5 chairs; Ward 18 adds 7 PAU beds + 10 booked spaces + safeguarding HUB
- PCH: 12 booked beds; 7 cubicles (flexible use incl. Child Adolescents Mental Health Services (CAMHS) /Additional Learning Needs (ALN)

Surge Response and Additional Capacity

- Twice-daily huddles across 3 sites
- Surge plan: 25% increase = 14 beds (7 PCH, 4 PWH, 2 RGH)
- 4 extra nurses per 25% increase (bank/agency/overtime)

Staffing and Resources

- Reliant on agency and overtime for surge staffing
- No issues with Health Board (HB) resources (kit, consumables, training)

Care & Clinical Pathways

- Multi-disciplinary agreements for respiratory support & transfers
- Paediatric nurses trained in non-invasive/invasive ventilation (annual update)
- Standard pathways for elective surgery and emergency care remain, subject to capacity

Escalation and Business Continuity

- Escalation policy ensures care close to home; triggers for diverting admissions only when necessary
- Supports local escalation and mutual aid (including external HB if needed)
- Surge plans incorporated into HB business continuity

Medicines Management- Overview

Contractor Engagement

WG incentive scheme for pharmacies:

- Manage sore throat & Urinary Tract Infections (UTIs) via Common Ailment Scheme (CAS)
- "Help Us Help You" campaign
- CAS patient experience feasibility study

Aim: Increase CAS activity for defined period.

Monitoring CAS/PIPS Activity

- CTM to track consultations before & during winter.
- Focus on sore throat & UTI.
- Engage pharmacies with low CAS/Pharmacy Independent Prescribing Service activity.
- Confirm claims via NECAF module.

Professional Development

- Signpost pharmacies to CPW/Welsh Government resources.
- Promote services via social media.
- Update patient-facing website content.

Acute Sites - PCH

- Additional pharmacist on weekend shifts (2–3 hrs/day in ED/Acute Medical Unit (AMU) since September.
- Extra clinical services on bank holiday weekends (voluntary).
- Team-based working with daily huddles (S2S template).

School Vaccine Programme

- Early opening at PCH for vaccine collection (health protection funding).
- Secured funding for extra couriers to speed vaccine transport to schools.
- Central procurement progressing; first stock drop successful.
- Addressing interim ordering challenges via redistribution.

Respiratory Clinics and Care Bundle

- Medicines Management to provide 0.6 Whole Time Equivalent (WTE) for virtual respiratory clinic (proposal in 2 weeks, start early Oct).
- No extra funding; includes follow-up metrics.
- Introduce secondary care respiratory bundle:
  - Steroid & antimicrobial rescue packs
  - Smoking cessation advice
  - Inhaler counselling
  - Medicines optimisation
  - Vaccination

Support for people with chronic respiratory conditions and symptoms of breathlessness:

Summary of the Assessment submitted to WG against the 6 Actions (Sep 2025)

1. Identify and Proactively Support High-Risk Respiratory Patients

Current: Virtual respiratory ward via Navigation Hub; remote assessments and home visits for patients with frequent ED presentations.
Planned: Expand Virtual Ward, introduce Doccla Virtual Ward, add pharmacist support, and implement secondary care respiratory bundles (e.g., rescue packs, smoking cessation, vaccination).

2. Ensure Timely Access to Preventative Interventions

Current: Vaccination plans for Covid, Flu, Respiratory Syncytial Virus (RSV); staff flu programme; household warmth support; smoking cessation services.
Planned: Vaccination bus for outreach, targeted interventions for children, regional tobacco plan, improved nicotine therapy, and strengthened pharmacy delivery.

3. Strengthen Community-Based Care Pathways

Current: Hospital@Home focused on urgent response; additional district nursing resources; care home support via Navigation Hub.
Planned: Embed Hospital@Home, develop "hot clinics," create frailty ambulatory pathways, identify step-up beds, and extend care home reach.

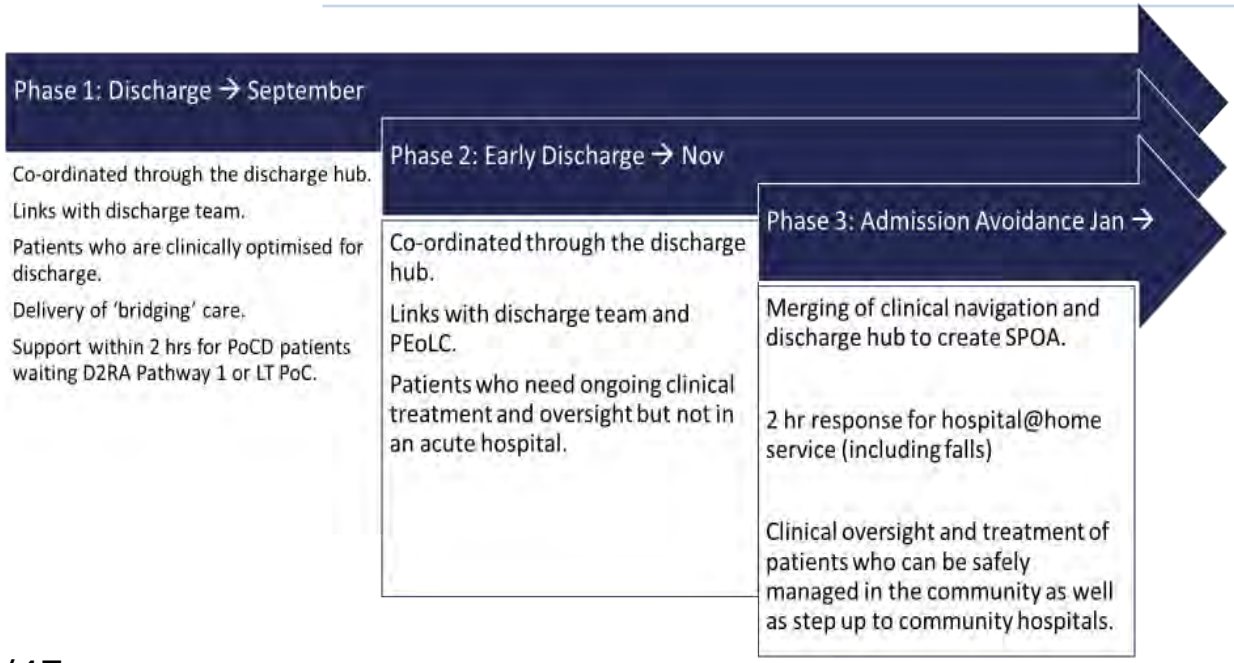
4. Continuity of Care

Current: "Just in time" medication boxes; palliative care pathway; exercise referral schemes; pulmonary rehab; anticipatory care plans.
Planned: Develop ED pathway for rapid discharge with medication supply; promote self-care via Health Board and GP communications.

5. Admission Avoidance

Respiratory: Expand breathlessness pathway beyond Chronic Obstructive Pulmonary Disease (COPD); ensure weekend cover; strengthen community respiratory teams; link with palliative care.

Falls: Single Point Of Access (SPoA) collaboration with mobile responders; care home training and equipment rollout; business case for national funding; pharmacy review post-fall.



6. Review and Adapt Same Day Emergency Care (SDEC) Models

Medical: Extended hours for Ambulatory Care Units; infrastructure development for POW; aim for >80% same-day discharge.

Planned: Acute Frailty model at front door; enable SDEC booking via Hospital@Home and Navigation Hub.

Surgical: Extended hours and rapid surgical treatment; rollout Surgical SDEC across all sites.

Frailty: ACE unit in POW; ambulatory frailty in RGH; frailty pathway in PCH with community links; 37% of patients supported to return home.

Infection, Prevention & Control

Actions

7-day cover implemented with on-call 8-13 on weekends and BH– Strengthening enhanced support
Extension of hours available, currently live at PCH and will be expanded to other sites once IPC is able to staff adequately to be able to provide this service
Outbreak/PII toolkit in place to streamline outbreak management
Winter pressures IPC training sessions being offered 2xweek through teams (being considered narrated video to reach wider group of staff)
Daily site situation review with shared grid to Head of Nursing (HoN) and Patient flow with IPC input guidance
IPC ongoing monitoring and support of Acute Respiratory Infection
IPC monitoring of National and Regional models and guidance to support the HB

Mortuary and Bereavement

Mortuary and Bereavement Winter Planning

ctmuhb.nhs.wales

Mortuary winter planning focuses on:

- Minimising delays in death certification processes – During winter 24/25, death certification completion times increased significantly. Reducing these delays will help maintain workflow and improve the experience for the bereaved.
- Implementing a Mortuary Occupancy Escalation Plan – This plan details actions to be taken as mortuary occupancy reaches certain thresholds, ensuring that deceased patients are treated with dignity and in accordance with Regulatory requirements (Human Tissue Authority (HTA).

Reducing delays in Medical Certificate of Confirmation of Death (MCCD) completion

- The introduction of the CTM QR code to notify the Medical Examiner Service of a death aims to improve the management of MCCD completion. This process has been live in CTM for two weeks (plus a pilot week beforehand) and has recorded 116 submissions so far.
    - No complaints have been received to date, and the Clinical Director has been regularly communicating with mortuary and bereavement staff to identify and address any issues.
- The QR code notifies Bereavement Officers upon completion, providing oversight to ensure timely processing.
- It helps identify alternative potential QAPs involved in the deceased's care, reducing delays.
- The code includes links and guidance to promote a 'right first time' approach.
- It allows for delays in the process to be detected and escalated through an established escalation procedure.
- Data collected through this system is auditable, enabling identification of areas or specialties with poor compliance for targeted interventions.
- Overall, this supports managing mortuary occupancy by decreasing the length of stay.

Proposed Escalation Process for MCCD Completion Delays

3 days after death – if no QR code submitted, Bereavement team make contact with QAP and Consultant

→

5 days after death – if MCCD not completed, Bereavement team make contact with Consultant

→

7 days after death – if MCCD not completed by medical team, Mortuary Management Team escalate to Care Group Director

→

10 days after death – if MCCD not completed the CD, DM and DTPS team will escalate to Exec. Medical Director's Office

Facilities

Weather Warning Organisational Preparations

Yellow	Amber
Plan ahead thinking about possible travel disruption or delays; Monitor the developing weather situation. Latest forecast for changes in weather and worsening conditions Review transport requirements Internal/external gritting teams alerted CTM Civil Contingencies Manager alerted Regional Facilities Leads and Hospital General Manager (HGM) alerted	Initiate Adverse Weather teams and site operational hubs; Review staff rota's to ensure appropriate staffing levels during period of adverse weather Put plans into place to support the most vulnerable patients in the community Notify Executive Team and standby Silver command, and; the Chief Operating Officer will consider if outpatient clinics need to be cancelled? Review Hospital accommodation to try and accommodate front line key clinical staff that need to stay on sites over night Review and prepare transport requirements Internal/external gritting teams alerted Civil Contingencies Manager alerted Regional Facilities Leads and ASGM alerted.

Red

Initiate Adverse Weather teams and hubs
Review staff rotas to ensure appropriate staffing levels during period of adverse weather
Notify Executive team and Gold command activated, and the Chief Operating Officer will consider if site outpatient clinics need to be cancelled
Put plans into place to support the most vulnerable patients in the community
Review Hospital accommodation to try and accommodate front line key clinical staff that need to stay over night
Internal/external gritting teams alerted
Civil Contingencies Manager alerted
Regional Facilities Leads and ASGM alerted
Link in with supporting agencies e.g. Mountain Rescue, Local Authority, Police.

Behind the Scenes-Operational Arrangements

Escalation Process – Intelligence Triangulated from Met Office, Grittit, Local Authorities and Local Observations on the ground

De-escalation Process – Intelligence Triangulated from Met Office, Grittit, Local Authorities and Local Observations on the ground

From Red to Amber	Check weather reports. Liaise with hub leads and support services e.g.Falk, Mountain Rescue	Confirm status of public Transport	Liaise with Internal & External Gritting teams	Contact Assistant Director of Facilities and Civil Contingencies Manager	Liaise with Community Teams	Send out Organisational Communication out	Stand down to Yellow
From Amber to Yellow	Check weather reports and liaise with Hub leads	Liaise with internal & external gritting teams.	Confirm status of public transport	Contact Assistant Director of Facilities and Civil Contingencies Manager	Send out organisational Communication out	Stand down to Yellow	
From Yellow to stand down	Check Weather Reports and liaise with Hub leads	Liaise with Internal& External gritting teams	Confirm status of public transport	Contact Assistant Director of Facilities and Civil Contingencies Manager	Send Organisational Communication out	Deactivate Adverse Weather Policy and stand down staff. **Status Quo**	

NEPTS (Non-Emergency Patient Transport **Service)– Actions** to support efficiency with discharge vehicle processes

NEPTS

CTMUHB are committed to working collaboratively with NEPTS to ensure that discharge and transfer resources are utilised effectively to improve patient experience, improve hospital flow and deliver value for money. Through proactive relationships, a range of actions are being developed and taken to deliver improved outcomes.

Strategic actions:

- NHS Wales Joint Commissioning Committee NEPTS CAG - partnership working between health boards and WAST
- NWJCC NEPTS Vision Group – development of actions aligned to the NWJCC NEPTS Future Vision

Health Board actions:

- Review discharge planning processes
- Development of discharge lounges RGH pilot underway
- Education and training on NEPTS bookings
- Integrating Ambulance Liaison Officers into site meetings
- Reducing on the day booking requests
- Regular review meetings with NEPTS Leads

NEPTS continued

WAST actions:

Digital

- Development of discharge and transfer booking dashboard

Review Workload

- Assess current assignments within locality.
- Identify tasks that can be postponed or reassigned to free up crew capacity.
- Explore redeployment options for underutilised teams.

Crew Coverage for Today

- Check availability of standby or part-time crew members.
- Consider splitting or reshuffling existing crews to cover critical areas.
- Reach out to nearby units for temporary support.

Engage Control and Liaison

Notify control and liaison teams of the situation.
Encourage proactive identification of opportunities to use core crews more efficiently.
Set up a quick coordination call or message thread to monitor developments.

Utilise D&T Resources in Local Health Board Area

Map out all D&T resources currently active in the LHB zone.
Reassign or supplement crews where gaps are identified.
Ensure communication channels are open for rapid redeployment.

Inform LHB Leadership

Communicate the issue and the steps being taken to mitigate impact.
Emphasise commitment to maintaining service levels.
Schedule check-ins throughout the day to reassess and adjust the plan.

Out of Hours & Escalation

Executive Winter Contingency Escalation Arrangements

Executive on-call rota covered 365 days a year

Contingency measures:

Non-operational exec colleagues (corporate directors/deputies)

Senior care group or Chief Operating Officer/Deputy Chief Operating Officer buddy system for bank holidays & high-demand weekends

Escalation Policy:

Enacted Oct 1, 2025 (Operational Management Board (OMB) sign-off)

Supports escalations in/out of on-call roster

45-minute escalation cards now active

EPRR Team Expansion:

Increased to 3 members for winter

Provides exec support in/out of hours

Monitors weather (Met Office), ground conditions (National Resources Wales (NRW)), horizon scanning

Activates Adverse Weather Policy per SWLRF severe weather arrangements

Command and Control Hubs - Facilities

Facilities Adverse Weather Contingency

Lead: Deputy Service Director & Head of Facilities & Security
(supports Director of Facilities & D/COO)

3 hubs on standby or activated as required:

PCH, Kier Hardy Health Park (KHHP) & YCC: Lead, 2 admin staff, 3–6 trained 4x4 drivers per shift

RGH, YCR & YGT: Lead, 2 admin staff, 3–6 trained 4x4 drivers per shift

POW, Glanrhyd & Maesteg: Facilities & Site Management, 2 admin staff, 3–6 trained 4x4 drivers per shift

Adverse weather rota maintained year-round; staffing scaled to alert level

Out-of-area pickups: Directed to PCH hub

Additional 4x4 resources:

Community district nurse teams: (1) vehicle per region

Medical Records Hub (Williamstown): (1) vehicle

GPOOH: (2) vehicles

Central hub transport available for support if required

Communication and Engagement

Seasonal Communications

October 2025 - March 2026

Proactive

- Launch of "Keeping Winter Well" campaign – focus on prevention, winter messaging and community support
- Development of evergreen messaging (flu, cold weather, access to services, slips, trips and falls)
- Updates to Primary Care webpages
- Staff flu campaign
- Stakeholder collaboration for shared messaging
- Content collation and planning for Primary, Out of Hours and Urgent Care
- Launch of Viva Engage for informal staff wellbeing support

Prevention

- Promote flu vaccination for public and staff
- Launch of "Keeping Winter Well" campaign – focus on prevention, winter messaging and community support
- Encourage warm home practices (layering, reducing draughts, community signposting to support)
- Educational content on minor illnesses and self-care to prevent attendance at ED

Reactive

- Crisis messaging templates (weather, travel, ED pressures)
- "Help Us Help You" messaging during peak periods
- ED video content to discourage inappropriate attendance
- NHS 111 Press 2 mental health support promotion
- IPC advice and guidance – responsible visiting, not attending if poorly
- Real-time social media monitoring and misinformation response
- Amplification of urgent care alternatives (Minor Injuries, OOH)

Escalation

- Stakeholder toolkit using padlet for use / sharing with communities
- Advisory graphics and messaging for busy ED periods
- Continued engagement with partners to adapt messaging
- Operational toolkit for Comms Team (weather, travel, crisis)
- Use of operational data to guide comms focus
- Transparent internal comms to support staff and patients

Risks / Issues / Dependencies

Risk Area	Description	Mitigations
Increased Demand	Surge in respiratory illnesses (flu, COVID-19, RSV) and seasonal infections like norovirus; higher acuity and complexity of patients. May have impact on our de escalation plans over BH ie flu peak Christmas eve predicted	CG plans being developed to address anticipated challenges including service models/staffing and bed capacity and key services such as Nav Hub/Hospital@Home/SDEC.
High Bed Occupancy and Flow Challenges	Persistent bed shortages and difficulty matching patients to appropriate clinical settings; high number of COFD patients and POCD due to social care capacity exasperated by Christmas service shutdowns in LA.	Implement SAFER principles/Optimise rollout to continue/close working with LA partners re discharges/Rapid implementation of proposed Discharge Service with identified discharge operational lead./Developing MDT triage in the discharge hub to reduce delays for assessment/Revised model of discharge at the front door – re-alignment of SW@H resources.
Workforce Pressures	Staff sickness peaks during winter; recruitment and retention challenges; reliance on agency or bank staff. Includes challenges in maintaining adequate GP Out-of-Hours and Navigation Hub rota during peak periods.	Advance rota planning/promotion of well-being policies and support/effective communication channels/
Emergency Care Pressures	Increased ED attendances and insufficient flow across the system resulting in reduced performance for bringing patients in and ED waits.	Implement SAFER principles/Optimise rollout to continue/Nav Hub interventions and SDEC admission avoidance/close working with LA partners re discharges/implementation of the CG plans.
Infection Prevention and Control (IPC) Risks	Need for isolation facilities and co-horting for respiratory illness; managing outbreaks while maintaining elective and urgent care.	Enhanced IPC resilience through extended on-call cover, outbreak management toolkit, regular training, daily site reviews, and continuous monitoring aligned to national guidance.
Surge Capacity Constraints	Due to funding and staffing models for non-commissioned wards.	Early discussions and planning between Sites and Care Groups. Highlight funding constraints internally and with WG.
System Co-ordination	Dependence on joined-up working with Local Authorities and social care; risk of fragmented response if escalation triggers and roles are unclear.	Proposed risk and escalation in line with new discharge service/Integrated winter plan IDDB.

Top 5 risks identified by NHS and Welsh Government following the winter review: CTMUHB have reviewed and shared a response with Welsh Government

	Risk	Response
1.	Increasing Vaccination Uptake	Details provided in Respiratory Assessment submitted 12th September. We can confirm that since active promotion is being undertaken
2.	Proactive support for the 0.5% of local populations at greatest risk of escalation and admission	The Region has determined that the initial focus for targeting the high-risk population is care homes. Care home residents conveyed to hospital can be some of the most challenging and experience some of the longest length of stays.
3.	Improving patient flow / discharge productivity	Plans and assurances provided throughout all plans and responses relating to community discharge services, Emergency Department Flow plans, Optimise Programme and Transformation and Operational Plans. See below further details. *
4.	Delivering 7-day services	Some Care Groups/Services such as Medicines Management have already incorporated 7-day working into their winter planning. This will be further reviewed as part of the broader CTM response as our winter plans mature, taking into account data intelligence, workforce capacity, and budgetary considerations.
5.	Increasing referrals to Enhanced Community Care services (virtual wards) and increasing weekend district nursing capacity	The position in relation to Enhanced Community Care services, Virtual Wards and District Nursing capacity are detailed in the following: Assurances 2 and 5 in the response to Letter 7th October Assurances in Enhanced management of key areas of urgent and emergency care community demand and Enhanced Community Care responses in the Local health and care system resilience plans for Winter (1 December 2025 – 31 January 2026) WG template Community and Urgent Care plans of the CTMUHB Winter Plan Slide pack.

	High level Summary of Plans re Discharge and Flow	
1.	Community Discharge Services	A revised discharge model has been rapidly implemented, featuring matrix management and MDT triage within the discharge hub to reduce assessment delays and improve flow. Collaborative working with local authorities continues to support efforts to reduce length of stay, delayed discharges, and days lost, with activity aligned to national targets. Winter-focused initiatives, including Super Stranded Panels and improved E- Whiteboard Board data quality, are enabling more effective weekly LOS reviews and escalation. Court of Protection delays are being addressed through targeted actions, supported by additional Welsh Government-funded social work capacity. Discharge governance is embedded through daily, weekly, and monthly action reviews via the Discharge Operational Group, aligned with the Optimal Hospital Flow Framework under the Optimise Transformation Programme.
2.	Optimise Programme and Transformation	The Optimise Programme is progressing across all sites, aligned to the Six Goals for Urgent and Emergency Care, with Princess of Wales Hospital identified as a key focus area within the wider transformation programme. Ward teams are supported with SAFER board rounds, Red to Green (R2G) reviews, and Discharge to Recover and Assess (D2RA) principles, underpinned by the updated Escalation Policy. Weekend discharge activity is being proactively managed through criteria-led discharge approaches, ensuring continuity of patient flow outside core hours.
3.	Operational Improvements:	Hospital General Managers continue to emphasise the importance of earlier discharges, with a clear expectation for improved day-before booking of NEPTS transport to support timely patient movement. Festive period planning is underway, with rotas for Christmas and New Year currently under review to ensure appropriate staffing levels and skill mix are in place to meet anticipated seasonal pressures.

	High level Summary of Plans re Discharge and Flow	
4.	Emergency Department Flow:	Specific actions are in place to reduce 12-hour breaches and long ED stays across all three sites. The Navigation Hub (SPOA) continues to support admission avoidance and streamline patient pathways. In line with national priorities, there is a zero-tolerance approach to 45-hour ambulance handover delays, with focused efforts to ensure timely offloading and reduce risk.

	NHS Wales Leadership Board - Request for assurance	
1.	The Health Board will proactively collaborate with the NHS Wales Joint Commissioning Committee on their forthcoming initiatives aimed at enhancing the efficiency of NEPTS discharge vehicle processes.	We can confirm that CTMUHB and NEPTS are working in partnership to enhance patient experience, hospital flow, and value for money through effective use of discharge and transfer resources. Clear actions have been agreed and are summarised in the CTMUHB Winter Plan Slide Pack.
2.	There are robust health board processes in place to monitor and improve discharge productivity in terms of realising earlier discharges and increasing discharges over the weekend period.	We are progressing with the rollout of the Optimise Programme, aligned to the Six Goals for Urgent and Emergency Care. Princess of Wales Hospital remains a key focus site within the wider Transformation Programme. Hospital General Managers continue to emphasise the importance of earlier discharges, and there is a clear expectation for improved day-before booking of NEPTS transport to support patient flow. Weekend discharge activity will continue to be proactively managed through criteria-led discharge approaches. Rotas for the Christmas and New Year period are currently under review to ensure appropriate staffing levels and skill mix are in place to meet anticipated pressures.

3.	The Health Board is on track to implement plans to proactively support high-impact COPD patients by the end of November	Assurance has been provided by the Clinical lead, Dr Anthony Gibson, that the Cohort has been identified and plans are on track to be implemented to proactively support high impact COPD patients by the end of November.
4.	There are plans to increase referrals to SDEC services and maintain a discharge-on-the-same-day performance of over 80%.	Plans are underway to increase the throughput of suitable patients into Same Day Emergency Care (SDEC), ensuring individuals are assessed and treated in the most appropriate setting at the right time. Opportunities are being actively explored in collaboration with the Nav Hub, alongside a review of wider clinical pathways where changes could benefit both patient experience and reduce unnecessary admissions to the Emergency Department (ED). The service remains committed to consistently achieving a minimum of 80% same-day discharge across all sites. These developments work within the Six Goals for Urgent and Emergency Care Programme and details included within the USC Care Group plans.

Recommendation:	

	1. The Board is asked to note the following:
	• *the risks/issues/ dependencies on the progression of the plan*
	• *that Welsh Government have requested a series of submissions to provide assurances from the Health Board on their collaboration with stakeholders, resilience and preparedness plans. This was shared with Welsh Government Friday 31 October.*
	• *that the plans are regularly reviewed and a moving plan to manage demand and capacity*
	• *that a series of seasonal planning workshops are now in place throughout the year to support regular planning and preparedness across the year, addressing seasonal pressures and key peaks in demand for the Health Board and their partners.*
	2. The Board is asked to confirm the following:
	• *That it is assured by the operational teams that appropriate planning and actions are being taken to manage the seasonal pressures and capacity demands.*
	3. The Board is asked to endorse the following:
	• *A proposal to conduct a comprehensive review of CTM's governance and organisational structure related to seasonal planning and submissions. The purpose would be to:*
	  • *identify opportunities for the Health Board and the RPB to streamline and align its response and co-ordination efforts which would also respond to the forthcoming amendment to section 201 of the Social Services & Wellbeing (Wales) Act 2014, effective April 2025.*
	  • *Ensure CTM wide preparedness across all seasons working collaboratively with partners, operational and strategic teams to enhance, standardise, and strengthen our management of seasonal challenges.*
	  • *facilitate effective, high-quality planning for winter submissions.*
	• *The findings of the review will be presented for approval with recommendations and shared with Welsh Government to ensure a streamlined approach upon request of information.*

Agenda Item
7.2

CTM Health Board

Llantrisant Health Park – Outline Business Case, Phase 2 – Regional Arthroplasty Facility

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Rosie Cavill Programme Infrastructure Director LHP Programme Team
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Gethin Hughes Chief Operating Officer
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

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
LHP Programme Board	30/10/2025	Endorsement
Executive Management Board	24/11/2025	Endorsement

Acronyms / Glossary of Terms	
ABUHB	Aneurin Bevan University Health Board
CDH	Community Diagnostic Hub
CAVUHB	Cardiff and Vale University Health Board
CT	Computed tomography
CTMUHB	Cwm Taf Morgannwg University Health Board
FBC	Full Business Case
HEIW	Health Education and Improvement Wales
IIB	Infrastructure Investment Board
ISP	Independent Sector Provider
LHP	Llantrisant Health Park
MRI	Magnetic resonance imaging
NOUS	Non obstetric ultrasound
OBC	Outline Business Case
WG	Welsh Government

1. Situation /Background

1.1 In December 2022, CTMUHB submitted a successful business case to WG to purchase the former British Airways Avionics Engineering site at Llantrisant, with the purchase of the site completing in February 2023.

1.2 The vision for the LHP site is to establish a standalone site for high-volume, low-complexity surgical and diagnostic procedures to address capacity shortfalls, meet future demand challenges and support consolidation of services where this will add value to participating health boards.

LHP will also act as an enabler for further regional service reconfiguration. The development of a dedicated facility for planned care, separated from emergency care, was a key commitment in the Welsh Government's recovery document, "Our Programme for transforming and modernising Planned Care and reducing waiting lists in Wales" (April 2022).

1.3 The project is being led by the LHP Project Team at CTM in partnership with ABUHB and CAVUHB. Health Boards in South East Wales have committed to active collaboration where this delivers added value to clinical service delivery, access, and sustainability.

1.4 The development of LHP will be undertaken via a phased approach which has been supported by WG. Phase 1 is the development of a CDH, which includes Radiology and Endoscopy. Phase 2 will include a high volume, low complexity orthopaedic inpatient unit. The final Phase 3, will be subject to a regional scoping exercise but may include a multi-modality day surgery unit. This OBC specifically refers to Phase 2 of the scheme for an orthopaedic inpatient unit serving as a regional Arthroplasty facility.

2. Specific Matters for Consideration

2.1 The purpose of the Phase 2 LHP OBC is to outline key objectives, current plans for investment and to seek approval for funding from Welsh Government to proceed to full FBC for the orthopaedic inpatient unit element of the LHP.

2.2 The attached OBC sets out the strategic, economic, commercial and financial case for the development.

2.3 The Regional Orthopaedic Plan that informs this business case was noted at CAVUHB, ABUHB, and CTMUHB Boards in September this year. It identified a clear need for additional lower limb arthroplasty capacity in South East Wales. Based on the demand and capacity analysis, the Arthroplasty facility will contribute to closing the demand and capacity gap, however the additional capacity alone will not fully meet the current demand, backlog

and forecasted projections for lower limb arthroplasty. It is noted that further work is needed to address the shortfalls, including efficiency assumptions and utilisation of existing capacity, all of which will be set out in the SE Wales Regional Lower Limb Arthroplasty Plan, due for completion April 2026 which will inform the LHP Phase 2 FBC.

2.4 Significant revenue will be required to fund the additional lower limb arthroplasty capacity. The revenue principles at this stage are;

- Where activity is shifting from existing services the money will follow the patient.
- Activity over and above core funded positions will require additional revenue funding,
- Planning will seek to secure financial benefits (i.e. procurement benefits) for reinvestment in the service.

2.5 Engagement leads are working together to jointly produce engagement plan for the Orthopaedic OBC and CDH FBC. Producing core content to widen profile and understanding of LHP amongst public audiences and enable localised delivery of engagement actions. Including key messages, content for web and socials, graphics, talking heads videos. This work will also include workforce engagement across the region.

2.6 The Phase 2 LHP OBC is being presented to CTMUHB Board for approval. As this is a regional partnership development, the FBC will also be presented to the Boards of ABUHB and CAVUHB on the 26th and 27th of November for approval.

3. Key Risks / Matters for Escalation

3.1 The information on key risks is set out in section 5.4 in the attached OBC.

3.2 Revenue Funding: There are significant risks associated with revenue funding availability for services. The potential revenue commitments are not within existing financial plans and would require national support as per section 2.4 above.

3.3 Workforce Planning: workforce shortages across a number of areas are highlighted. Further planning work is required including the detailed workforce model for the LHP. CTMUHB is committed to maximising internal efficiencies and detailed workforce planning as regional plans develop.

3.4 Operational Impact: Local Health Board plans and LHP regional facility will support reduced waiting times and improved patient outcomes for CTMUHB residents.

3.5 Ongoing engagement is required with regional partners and stakeholders including the public on the service redesign.

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))*	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)	Yes - Refine If more than one applies please list below:

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

Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	Yes (Include further detail below)	
	Should a decision not to proceed following the outcome of the OBC there is a risk that the contractor could claim against the UHB	
Enw da / Reputational	Yes (Include further detail below)	
	There will be a negative reputational impact if a decision not to proceed following the outcome of the OBC.	
Effaith Adnoddau *(Pobl /Ariannol)* / Resource Impact *(People / Financial)*	Yes (Include further detail below)	
	There are major resourcing implications set out within the OBC.	

5. Recommendation

5.1 Board are asked to approve the submission of the OBC to Welsh Government.

5.2 Board are asked to note the associated risks and potential revenue consequences and approach to seeking national support.

6. Next Steps

6.1 Subject to Board approval, the Phase 2 LHP OBC will be submitted for approval to Welsh Government.

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Produced on behalf of Cwm Taf Morgannwg UHB by

Archus
The healthcare infrastructure specialist

Outline Business Case for Llantrisant Health Park

(17) November 2025

Version 1.1 DRAFT

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Summary sheet

Llantrisant Health Centre OUTLINE BUSINESS CASE (OBC) – HIGH VALUE (OVER £2 MILLION VALUE OF PROCUREMENT)	
SRO	Paul Mears, CEO Cwm Taf Morgannwg University Health Board
Programme Director	Rosie Cavill, Programme Director
Organisation	Cwm Taf Morgannwg University Health Board Cardiff and Vale University Health Board Aneurin Bevan University Health Board

Version control – record of edits

Version	Changes made	By	Date
0.1	Set up template and populate using relevant original OBC content	Bev Letherby	07/10/25
0.2	Updated Strategic Case	Glenys Mansfield	28/10/25
0.3	Strategic Case and commercial case updates	Rosie Cavill	28/10/25
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1	Economic and Financial Cases added	Henry Mony de Kerloy	12/11/25
1.1	Updated with latest Capital Cost Profile	Henry Mony de Kerloy	16/11/25

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Appendices

Appendix Ref	Appendix Name
Appendix 1	Strategic Overview Document
Appendix 2	Orthopaedic Regional Plan
Appendix 3	Arthroplasty Pathway
Appendix 4	LHP Operational and Clinical Model
Appendix 5	Benefits Register
Appendix 6	Risk Register
Appendix 7	Capital Cost Plan
Appendix 8	Revenue Costs Working Paper
Appendix 9	Comprehensive Investment Appraisal (CIA) Model
Appendix 10	Phase 2 Programme

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Glossary

Term	Description
ABUHB/AB	Aneurin Bevan University Health Board
BAU	Business As Usual
BCR	Benefit Cost Ratio
BfW	Building for Wales
BIM	Building Information Modelling
BREEAM	Building Research Establishment Environmental Assessment Method
CDE	Common Data Environment
CIA	Comprehensive Investment Appraisal
CIA	Comprehensive Investment Appraisal
CSF	Critical success factor
CTMUHB/ CTM	Cwm Taf University Health Board
CAVUHB/ CAV	Cardiff and Vale University Health Board
DHSC	Department of Health and Social Care
FBC	Full Business Case
GiRFT	Get it Right First Time
HB	Health Board
JAG	Joint Advisory Group
MMC	Modern Methods of Construction

Term	Description
NEC	New Engineering Contract
NPC	Net Present Cost
NPSV	Net Present Social Value
NWSSP - SES	NHS Wales Shared Services Partnership - Specialist Estates Services
NZC	Net Zero Carbon
OBC	Outline Business Case
POWH	Princess of Wales Hospital
PM	Project Manager / Programme Manager / Project Management
PSC	Professional Services Contract
PWF	Preferred Way Forward
RGH	Royal Glamorgan Hospital
RPA	Risk Potential Assessment
SAB	SuDS Approval Body
SCP	Supply Chain Partner
SO	Spending Objective
SOC	Strategic Outline Case
SRO	Senior Responsible Officer
WG	Welsh Government

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1 Executive summary

1.1 Structure and introduction

The purpose of this outline business case (OBC) is to outline key objectives, current plans for investment and seek approval for funding of **£1.67m** from Welsh Government to proceed to full business case (FBC) for Phase 2 of the Llantrisant Health Park (LHP) Programme.

The programme is being led by the LHP Project Team at Cwm Taf Morgannwg University Health Board (CTMUHB) in partnership with Aneurin Bevan University Health Board (ABUHB) and Cardiff and Vale University Health Boards (CAVUHB). Health Boards in South East Wales have committed to active collaboration where this delivers added value to clinical service delivery, access, and sustainability, as it does for this scheme.

The programme is being delivered across multiple phases to deliver improved regional access to diagnostics, endoscopy and orthopaedic surgery. Phase 1 of the programme covers provision of diagnostic and endoscopy services alongside provision of site wide supporting infrastructure and the OBC for that phase was approved in October 2025.

This OBC covers Phase 2 of the project being Orthopaedic Surgery and supporting ward accommodation. The structure of the OBC is outlined in the table below.

Case	Section	Purpose	Description
Strategic	2	Strategic Context	Provides an overview of current services and explains how the project is strategically placed to contribute to the delivery of organisational goals.
	3	Case for Change	Establishes the case for change by outlining the spending objectives, existing arrangements and business needs.
	4	Potential Scope and Services	Identifies the potential scope of the project in terms of the operational capabilities and service changes required to satisfy the identified business needs.
	5	Benefits and Risks	Identifies the benefits, risks, constraints and dependencies for the project.
Economic	6	Options Identification and Appraisal	Explores the preferred way forward by agreeing critical success factors (CSFs), determining the longlist of options, and undertaking a SWOT analysis to identify a shortlist of options.
	7	Economic Appraisal	Appraises the economic costs, benefits and risks for the short-listed options and concludes which option represents the best value for money.
Commercial	8	Procurement Route, Scope and Contractual Details	Outlines: the procurement strategy and routes that have been agreed. the scope of the procurement the contractual arrangements of the potential deal to deliver the recommended solution for the project.
Finance	9	Financial Appraisal	Sets out the forecast financial implications of the preferred option.
Management	10	Management Arrangements	Sets out the arrangements put in place to manage the project to successful delivery.

1.1 Background and context

During autumn 2022, Cwm Taf Morgannwg University Health Board (CTMUHB) became aware of the intention of British Airways Avionics Engineering (BAAE) to sell their former engineering site in Llantrisant. The site was vacant, as BAAE had relocated their service provision to St Athan during early 2022 (but remained as tenants of the site).

The total site covers over 20 acres with a developed area comprising three separate buildings totalling over 10,300sqm. There is parking on site for around 300 cars. The site has the potential capacity and infrastructure for a wide range of clinical services, and in addition to the existing buildings, there is also an area of cleared ground that is available for further on-site development.

In December 2022 CTMUHB submitted a case to Welsh Government (WG) to support the purchase of the site, which was to be known as Llantrisant Health Park (LHP). This case set out the initial development aims and aspirations. Approval was given and £8m funding released to support the site purchase as a regional elective care facility. The purchase completed in February 2023.

The vision for LHP is to establish a standalone site for high-volume, low-complexity surgical and diagnostic procedures to address capacity shortfalls, meet future demand challenges and support consolidation of services where this will add value to participating health boards. LHP will also act an enabler for further regional service reconfiguration. The development of a dedicated facility for planned care, separated from emergency care, was a key commitment in the Welsh Government's recovery document, *"Our Programme for transforming and modernising Planned Care and reducing waiting lists in Wales"* (April 2022).

The need to introduce diagnostic and treatment capacity to the South East Wales region has never been greater. Since the COVID-19 pandemic, waiting lists have increased to their highest ever levels and Health Boards have struggled to address this within existing capacity and working practices. Set alongside this is the increasing aging population and acute medicine pressures which indicate that a significant change to current practice and how we use our existing infrastructure is essential if performance and access to treatment is to be improved.

LHP offers the region a unique opportunity to deliver new ring-fenced elective capacity, encompassing innovative developments and state of the art practice. The site will provide efficient and proven effective models of care to deliver increased diagnostic and treatment facilities across the region. These models are fully in line with the **Getting it Right First-Time** surgical hub models, recognised as best practice across the UK.

The proposal for Phase 1, subject to the earlier OBC, incorporates:

Imaging capacity – incorporating MRI, CT and ultrasound as part of a Community Diagnostic Hub (CDH)

Endoscopy capacity – elective and screening services to increase capacity across the region and address the projected six suite shortfall across the region by 2027/28 and to introduce a training academy to respond to workforce shortfalls.

This OBC, for phase 2, proposes a **High-volume, low-complexity orthopaedic inpatient unit** - providing capacity for up to six theatres to deliver arthroplasty (knees and hips) surgery for patients meeting the criteria for treatment without critical care support. An inpatient unit co-located with the theatres will accommodate patients requiring an overnight stay.

It is recognised that Health Boards have obligations in respect of public engagement and consultation when introducing significant service changes, and these will have some application when progressing a model of regionally based provision of elective services.

The principle of patients travelling further to access more timely care has been tested in a regional context with a recent engagement exercise for cataract surgery, when positive feedback was received from both public and Llais. Close contact with Llais will be maintained as the LHP plans progress, to ensure that the required arrangements are in place and that any concerns / issues arising are addressed and mitigated as appropriate.

This OBC seeks approval to progress to Full Business Case (FBC) for Phase 2 of the LHP Programme and to restate the case for a new regional Health Park across three health boards, CTMUHB, ABUHB and CAVUHB.

Welsh Government and the IIB are supportive of delivering this project, given the pressing need to improve regional acute services for the people of Southeast Wales.

Vision and spending objectives

The vision is for the Llantrisant Health Park to be an exemplar facility providing a standalone elective diagnostic and surgical facility for the South East Wales Region. Within this overarching vision, phase 2 is proposed to deliver a regional elective surgical hub (ESH) for primary arthroplasty surgery. The intention is to create a centre of excellence for planned (High Volume Low Complexity) HVLC primary arthroplasty surgery, delivering productivity and quality of care for patients that consistently meets best practice, and delivers optimum value.

The design of the LHP building will prioritise operational efficiency through ring-fenced theatre capacity, standardised care pathways, and lean scheduling practices. By removing the variability associated with mixed elective/emergency lists, the centre will achieve higher theatre utilisation rates and reduced cancellation rates. The use of day-case arthroplasty pathways, supported by enhanced recovery protocols and prehabilitation, will further improve throughput and reduce length of stay. Benchmarking against GIRFT metrics will be used to monitor performance and drive continuous improvement.

The LHP will be fit for the future. It is designed using evidence from a range of sources, including Getting it Right First Time (GIRFT) and the British Orthopaedic Association (BOA), the National Joint Registry (NJR), British Association of Day Surgery (BADS) and other professional bodies. There will be sufficient capacity to meet current and future demand resulting in timely access to services.

The spending objectives listed in the table below were agreed by members of the LHP Programme Board in September 2024.

Ref	Theme	Spending objective
SO1	Meet population needs	The delivery of an elective high volume low complexity model of care for the South East Wales Region on a phased basis. Phase 2 to focus on the delivery of elective orthopaedic arthroplasty,. Services to be operational by the end of the 2028/29 financial year. A Future phase 3 to consider further regional services such as pathology or day surgery.
SO2	Maximise capacity	To maximise clinical capacity on the LHP site. To ensure that the maximum amount of available space is directed towards direct service delivery with supporting services managed from the neighbouring RGH site.
SO3	Innovation and Standardisation	To facilitate and support the use of innovative design and delivery solutions in both clinical and non-clinical services. To implement standardised protocols and practices to promote efficient service delivery offering improved value for money, reported via comprehensive patient level costing, delivering a lower procedure cost than English tariff.
SO4	Enable training / development of future workforce	To enable increased training and development of secondary care staff including accommodating more medical trainees and medical students

Ref	Theme	Spending objective
SO5	LHP Models of Care and Workforce Models	To develop a new model of care and workforce models to support the delivery of the core services, the models will support efficient delivery of services
SO6	Sustainable estate	To deliver a sustainable infrastructure on the site maximising decarbonisation and net zero opportunities.

1.2 Case for change

Current service provision for the region is delivered for each of the health boards' populations within each health board's geographic footprint. Patients from each Health Board currently access services in other health boards as part of agreed patient flows for specific service pathways. Additional capacity is delivered through a range of means including internal additional capacity using NHS clinicians (commonly referred to as waiting list initiatives) and in-sourcing.

In considering the solution in the business case, considerable research has been undertaken by the LHP team alongside other clinical and non clinical colleagues. As well as considering evidence offered by GiRFT, they have undertaken learning with a number of established Elective Surgical Hub in England. This has made a contribution to the development of both pathways and processes as well as the building infrastructure and provided a compelling evidence base to support the development of a high volume low complexity primary arthroplasty unit at LHP.

There has been a regional focus on developing a solution to the challenges faced by orthopaedics across South East Wales which has culminated in the development of the Regional Orthopaedic Plan, Appendix 2 to this document. This plan is recognised as being in its first phase but has focused on the development of detailed regional demand and capacity modelling, undertaken with the support of WG colleagues, to prove the need for additional theatre capacity at LHP for the region.

The outcomes of the regional planning exercise clearly demonstrate that there is a shortfall in orthopaedic capacity in the region, with the greatest shortfall in lower limb, as shown in the table below.

Sub specs	South-east Wales		
	Recurrent demand IP24/25	Demand in 28/29·	
		1% growth	4% growth
FA	1,630	1,695	1,891
Paeds	358	372	415
Upper Limb	1,500	1,560	1,740
Hands	2,870	2,985	3.329
Lower Limb	4,895	5,091	5,678
Spine	1,476	1,535	1,712
Other	274	285	318
Total	**13,003**	**13,523**	**15,083**
Arthroplasty	*3,578*	*3,721*	*4,150*

The recurrent demand levels for lower limb surgery (which is predominantly arthroplasty related) is significantly larger than all other orthopaedic specialities in the region and this demand is set to grow in the next 3 years until 2028/29 when LHP is programmed to open.

The problems becomes even more apparent when factoring in capacity against these demand levels as shown below

Type	Current gap / surplus (2025/26)			Projected 2028/29 -position				
	New OP	Treatment	Tx w new OP conversion (40% assm)	Treatment / surplus gap if		Efficiency oppor-tunity	Recurrent net treatment gap / surplus (Mar 29) if	
				Demand @ 1% to 29	Demand @ 4% to 29		Demand @ 1%	Demand @ 4%
Foot / ankle	-422	-83	-252	-371	-728	98	-273	-630
Paeds	-211	-17	-101	-140	-255	16	-124	-239
Upper limb	487	81	81	-21	-326	125	104	-201
Hands	-394	-616	-774	-965	-1,538	209	-756	1,329
Lower limb	-2,278	-250	-1,161	-1,544	-2,691	1,148	-396	-1,543
Spine	1,074	-595	-595	-708	-1,047	44	-664	-1,003
Other	-198	-254	-333	-347	-390	0	-347	-390

From this table, against lower limb capacity shortfalls dominate both in 25/26 (shown in blue) and projected forward 2028/29, where, if the higher level of growth is realised, demand could exceed capacity by over 1,500 cases per annum for lower limb surgery.

The proposed solution our LHP is to build 6 theatres and 54 supporting beds that will form a regional primary arthroplasty hub. The Unit is planned to operate in line with GiRFT performance standards which would see delivery of 4 joints per day, at 5 days per week (although weekend working could become an option) over 48 weeks of the year. This would give additional capacity of 960 cases per theatre, a total of 5,760 cases per annum.

The LHP facility will be utilised to undertake both core and additional capacity for CTMUHB and additional capacity for the region. For CTMUHB there are significant efficiencies in co-locating with orthopaedic theatres in terms of improved performance, workforce efficiencies as well as benefits in plant and infrastructure. As a result the three theatres currently providing orthopaedic surgery at Princess of Wales Hospital (POWH) are proposed to transfer to LHP on opening, givinga further 3 theatres for additional regional activity.

Alongside the additional capacity created by LHP, the transfer of primary arthroplasty activity from the current 3 CTM theatres to LHP will enable the further development of sustainable orthopaedic services within the South East Wales Region. Since the roof works completed at Princess of Wales Hospital (POWH), CTM elective orthopaedic activity has transferred to POWH where it is being used as an early implementer site for the LHP pathway. The transfer of this activity to LHP will not only support the delivery of improved efficiencies within the service but will also offer up three theatres capacity to the overarching orthopaedic programme.

The focus on this OBC has been the development of additional capacity for the arthroplasty pathway through the creation of infrastructure to support HVLC primary arthroplasty surgery at LHP. However, the regional orthopaedic plan identifies additional orthopaedic specialities that are also under pressure. In looking at the numbers in table 5 above it is clear that further capacity is required to support treatment pathways for arthroplasty revisions, upper limb, hand and foot and ankle surgery.

From an overall systems viewpoint the capacity released at POWH has the ability to meet this, however it is recognised that a whole systems approach will need to be adopted as to how capacity should be managed and services provided across the region.

How the CTM capacity released through the transfer of arthroplasty to LHP can support further regional reconfiguration for other orthopaedic specialities will be explored in the second phase of the regional orthopaedic plan.

However, it is clear that this is a further beneficial opportunity from the LHP Hub and the centralisation of primary arthroplasty at LHP. The outputs and resources associated with the use of this capacity sit outside the scope of this OBC but will be part of the regional orthopaedics plan.

The benefits in location of the unit should see much improved reduced length of stay for lower limb arthroplasty and an improved patient experience. The proposal would be to offer capacity to regional partners and develop a collaborative model of regional lower limb arthroplasty service delivery.

1.3 Economic Case

Options identification

The purpose of the Options Analysis is to identify and appraise the options for the delivery of project and to recommend the option that is most likely to offer best value for money.

However, in this instance this section will not undertake a traditional options appraisal using the business case framework, which is an approach that has been agreed with colleagues in the Capital and Estates team in Welsh Government (WG).

The reasons for this centre on the fact that on purchase of the site a case for purchase was prepared and resulted in approval of capital funds to enable the same. The funding was made on the condition that CTM collaborated with other NHS organisations to develop the site as part of a regional approach to the delivery of services. Therefore, consideration of alternative site options is not relevant.

The services included at this business case stage are the same as those included in the original case for the purchase of the site, with some small changes to the numbers of the same, in line with demand and capacity modelling provided in Section 3 of this case. In addition, after purchase, regional partners were asked to nominate desired alternative or additional services to be included at LHP; no changes or additions to the scope of services were requested or proposed at this time.

As a result, this section will not consider alternative options for service change with the scope and scale having been proven in the sections above. In addition, following WG approvals, design work has already progressed beyond the traditional stage for an OBC, with WG approval to proceed to RIBA 3 given in December 2024. It should be noted that the current design leaves most of the site's *plateau area* un-developed which could support a further phase of expansion

Finally, a main contractor for completion of the design phase was appointed on 28 March 2025. This appointment was made after a lengthy tender process utilising the Crown Commercial Services Framework under 2 lots to encourage bidders from both pure modular and other off site construction backgrounds to develop the more beneficial construction solution for LHP.

The tender process demonstrated a modular form of MMC was preferred and WG approval to enter into the design contract was received on 14 March 2025. As a result, the build methodology has also been fully determined. Therefore, the economic appraisal in following sections will focus on the preferred option against a business-as-usual comparator only.

Economic appraisal

The results of the economic appraisal demonstrate that the preferred way forward offers value for public money. This option is an NHS-funded capital build for the Orthopaedic Surgical Hub at Llantrisant Health Park, delivering theatres and ward accommodation for high-volume, low-complexity arthroplasty procedures.

Requiring capital investment of £123.6m (including VAT) and ongoing revenue costs of £36.8m p.a. (excluding depreciation), based on estimated costs and benefits, it is anticipated that phase 2 of the LHP will deliver an incremental Net Present Social Value (NPSV) of £500.7m and a Benefit

Cost Ratio (BCR) of 1.54. This represents £1.54 of incremental benefit delivered for every £1.00 of incremental whole life cost, because of the quantifiable benefits that it has been possible to state in monetary values at this point in time, including:

High volume, low acuity model of care increasing throughput: Delivery of the surgical hub will address current regional Arthroplasty capacity shortfalls and ensure future demand can be met. As well as reducing waiting times for patients, the delivery of high volume, low acuity model will enable the delivery of a standardised pathway, increasing throughput and making best use of resources.

Improved patient outcomes from earlier access to surgical intervention, reduced length of stay and less healthcare acquired infections: Reduced length of stay is known to result in fewer complications and support speedier recovery times. This, combined with the reduced waiting times, lead directly to better patient outcomes, specifically improving quality of life for those requiring surgical interventions such as arthroplasties.

In addition to this, there are other quantifiable benefits which it has not yet been possible to state in monetary values given the information that is available at this time. These will be explored further at FBC-stage and, it is expected, will further strengthen the BCR. These include:

Productivity gains because of standardised pathways: In addition to the reduced length of stay and increased throughput, the standardised pathway is likely to provide other opportunities to deliver productivity gains, such as delivering rota efficiencies and enabling more efficient procurement and reduced waste. Predictability of care also reduces the risk of cancellations and Did Not Attends (DNAs).

Impact of a more sustainable workforce: The benefits identified in terms of improved recruitment and retention provide opportunities to reduce the impact of long-term vacancies reducing agency, locum and bank usage and, potentially, reducing recruitment time and costs.

LHP will also deliver various non-financial benefits which while they cannot be quantified in monetary terms are equally important to the delivery of local, regional and national policy. These include:

Improved patient experience: As well as reduced waiting times and length of stay, patient experience is enhanced by the modern fit for purpose facilities and the ease of access the location of LHP offers, with its good road links and parking.

Increased staff satisfaction: The improved training pathway and increased training opportunities, along with the modern fit for purpose facilities and a consolidated service model that enables more effective ways of working, contributes to staff satisfaction and creates an attractive place to work which will support recruitment and retention of highly trained health professionals.

Increased training opportunities: The additional theatre capacity will provide significant opportunities to increase the number of training places available in the region.

Increased compliance: Delivery of orthopaedic services in a hub will ensure alignment with GIRFT principles. Modern fit for purpose facilities that are compliant with WHBNs and HTNs, achieve BREEAM rating of Excellent.

Reduced health inequalities: Reduction in waiting times and ease of access supports equality of access.

Community Benefits: The contractor has agreed to implementing several community benefits, including hiring local, providing volunteering and donations to local organisations, investing in people learning and using Welsh and investing in the local supply chain.

Future proofing: The site also provides a level of future proofing by providing expansion space that offers opportunities for other future developments.

Impact of a more sustainable estate: The delivery of appropriately designed compliant facilities provides opportunities to contribute to CTM UHB's environmentally sustainable goals and national strategies around decarbonisation and optimising energy efficiency. The transformed model of care with its standardised pathway is likely to make it easier to implement and maintain sustainability programmes that CTM UHB has instituted in other areas, such as reducing waste and single use products.

Opportunities for future transformation: The additional capacity offered by LHP provides opportunities to transform and reconfigure core local services and deliver things differently in the future. The successful delivery of a regional centre will also provide proof of concept as the basis for the development of any future regional pathways.

The results of the options appraisal are presented in the table below.

Table 1 - Results of options appraisal

Element	Option 0 - BAU	Option 1 - PWF
Initial capital investment (including VAT)	-	£123.6m
Incremental NPSV	-	£500.7m
Benefit Cost Ratio	-	1.54

It should be noted that this assessment is based on an initial assessment of benefits and further work is required to quantify these more fully. As outlined above, it is anticipated that this is likely to further strengthen the BCR and value for money case as the scheme progresses to FBC stage.

1.4 Commercial Case

To maintain momentum within the programme, the main contractor was appointed during RIBA 3 for continued development of the design and construction elements. This ensures the contractor is involved in the more detailed design incorporating the latest technology and identifying programme opportunities. The appointment was made via the Crown Commercial Services Framework which offered the opportunity to tender for both traditional and modern methods of construction. WG approved the appointment which was made in March 2025.

WG also approved early site wide demolitions in January 2025. These have been delivered by a contractor appointed under the Crown Commercial Framework. Works commenced on 14 April and completed on 6th October within the approved funding level despite a short programme delay.

For the main contract, WG have approved funding for the whole programme up to the end of RIBA 3. From July onwards the programme moved onto a phased basis and funding was split between the phases. After reconsideration of the scope of phase 2 this was instructed to recommence at the beginning of September with fees of £1.9M approved to fund this phase OBC. A further £1.669M fees will be required should the OBC be approved to enable completion of design and preparation of an FBC.

The Contractor tendered design fees will need to be uplifted to support Phase 2 design works. The tender fee assumed a single phase business case process and start on site with phased completions. The move to separate phases with differing design, business case and construction programmes has elongated the design phase. For the 2 main priority phases it has added ca 6 months to the programme. Whilst the uplift will be required for phase 2 it is covered in this case and shown below

Cost element	Original Tender £000	Phase 1 PCSC £000	Phase2 PCSC £000	Total PCSC Fees £000

RIBA 3	400	1,491	1,534	3,025
RIBA 4	3534	1,405	924	2,328
Total	**3,934**	**2,896**	**2,457**	**5,353**
				1,419
				36%

These increases are within procurement permitted levels and have been validated by CTM's Cost Advisors.

A further consequence of the move to separate phases has been the need to consider the construction (ECC) contract approach. Previously a single FBC would have approved the total contract sum for the entire construction period. On a phased basis approvals and funding will be staggered. As a result an options appraisal was undertaken that identified that separate ECC contracts would be entered into for the construction of each phase. This was considered the lowest risk option that delivered compliance with standing financial instructions and procurement regulations as well as reduced overall risk to cost and programme.

Site wide planning permission was granted on 29 September 2025, however this was based on original designs and layout, an amended planning application will need to be made for Phase 2 which will be undertaken between OBC and FBC stages.

1.5 Financial Case

The financial analysis demonstrates that delivery of the preferred way forward is affordable providing that Welsh Government capital funding can be secured, and agreement reached with commissioners about revenue funding requirements.

Capital affordability

The cost plan prepared by CTM's Cost Advisors, based on RIBA 2 design, estimates that delivery of LHP will result in capital investment requirements of £123.6m in total, including expenditure incurred to date. The funding requirement takes account of £1.933M funded to OBC approval:

Fees to Complete RIBA 3 and 4 and FBC approval £1.669M

Construction - £120.0m.

It should be noted that this remains a forecast cost at this stage and the Board is requested to approve this OBC with this cost as a cost not to be exceeded. Due to the pace at which design has progressed a number of drawings and plans are being finalised which may impact on the final cost. The submitted OBC capital cost will not exceed the cost in this OBC.

Revenue affordability

Work undertaken by the programme team and finance leads indicates that the orthopaedic unit will incur recurring revenue costs of £39.9 million per annum, including:

- Pay costs of £15.0 million for approximately 220 WTE staff
- Non-pay costs of £24.8 million, covering theatre and ward consumables, building running costs, and depreciation of £3.16 million

These indicative costs are based on high level assumptions at this stage and will be firmed up at FBC stage once more detailed information, such as the workforce plan, is available.

£10.46m p.a. of funding has been identified which will partly cover these additional costs which include the following sources:

- £7.3m associated with the substitution of existing services at CTM including transfers of Ward, Theatres, Medical staff and non-pay costs
- Anticipated £3.16m of Welsh Government Central funding for depreciation

This leaves an affordability gap of £29.5 million across the region. Work is underway with partner Health Boards and Welsh Government to develop a sustainable solution that aligns with the regional service model and supports timely access to care. Engagement activity is being coordinated to ensure transparency and shared understanding, drawing on lessons from previous programmes and focusing on collaborative planning to address both financial and operational challenges.

1.6 Management Case

The overall LHP project has been and will continue to be managed to PRINCE2 project management standards with the LHP Project Team leading on delivery. The project governance and reporting structure is outlined in the management case, showing all key workstreams, task and finish groups, with boards and teams where approvals and decisions are made.

A project programme has been developed to control and track the progress and delivery of the project and resulting outcomes. The key milestones for the infrastructure programme are summarised below.

Milestone	Start	Completion
SOC submission and approval	Sept 2024	Sept 2024
OBC submission and approval	Oct 2025	Jan 2026
FBC submission and approval	May 2026	June 2026
Demolition works start	Apr 2025	Oct 2025
PCSA design works:		
RIBA 3 Design	Sept 2025	Dec 2025
RIBA 4 Design	Dec 2025	April 2026
RIBA 5 Design Construction	June 2026	July 2028
Surgical hub construction	June 2026	July 2028
Operational Commissioning	Aug 2028	Oct 2028
Handover of fully commissioned buildings	Nov 2028	Dec 2028

Within the PRINCE 2 governance arrangements the PMO is classed as part of the Assurance function.

Programme

- Review of upcoming programme activity and milestones with LHP Technical PM and Project Director to determine outputs required by workstreams.
- Create lookahead programme highlighting key programme deliverables over coming weeks/months for dissemination to workstreams.
- Track workstream output and performance toward achieving programme deliverables and feed progress into monthly reporting – PMO drumbeat.

Risk

Review of risk with LHP Technical PM and Project Director to review and update risk register based on workstream risks.

Track workstream risks and feed into project reporting – PMO drumbeat.

Key Performance Indicators (KPIs)

Work with LHP Project Director to determine workstream KPIs.

Track workstream KPIs and feed into project reporting – PMO drumbeat.

Reporting

Work with PMO governance lead to integrate programme, risk and KPI updates into monthly drumbeat reporting.

Provide updates to LHP Design Team Meeting and Programme Board.

1.7 Summary recommendation and requirements

The works funded so far have delivered interim mobile capacity on the site alongside the site wide building demolition works. All other work has been focused on the design of the total Health Park to end of RIBA Stage 3 and commencement of RIBA Stage 4 Design Works for Phase 1 CDH and supporting side wide infrastructure.

The recommended option is to. proceed to complete RIBA design stages 3 and 4 and develop an FBC for a regional orthopaedic hub .

Spend so far on this phase only is £1.9MM, all sunk costs have been included in the Phase 1 OBC and FBC. The LHP Programme is seeking urgent approval of this business case and the release of further funding of £1.67M for the RIBA 4 and 5 design stage of the Orthopaedic Surgical Hub to avoid delay to the programme.

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Strategic Case

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2 Strategic context

2.1 Introduction

This section of the business case outlines the strategic context for the proposals to develop the regional Llantrisant Health Park by explaining how the project is strategically placed to support delivery of services across the three Health Boards in the South East Wales Region, Aneurin Bevan (ABUHB), Cardiff and Vale (CAVUHB) and Cwm Taf Morgannwg (CTMUHB). This section will:

Provide a summary of the Programme progress to date;

Provide an overview of the organisations working in partnership to successfully deliver the project;

Outline how the project will contribute to achieving our business strategies and aims;

Describe how the project aligns with other relevant local and national strategies;

Describe the geographical context and local health needs.

2.2 LHP programme context and background

The LHP site was acquired in February 2023 by CTMUHB for £7.8m capital funding provided by Welsh Government. The site is located directly adjacent to the Royal Glamorgan hospital and extends over 20 acres. At the time of purchase the site included two storeys separate buildings totalling over 10,300sqm. The layout of the site already supported car parking for over 299 and separate front and rear access roads to the buildings.

As well as the existing building footprints, there is a further developable area on the site for an additional building. The case for purchase described how the site was ideally suited to provide a high volume low complexity diagnostic and elective treatment centre with benefits for the whole South East Wales region. At the time of purchase the proposed scope of services to be provided at LHP were:

A **Community Diagnostic Hub** comprising:

- Diagnostic Imaging – CT, MRI and Ultrasound
- Regional Endoscopy services
- Plain Film X Ray

A **Surgical Hub** comprising:

- Up to six orthopaedic theatres for high volume low complexity works
- Up to 54 beds to support the orthopaedic theatres
- A self-contained day surgery unit containing six theatres

Immediately following the purchase of the site, a design team and internal programme team were appointed to commence site master-planning and design development. During this time, a successful early termination of the lease to the incumbent tenant was agreed giving CTMUHB full access to the site from October 2023. This access facilitated detailed and intrusive survey work to be undertaken which identified several limitations to the existing buildings impacting on their ability for use as healthcare premises.

At their request, a Strategic Overview Document was submitted to Welsh Government in September 2024 which gave a detailed overview of the programme and included a comprehensive option appraisal to identify the optimal way forward for the site infrastructure. The preferred option was the demolition of the existing buildings and replacement with modular buildings which would deliver the quickest and most value for money solution. This can be found in Appendix 1.

This approach was formally considered by Welsh Government alongside the completed RIBA 2 design works at the Infrastructure Investment Board in November 2024.

Following this meeting, approval was given to proceed to RIBA 3 design stage and in January 2025 approval was given to demolish the buildings on the site in a separate advance works package. Demolition works commenced on 14 April 2025 and works completed on 3rd October 2025. The works package was delivered within the funding envelope provided despite a small delay to the programme.

A condition of the approval to continue design work was that a business case was delivered at the completion of the RIBA Stage 3 of the development.

At this point, the programme was continuing under a single business case route but with phased completions, with the CDH completing ahead of the surgical hub. This position changed in July 2025, following a programme assurance review, with confirmation from WG that the programme should proceed under a phased approach with separate business cases for each of the proposed phases of development.

During the review, concerns were raised on the demand and capacity planning and ability to evidence the scope and scale of the proposed Hubs within the programme. This has been addressed for the services contained in the phase 1 OBC and to facilitate this for the orthopaedic activity, expertise from Welsh Government has been provided to develop the demand and capacity modelling with regional partners. However, the move to a phased approach prompted a further review on the scope of each phase. Whilst the CDH is a straightforward stand-alone phase, disaggregating the originally proposed surgical hub into phases was more complex.

Further to this, the orthopaedic demand and capacity has progressed at pace with regional engagement and support and highlights the criticality of increasing orthopaedic capacity. The activity and demand modelling for day surgery modalities has not developed at the same pace. In addition, a day case development would be CTM only. It is recognised that the overriding priority is the increase in diagnostic and orthopaedic capacity and therefore a decision was made to focus phase 2 on the orthopaedic hub only, with the number of theatres required being supported by the regional demand and capacity planning as well as a proposed transfer of CTM orthopaedic activity to LHP to support the realisation of further efficiencies.

The original (pre phasing) design had a surgical hub spread across 2 buildings, 1 containing theatres (day and orthopaedic) and the other containing inpatient facilities for the orthopaedic theatres. To create a standalone orthopaedic hub the RIBA 2 design has had to be revisited architecturally to create a single building with orthopaedic theatres and beds only. Day surgery may be in the scope of a later phase 3 development. However, the regional position has been to support phases 1 and 2 as the programme overriding priorities at this stage.

As a result of the redesign works at this OBC stage for Phase 2 drawings are at signed off RIBA 2 stage. The M&E strategy has required minimal changes but has had to be reviewed. There will be a short RIBA 3 phase before RIBA 4 design takes place following OBC approval.

The revised programme delivery structure is as set below:

Phase 1: CDH comprising MRI, CT, non-obstetric ultrasound, plain film x-ray capability and endoscopy including a regional endoscopy training centre of excellence. This business case also includes the wider site infrastructure required to facilitate later developments. The OBC was approved in October 2025 with an FBC proposed to be submitted in early December 2025.

Phase 2: surgical Hub comprising six orthopaedic theatres and supporting wards.

Potential Phase 3: Scope to be subject to a regional review, could contain up to six-day surgery theatres.

This outline business case has been prepared to seek outline approval for the **Phase 2 – Regional Orthopaedic Arthroplasty Surgical Hub.**

The development of a Regional Elective Orthopaedic Primary Arthroscopy Centre in South East Wales represents a strategic response to the growing demand for minimally invasive orthopaedic procedures, particularly in the context of increasing musculoskeletal morbidity and constrained elective capacity across the region. This proposal aligns with the Welsh Government's *A Healthier Wales* strategy and the NHS Wales *Planned Care Recovery Plan*, which advocate for the transformation of elective services through regional collaboration, innovation, and sustainable models of care.

The LHP site delivers a unique opportunity to develop infrastructure that supports the design of a clinical pathway that incorporates best practice and challenges traditional ways of working. Significant research which looks at both UK and worldwide practice for delivering lower limb arthroplasty has been undertaken by the LHP clinical team and will be discussed in later sections of this case.

2.3 South East Wales regional overview

The South East Wales Region is establishing a Regional Joint Committee. The South-East Wales Regional Joint Committee (RJC) represents an evolution of and step change in the potential for existing partnership arrangements and is a strategic collaboration established by direction of the Cabinet Secretary for Health and Social Care. It more formally brings together Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board to oversee regional planning and service delivery for a catchment population exceeding 1.5 million, noting the service provision of these organisations reaches beyond this. The RJC seeks to transform regional collaboration by providing collective leadership for planning, commissioning, and delivering health services. It focuses on aligning clinical service development with population health needs, addressing service and financial challenges, and reducing unwarranted variation in outcomes and access.

The RJC will operate under four core partnership principles;

- A system-focused partnership aiming for agreed population outcomes
- A system enabler fostering collaboration
- A low-bureaucracy, high-trust environment
- A culture of constructive behaviours.

The RJC has been established to:

(a) Create a step change in the effectiveness of arrangements to collaborate across the regional footprint in the interests of our shared population, marking a change in the way we work collectively as health boards.

(b) Provide collective leadership for the regional planning, commissioning, and delivery of services for the population served by the three health boards, considering the service challenges, financial challenges and population health needs of all three organisations.

(c) Establish a regional approach to the development of clinical services planning, aligned to regional population health needs assessments, to develop and deliver sustainable services in terms of achieving quality and outcome measures, workforce and financial sustainability.

(d) Identifying priorities for the three health boards, where a regional approach will deliver benefit.

(e) Explore how the benefits of a regional health economy are harnessed to best serve the south-east Wales population of over 1.5million.

(f) Reduce unwarranted variation and inequality in health outcomes, access to services and experience at a regional population level.

The RJC builds on the existing regional portfolio currently comprises several programmes: orthopaedics; diagnostics; ophthalmology; stroke; and cancer services. Health Boards in South East Wales have committed to active collaboration when adding value to clinical service delivery, access, and sustainability. Health Board planning teams (joined by clinical, operational, and other colleagues where beneficial) continue to meet on a regular basis to agree common approaches to strategic challenges, progress ongoing regional collaborative programmes, share experience / best practice and to consider future opportunities for closer working to mutual benefit.

2.3.1 Cwm Taf Morgannwg University Health Board

Established in 2009, Cwm Taf Morgannwg University Health Board (previously known as Cwm Taf University Health Board) provides primary, community, hospital and mental health services to the 450,000 people living in the County Boroughs of Bridgend, Merthyr Tydfil and Rhondda Cynon Taf. The Health Board employs approximately 12,000 staff and has an annual budget of approximately £1.3 billion.

CTMUHB's long term strategy, CTM2030: Building Healthier Communities Together has four strategic goals: Improving Care; Creating Health; Sustaining our Future; and Inspiring People. Using population health focused information to drive decision making, the UHB aims to reduce health inequalities, deliver person-centred care and ensure high quality, safe services are sustainable in the future.

Regional working with partners actively supports the UHB's aims and vision, as working together to deliver the changes needed to ensure people living in CTM communities receive safe, good quality services and benefit from advances in treatment and care that will help them to live healthy longer lives.

CTMUHB is located between Wales' capital city Cardiff to the south, the coastal town of Porthcawl to the west, and the Brecon Beacons National Park to the north. Hospital sites include:

- Prince Charles Hospital
- Princess of Wales Hospital
- Royal Glamorgan Hospital
- Ysbyty Cwm Cynon
- Ysbyty Cwm Rhondda
- Ysbyty George Thomas
- Cefn Yr Afon
- Dewi Sant Health Park
- Glanrhyd Hospital
- Pontypridd Cottage Hospital
- Keir Hardy University Health Park
- Maestag Community Hospital
- Merthyr Renal Dialysis Unit
- Pinewood House.

The proposed Llantrisant Health Park is situated close to the Royal Glamorgan Hospital.

2.3.2 Cardiff and Vale University Health Board

CAVUHB is one of the largest NHS organisations in Europe, employing approximately 17,000 staff and spending around £1.4 bn every year on providing health and wellbeing services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan. The UHB also serves a wider population across South and Mid Wales for a range of specialities.

The UHB is structured and designed into eight Clinical Boards, which cover the four main service areas. The eight Clinical Boards were created in June 2013 and have focussed on providing strong leadership in clinical areas, resulting in the acceleration of operational decision-making, greatly enhancing the outcomes for patients in their care. The Boards are held to account via the Executive Directors, and a process of scrutiny is ensured through monthly performance boards and a robust authorisation process.

Hospital sites include

- University Hospital Wales
- University Hospital Llandough
- Noah's Ark Children's Hospital for Wales
- Barry Hospital
- St David's Hospital
- Hafan y Coed Mental Health Unit
- Cardiff Royal Infirmary
- University Dental Hospital.

CAVUHB's "Shaping Our Future Wellbeing" strategy outlines a long-term vision to improve population health, reduce inequalities, and deliver outstanding care by 2035. Building on the principles of prevention, person-centred care, and integrated services, the strategy sets four strategic objectives: Putting People First; Providing Outstanding Quality; Acting for the Future; and Delivering in the Right Places.

The Health Board aims to shift more services into community settings, enhance digital maturity, and develop modern, flexible facilities that support recovery and sustainability. It emphasises reducing health inequities, improving life expectancy, and ensuring care is accessible, timely, and safe. The strategy also prioritises workforce wellbeing, inclusivity, and the expansion of research and innovation in collaboration with academic and industry partners.

Collaborative regional working aligns directly with this vision, supporting the delivery of high-quality, efficient, and equitable care closer to home. Regional facilities enable the Health Board to help meet rising demand, reducing pressure on its acute hospitals, and contribute to the Health Board's goals of sustainability, digital transformation, and improved patient outcomes.

2.3.3 Aneurin Bevan University Health Board

ABUHB was established in October 2009 and serves the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys.

The UHB employs over 14,000 staff, two thirds of whom are involved in direct patient care and has an annual budget of approximately £1.7bn. There are more than 250 consultants in a total of over 1000 hospital and general practice doctors, 6,000 nurses, midwives, allied professionals and community workers. Hospital sites include acute sites:

- Grange University Hospital
- Royal Gwent Hospital
- Nevill Hall Hospital
- Ysbyty Ystrad Fawr

and a number of community hospitals and facilities, including:

- Rhymney Integrated Health and Social Care Centre
- County Hospital
- St Woolos Hospital
- Chepstow Community Hospital
- Monnow Vale Integrated Health and Social Care Centre.

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2.4 National and regional strategies

2.4.1 Strategic fit with national priorities

The proposed LHP orthopaedic arthroplasty hub supports the strategic objectives of NHS Wales by:

Reducing waiting times for elective arthroscopic procedures, thereby improving patient experience and outcomes.

Enhancing clinical productivity through dedicated theatre capacity, streamlined pathways, and standardised protocols.

Supporting workforce sustainability by enabling sub-specialist practice, training opportunities, and improved staff retention.

Improving system resilience by decoupling elective care from emergency pressures and winter surges.

This initiative also complements the *Getting It Right First Time (GIRFT)* programme by embedding evidence-based practice and reducing variation in surgical technique, rehabilitation, and follow-up care.

2.4.2 Population health and value-based care

LHP will contribute to improved population health by addressing unmet need in orthopaedic care, particularly among working-age adults and older populations experiencing functional impairment due to joint pathology. By focusing on value-based outcomes—such as return to function, reduced pain, and patient-reported experience—LHP will support the shift towards prudent healthcare and optimise resource utilisation across the system

LHP will ideally be underpinned by a robust digital infrastructure, enabling real-time data capture, remote pre-operative assessment, and virtual follow-up pathways. Integration with the Welsh Clinical Portal and national PROMs datasets will support continuous improvement and benchmarking. LHP will also act as a testbed for innovation in surgical technique, anaesthesia, and rehabilitation, in partnership with academic and industry stakeholders.

2.4.3 South East Wales Regional Orthopaedic Plan

This sets out a collaborative plan for the South-East Wales (SEW) region to deliver high quality, sustainable orthopaedic services for the population. The plan has been developed through the regional Orthopaedic programme working closely with the LHP programme, national Orthopaedics leads and the NHS Wales Performance and Improvement Unit. It presents a comprehensive assessment for planned orthopaedic services over the next four years, emphasising the optimal use of existing resources and setting out both immediate and long-term strategies. The plan will continue to develop in line with the LHP programme timelines.

The SEW regional orthopaedic plan outlines the region's collective plans to delivering sustainable, high-quality orthopaedic services over the next four years. The plan in this initial phase, focuses on the acute phase of the Orthopaedic pathway and the demand and capacity modelling for the region.

A key component of the long-term vision is the development of a regional primary orthopaedic arthroplasty service at LHP. The plan aims to support the planning for this facility, specifically supporting the requirement for additional capacity to inform this OBC. The key elements / scope of the plan are as follows: -

Examination and analysis of baseline health board positions of demand and capacity, covering case-mix, complexity, projected demand, waiting list growth and trends

A focus on theatre and outpatient demand and capacity. Further work to be undertaken throughout the pathway including diagnostics, therapies, pre-operative and post-operative services

Efficiency measures to optimise existing resource, including gaps, bottlenecks and unwarranted variation, and informed by bench marked examples of best practice

Short term health board plans to address capacity gaps

Longer term regional plans, incorporating LHP capacity and future clinical model

Benefits and risks

Planning assumptions, including workforce / finance / diagnostics / digital

Programme governance and delivery including next steps and timescales

Conclusions, and recommendations.

There are several areas of the plan which will further develop over the next six months to include areas such as detailed pathway, workforce and financial planning. It is anticipated that an updated version of the regional plan will be completed and submitted alongside the regional FBC for Phase 2. The latest version of this document can be found in Appendix 2.

2.5 Alignment with other local and national strategies

Optimisation Frameworks have been developed by the Strategic Programme for Planned Care, as a tool for all UHBs to be able to:

review planned care specialities that are provided to patients

identify areas of good practice

identify areas for improvement across all Clinical Implementation Networks.

The framework is a result of collaboration between the Welsh NHS Executive, UHBs, and the **Getting It Right First Time (GiRFT)** guidance. They have been fully endorsed by Judith Paget, previous Director General of Health and Social Services and NHS Wales Chief Executive, as a comprehensive guide to help UHBs meet the challenges faced within the system.

The framework has been developed in two parts:

A matrix designed to allow UHB's to score themselves based on maturity (0 – Nothing planned, 1 – Planned, 2 – Early progress, 3 – Results, 4 – Fully mature)

A handbook that integrates advice, guidance, standard operating procedures, outpatient dashboard data, clinic guides and established pathways.

Both documents were developed by the NHS Executive with guidance from the Clinical Lead of each network and discussed with the wider network group for further feedback and input.

Results produced when using the matrix/handbook will subsequently provide actionable strategies, condition-specific interventions and evidence-based practices, to address the challenges identified. They will also help drive priorities and areas of focus UHBs need to target in future plans, whilst working closely with the Clinical Implementation Network.

Orthopaedics is one of the highest volume specialties and has one of the longest waiting lists. It is one of the first specialties to which GIRFT was applied to help drive efficiency, throughput and cost effectiveness. GIRFT first shone the light on areas for focus and improvement in Orthopaedics in March 2015.

GIRFT identified three key steps to improve quality and productivity for high volume, low complexity (HVLC) surgery, these are:

- separating elective and non-elective surgery
- increasing day case surgery rates
- improving the utilisation of asset such as operating theatres, x-ray equipment and other complex equipment, increasing theatre productivity and creating more efficient care pathways.

The NHS Elective Recovery Plan also includes surgical hubs as a key measure for focusing on high-volume routine surgery to enable a rapid increase in the number of patients can get seen more quickly, ensuring that emergency cases do not disrupt operations and cause cancellations or delays. Surgical hubs will reduce waiting lists; improve patient outcomes create a centre of excellence for clinical excellence and level up patient access and performance.

Despite an independent review by the GiRFT programme in 2014, key recommendations, particularly around increasing and safeguarding elective capacity have not been implemented to date, contributing to ongoing instability across the services in Southeast Wales. Pressures have been further exacerbated since this time by growing demands for urgent / unscheduled orthopaedic care and the impact of the COVID-19 pandemic.

The GIRFT report called for a shift from individual health board planning to a more integrated, regional model, based on common pathways and sharing of best practice. This now forms a key priority for Welsh Government, as reflected within the National Clinical Framework for NHS Wales. A letter from the Cabinet Secretary was received by Health Board Chairs in April 2025, indicating a wish to see accelerated progress in the planning and delivery of healthcare services on a regional level to maintain safety, quality, and sustainability.

2.5.1 National Blueprint for Orthopaedic Surgery Delivery in Wales

A further key informing document for the orthopaedic programme is the National Blueprint for Orthopaedic Surgical Delivery in Wales report that was developed as part of the National Clinical Strategy for Orthopaedic Surgery (NCSOS) in 2022. The report acknowledges that delays in elective orthopaedic care have been a persistent issue for decades, with temporary fixes like waiting list initiatives and private outsourcing masking deeper systemic problems. It concludes that if the current model of orthopaedic service delivery remains unchanged, the national elective orthopaedic backlog is projected to increase by up to 300% over the next five years.

Even with the implementation of mitigation strategies, such as efficiency improvements and service redesign, the backlog is still expected to grow by approximately 59%. This continued growth is attributed to critical systemic constraints, including:

- Inadequate estate infrastructure
- Insufficient ring-fenced elective beds
- Persistent workforce shortages.

These projections underscore the urgent need for a transformational shift in service configuration, capacity planning, and investment to prevent further deterioration in access and outcomes for orthopaedic patients across Wales.

2.5.2 Ministerial Advisory Group on NHS Wales Performance and Productivity

In addition, the report by the external Ministerial Advisory Group (MAG) on NHS Wales Performance and Productivity in April 2025 recommends that all health boards and trusts should take action to improve waiting list management. Prioritisation of available capacity for the longest-wait patients should become a pre-condition for receipt of additional funding from Welsh

Government for elective recovery. The report identified the following key factors driving long waiting times:

- Growth in outpatient referrals
- Uneven adoption of best practice in referral management
- Unwarranted variation in outpatient management
- Poor waiting list management
- Sub-optimal theatre and surgical productivity
- The absence of protected high volume elective surgical capacity
- Sub-optimal use of the independent sector
- Bottle necks, capacity and management issues in diagnostics
- Very high numbers waiting in a few providers.

The MAG report also identified that the individual preparation of IMTPs overlooks opportunities for shared service models even in underperforming areas. An example given is complex arthroplasty, where fragmented planning has contributed to inefficiencies, variability in access, and challenges in maintaining high-quality, sustainable care. A more integrated, regionally coordinated planning process has developed over the past 2-3 years and is essential to address these systemic issues and to ensure equitable, high performing orthopaedic services across Southeast Wales. The MAG report includes greater regional collaboration within its recommendations, and th**e regional orthopaedic** plan **and the LHP Programme are** intended to be a key first step towards addressing this need.

The review furthermore identified workforce productivity and leadership as critical levers for improving NHS Wales performance, as well as the need to align workforce planning with performance goals.

Within the broader strategic People context The National Workforce Implementation Plan for Wales (building on the Welsh Government 'A Healthier Wales: Our Workforce Strategy for Health and Social Care) sets the strategic direction for training, retention, new roles and regional workforce planning with stronger regional workforce levers. The LHP plans to will aim to work to these principles with agile, regional workforce models and better use of digital support to increase workforce capacity and productivity. It is noted that there remains workforce risks due to skills shortages in key areas which requires robust workforce planning

2.5.3 A Healthier Wales: Our Workforce Strategy for Health and Social Care (National Implementation Plan for Wales)

The workforce plan will be underpinned by A Healthier Wales: Our Workforce Strategy for Health and Social Care, which sets out a 10-year vision to create a motivated, engaged, and sustainable workforce, capable of meeting the evolving needs of the population.

The strategy emphasises seven core themes:

- An engaged, motivated and healthy workforce
- Attraction and recruitment
- Seamless workforce models
- Building a digitally ready workforce
- Excellent education and learning
- Leadership and succession
- Workforce supply and shape

The National Implementation Plan translates these ambitions into actionable steps, focusing on filling workforce gaps, improving recruitment and retention, and embedding digital innovation to support service transformation. By aligning with these principles, the initiative contributes directly to the delivery of a flexible and resilient workforce that can adapt to future challenges, including demographic change and increasing service demand.

The approach also reflects wider UK and Welsh Government priorities, including the Well-being of Future Generations (Wales) Act 2015 and the NHS Wales National Workforce Implementation Plan. These frameworks support long-term sustainability, integrated health and social care models, and investment in education and training to address chronic workforce shortages. The Parliamentary Review of Health and Social Care and subsequent A Healthier Wales plan reinforce the need for a seamless system designed around individuals, supported by a skilled workforce prepared for digital transformation and new models of care.

Within the broader strategic People context, The National Workforce Implementation Plan for Wales, sets the strategic direction for training, retention, new roles and regional workforce planning with stronger regional workforce levers. The LHP plans to will aim to work to these principles with agile, regional workforce models and better use of digital support to increase workforce capacity and productivity.

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3 Case For Change

3.1 Introduction

This section of the business case establishes the case for change for the development of LHP by providing a clear understanding of:

The spending objectives (what the proposals seek to achieve)

Existing arrangements (what is currently happening)

Business needs (what is required to close the gap between existing arrangements and what is required in the future).

3.2 Spending objectives

The main aim of the project is to deliver a Regional Health Park that is right-sized, to meet the current and future needs of the local population, supports the integration of primary, community and social care services, complies with regulatory standards and is suitable for the delivery of twenty first century healthcare.

The spending objectives listed in the table below were agreed by members at LHP Programme Board in September 2024.

Table 2 - Spending objectives

Ref	Theme	Spending objective	Benefit
SO1	Meet population needs	The delivery of an elective high volume low acuity model of care for the South East Wales Region on a phased basis. This second phase to focus on the delivery of elective orthopaedic arthroplasty, to be operational by the end of the 2028/29 financial year.	Right-sized to meet current and future demand Improves access to range of services Centre of Excellence with efficient service delivery models and improved patient outcomes and increased throughput Able to flex for the future
SO2	Maximise capacity	To maximise clinical capacity on the LHP site. To ensure that the maximum amount of available space is directed towards direct service delivery with supporting services managed from the neighbouring Royal Glamorgan site.	Creates opportunities for centralisation of skillsets; centre of excellence Enables greater collaboration regionally
SO3	Innovation and standardisation	To facilitate and support the use of innovative design and delivery solutions in both clinical and non-clinical services. To implement standardised protocols and practices to promote efficient service delivery offering improved value for money, reported via comprehensive patient level costing, over the English tariff.	Standardisation of consumables, with financial savings Standardisation of best practice/policies; efficiencies, increased throughput, reduction of wait lists

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Ref	Theme	Spending objective	Benefit
SO4	Enable training / development of future workforce	To enable increased training and development of secondary care staff including accommodating more medical trainees and students.	Accommodates placements for students (allowing role development and succession planning) Improved workforce retention and recruitment
SO5	LHP Models of Care and Workforce Models	To develop a new model of care and workforce models to support the delivery of the core services, the models will support efficient delivery of services	Environment / ways of working that support staff welfare and wellbeing Improved skills and job satisfaction Improved patient outcomes Multi-disciplinary working
SO6	Sustainable estate	To deliver a sustainable infrastructure on the site maximising decarbonisation and net zero opportunities.	Complies with relevant standards; NZC, BREEAM excellent and energy performance Opportunities for future additional service provision for South East Wales. Opportunities for further regional reconfiguration and enabling of service and or estate rationalisation.

3.3 Business need

The vision is to create a standalone site for high volume low complexity arthroplasty surgery that guarantees uninterrupted, effective, efficient services, which address both current capacity shortfalls and offers opportunity to meet future demand growth.

The need to significantly increase treatment capacity in Wales was set out in the Welsh Government Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales which was published in April 2022.

The plan set a clear direction for UHBs to recover the backlog of elective activity that has developed during the COVID-19 pandemic as well as responding to the increasing demand for surgical services due to demographic change and the challenge of health inequalities evident in many parts of Wales.

The plan has five main goals, which are underpinned by seven priorities to support and influence recovery planning and investment decisions as set out below.

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Figure 1 - Welsh Government programme for Transforming and Modernising Planned Care Goals and Priorities

The seven priorities are:

1. **Transformation of outpatients**
2. **Prioritisation of diagnostic services**
3. **Focus on early diagnosis and treatment of suspected cancer patients**
4. **Implementing a fair and equitable approach to patient prioritisation to minimise health inequalities**
5. **Elimination of long waits at all stages of the pathway**
6. **Building sustainable planned care capacity across the care pathway**
7. **Provision of appropriate information and support to people**

The LHP programme aligns with planned care recovery programmes across with the region in the development of long-term additional capacity to support the delivery of efficient and effective solutions to support all three UHBs to eliminate long waits and reduce overall waits within the patient pathway, both in terms of access to orthopaedic services as well as in diagnostics.

The ability to create bespoke capacity, to maximise patient flow and increase efficiency and innovation in service delivery, offers additional benefits to the region from investment in the programme, including:

standardisation of patient pathways and clinical practices which should increase efficiency and improve patient outcomes

consolidation of services on LHP which will release space on existing sites and act as a key enabler for future regional reconfiguration and transformation

an opportunity to standardise procurements thus achieving greater revenue savings on high volume items.

3.4 Clinical evidence and policies underpinning LHP, including Getting it Right First Time

The vision is for LHP to be an exemplar regional facility providing an elective orthopaedic primary arthroplasty hub (EAH),.

Surgical hubs are an important part of plans to increase surgical capacity and to offer hundreds of thousands more patients' quicker access to some of the most common procedures. Hubs focus mainly on providing 'high volume low complexity' (HVLC) surgery with particular emphasis on ophthalmology, general surgery, trauma and orthopaedics, gynaecology, ear nose and throat, and urology.

They bring together skills and expertise of staff under one roof – reducing waiting times for some of the most common procedures such as day surgeries and hip replacements. These operations can be performed quickly and effectively in one place.

3.4.1 What defines a HVLC hub?

Exclusively perform elective surgery, avoiding emergency disruptions

Operate with ring-fenced theatres, beds, and staff, ensuring continuity and infection control

Has embedded – or is working towards – the principles of 6-day operating, 48 weeks per year, 2.5 session days and 85% theatre utilisation

By separating elective care from emergency services, hubs reduce cancellations, improve patient flow, and support faster recovery.

3.4.2 Benefits of this approach

Improving quality and efficiency will mean patients have shorter waits for surgery, will be more likely to go home on the same day, and will be less likely to need additional treatment after surgery. As the hubs are separated from emergency services, surgical beds are kept free for patients waiting for planned operations, reducing the risk of short-notice cancellations due to other emergency admissions taking priority.

GiRFT identifies the **key benefits** as:

More efficient use of theatre capacity and increased throughput

Increased resilience against winter pressures

Streamlined pathways and shorter length of stay

Application of innovative, more sustainable workforce

Reduced pressure on staff and improving morale, recruitment and retention.

The model being developed for LHP is consistent with the model recommended by GIRFT and the British Orthopaedic Association (BOA) and in Line with and Royal College of Surgeons (RSC) practices adopted widely across England.

The intention is to create a centre of excellence for planned HVLC elective primary arthroplasty surgery, delivering productivity and quality of care for patients that consistently meets best practice and delivers optimum value.

LHP will build on the learning from the South West London Elective Orthopaedic Centre (SWLEOC) , Exeter, Colchester and Oswestry elective orthopaedic centres (EOC) and Elective surgical hubs in Kidderminster and Emerson Green. The design has been focused on ensuring good flow in a timely manner to reduce wasted time and improve patient experience.

LHP will be fit for the future. It is designed using evidence from a range of sources from GIRFT and the BOA to the National Joint Registry, and other professional bodies. There will be sufficient capacity to meet current and future demand resulting in timely access to services for patients.

Following an assessment of various models, the chosen approach will support the region in meeting the collaboration's goals, addressing the capacity gap, and ensuring all facilities meet GIRFT standards and are accredited for HVLC surgery. The proposed clinical model includes a dedicated building, fully separate from any acute care facilities. The Arthroplasty unit will be completely ring-fenced to meet GIRFT and BOA requirements for an orthopaedic hub.

The potential benefits for patients include:

- Faster access (due to sufficient capacity)
- Equitable access
- Consistent and best practice care in a centre of excellence
- Better clinical outcomes
- Improved preoperative care
- Shorter length of inpatient stay
- Dedicated facilities and reduced likelihood of cancellation
- Dedicated, specialist post-operative care and service
- Increased investment due to potential savings from repatriation from out of sector.

3.4.3 Evidence supporting best practice

The GIRFT vision is for ‘cold’ elective surgical hubs, offering ring-fenced beds and ultra clean air theatres for orthopaedics, thus delivering evidence-based best practice in relation to protection against infection. Standardisation of care ensures the highest levels of productivity and value for money. This proposal is compatible with best practice recommendations from GIRFT, as shown, and is supported by the National Director of Clinical Improvement for the NHS and the Planned Care programme.

Since July 2023, GIRFT has been working with a group of 25 NHS trusts in England on a ‘Further Faster’ pilot, bringing together teams of highly engaged clinicians and operational colleagues with the challenge of collectively going further and faster to reduce 52-week waits. The specialties supported by this programme align with all those that are to be delivered within LHP. GIRFT have evidenced that HVLC in stand-alone, dedicated units deliver many benefits and transformation of day case pathways.

Data from the pilot shows that from October to mid-November 2023 the total 52-week backlog for all participating trusts reduced from 93.2% to 84.4% (by 9.8%), in comparison with a reduction among all other trusts from 105.5% to 103.9% (1.6%). This equates to a 19.5% difference in total backlog reductions between the pilot group and all other trusts since the Further Faster programme began. LHP will allow the adoption of the HVLC pathways for surgical hubs.

Table 3 - GIRFT best practice recommendations for elective orthopaedics

Theme	GIRFT comment	Meets best practice?
Ring-fenced beds	Best practice is rigidly to enforce ring-fencing of elective orthopaedics minimises infection.	✓
Hot and cold sites	By separating "hot" unplanned emergency work from their "cold" elective work, NHS organisations have seen reductions in average length of stay, reductions in cancellations of surgery and increased elective activity during winter pressures.	✓
Minimum volumes	Surgeons should perform 35 or more total hip replacements per year to avoid increased complication rates. LHP will support surgeons delivering high volume arthroplasty.	✓
Choice of implant	Surgeons should follow the evidence that choice of implant should be tailored to the patient need. Best practice is that 80% of patients over 70 should receive a cemented hip.	✓
Surgical site infection (SSI)	Variation in SSI rates were found when GIRFT started their visits. Ring-fencing, hot/cold sites and laminar flow are key factors in reducing infections.	✓
Rehabilitation services	Particularly relating to increased physiotherapy service for elective patients.	✓
Procurement	Variable implant costs and use of loan kits has been tackled through improved visibility and price negotiations.	✓

To support Wales in establishing an elective optimisation programme, Health Boards are required to focus on improving theatre efficiency and adopting HVLC and GIRFT pathways. It is vital that UHBs achieve 85% theatre utilisation, meet productivity measures, and maximise day case opportunities. Key objectives include reducing inpatient admissions, minimising cancellations, and ensuring patients are fit for surgery before scheduling. LHP is a driver to supporting these changes. The dedicated surgical Hubs in England have driven improvements and standardisation into the secondary care facilities. The case for change has been widely accepted and is in line with the drivers for change identified as:

- Growing demand and increasing waiting times
- Population health challenges, including large health inequalities
- Underperformance against key quality indicators, wide variations in quality and disruption to planned care caused by surges in unplanned car
- Insufficiently joined-up care across primary, community and acute services and care that is not sufficiently focused on the needs of the patient
- Unwarranted variations in theatre utilisation and downtime
- Staff recruitment and retention challenges.

As part of the strategic ambition, GIRFT Surgical Hub Accreditation will be sought for LHP shortly after opening. Securing this accreditation would not only affirm the quality and consistency of the elective care services but also develop LHP's reputation as a high-performing surgical hub within the national landscape.

Throughout the development and implementation phases of the LHP programme, the LHP team has have proactively engaged with the GIRFT Surgical Hub Accreditation team. This collaboration has informed the approach to service design, ensuring that the LHP infrastructure, workforce model, clinical pathways, and operating model are aligned with the standards required to achieve accreditation. This approach ensures maximum preparation for future assessment and recognition under the GIRFT framework.

Collaborative working regionally and nationally will continue to be vital as the team work towards delivery of the LHP alongside other priorities in our South East Wales Regional Portfolio.

All the progress on the primary arthroplasty pathway to date has been developed across the region with good clinical engagement. This has been informed by best practice and learning from other exemplar facilities, both positive and negative experiences.

One of the main actions from the Trauma and Orthopaedic Surgery Ministerial Summit December 2024 was that the Regional Orthopaedic Programmes reconfigure into Operational Delivery Networks/Groups (NW, SEW, SWW) working within the overarching WON, underpinned by the National Clinical Strategy for Orthopaedic Surgery. This aligns with the National Clinical Framework. The ODGs will establish processes to ensure implementation of regional working.

The establishment of surgical hubs delivering HVLC activity is not only endorsed by GiRFT, but it also forms and integral part of the orthopaedic strategic outline plan for Wales and the Orthopaedic Improvement Network (CIN). The Orthopaedic CIN is working towards ensuring adequate ring-fenced ward capacity for delivering elective arthroplasty surgery, as this is seen as essential to the delivery to reduce waiting times. Surgical hubs bring benefits to all day surgery specialties as well as orthopaedic arthroplasty.

British Orthopaedic Association (BOA) guidance: Delivering a Safe Elective Orthopaedic Environment

The British Orthopaedic Association (BOA) has published clear standards for providing a continuous, safe elective orthopaedic environment, particularly in the context of increasing demand and system pressures. These standards are designed to ensure consistent, high-quality care for patients undergoing planned orthopaedic procedures, including joint replacements.

Central to BOA guidance is the principle of ring-fencing both the physical and operational separation of elective orthopaedic services from emergency care. This includes dedicated beds, theatres, and staff exclusively for clean orthopaedic procedures. BOA also recommends:

- Defined facilities that exclusively accept appropriate orthopaedic patients
- Standard Operating Procedures (SOPs) for screening, decolonisation, and infection control
- Individual rooms for patients with infection risks
- Governance protocols to maintain the integrity of the ring-fenced environment, including escalation policies and executive oversight.

The proposed elective surgical hub at LHP has been designed in full alignment with BOA guidance. By embedding BOA principles into its design and operations, LHP will provide a resilient, high-quality environment for elective orthopaedic surgery.

Development of the LHP Clinical Model – external studies to inform best practice

The LHP Arthroplasty Unit has been developed through a comprehensive, evidence-based process that draws on best practice from across the United Kingdom and Internationally. The ambition has been to create a clinical and operational model that delivers high-quality, efficient, and patient-centred care, supported by infrastructure that enables and enhances patient experience and clinical excellence. To achieve this, the LHP team have undertaken a wide-ranging programme of research and engagement, including:

- Site visits to exemplar units such as South West London Elective Orthopaedic Centre (SWLEOC), University Hospital Dorset NHS Foundation Trust (UHD), One Welbeck, East Suffolk and Essex Elective Orthopaedic Centre (ESEOC), and South West Ambulatory Orthopaedic Centre (SWAOC), each offering valuable insights into different aspects of orthopaedic service delivery, innovation and best practice

Participation in regional and national networks, including the South East Wales Regional Orthopaedic Programme, Orthopaedic and Anaesthetic Clinical Implementation Networks (CINs), and the National Planned Care Programme, which helped ensure alignment with local and national programmes

Multidisciplinary workshops and workstreams, which enabled collaborative design of pathways, protocols, and infrastructure specifications for LHP

Targeted consultations on key operational and clinical components, such as theatre and anaesthetic room design, staggered admissions and preoperative health screening questionnaires.

Each of these engagements has contributed to shaping a model that is both innovative and evidence based. For example, the visit to SWLEOC highlighted the benefits of staggered admissions and ring-fenced elective capacity, which has been incorporated into the LHP model. At UHD, the team explored their infrastructure, including barn theatres, ultimately deciding against this model in favour of a more traditional layout that better supports clinical workflows, patient privacy standards and resilience. One Welbeck highlighted the need for standardisation of room space and importance of smart use of space and materials.

These insights, along with many others, have directly influenced the design and delivery of the unit at LHP. The infrastructure has been purposefully developed to support the clinical model, ensuring optimal patient flow, efficient use of resources, and optimal outcomes

Table 4 - Engagement undertaken so far

Visits	Meetings	Workshops	Regional workstreams	Consultations
Poole SWLEOC SWAOC One Welbeck ESEOC.	SEW Regional Orthopaedic Board Orthopaedic CIN Anaesthetic CIN National Planned Care Program.	SEW Regional Orthopaedic programme workshops. LHP Arthroplasty Pathway Development Workshop.	Arthroplasty Anaesthetic Therapies.	Staggered admission Regional Health Screening questionnaire. Arthroplasty development.

One Welbeck

In the initial phases of the LHP development, a team of senior clinicians, infrastructure, operational, digital and programme management representatives visited One Welbeck, one of the UK's largest and most advanced specialist outpatient healthcare centres. Located in central London, One Welbeck is an excellent example of modern, patient-centred approach to diagnostics, treatment, and day case surgery. The centre was built in an existing building, in-line with our initial plan to repurpose the existing British Airways buildings on the LHP site.

The facility is purpose built to deliver high quality, consultant led care across more than 14 specialties, including cardiology, gastroenterology, orthopaedics, ENT and dermatology.

Key features of One Welbeck that informed the development of model include:

Co-location of outpatient and diagnostic facilities whereby patients can receive consultation, diagnostics, and results within the same day, streamlining the care journey and reducing delays

Use of advanced digital infrastructure for imaging, diagnostics, and patient engagement, supporting both clinical and operational efficiency

The environment is designed to be welcoming, with a strong emphasis on comfort, privacy and efficiency

Outpatient spaces are standardised which supports efficiency, reducing variation, and enabling flexible use across specialties

While the facility is highly efficient, the visit highlighted the operational challenges posed by insufficient clinical storage. This highlighted the importance of incorporating adequate, accessible storage solutions in our own infrastructure planning.

The visit provided valuable insights into how infrastructure, clinical design, and operational processes can be aligned to deliver efficient, high-quality care. The learning has directly influenced the LHP model, particularly in the areas of pathway integration, digital enablement, and infrastructure design.

University Hospitals Dorset NHS Foundation Trust

University Hospitals Dorset NHS Foundation Trust (UHD) was established in October 2020 following the merger of Poole Hospital, the Royal Bournemouth Hospital, and Christchurch Hospital. Located on the south coast of England, the Trust serves a diverse population of over 800,000 people across Bournemouth, Poole, Christchurch, east Dorset, Purbeck, and parts of the New Forest and South Wiltshire. With more than 9,000 staff, UHD provides a wide range of acute and specialist services, including cancer care, cardiology, trauma, and orthopaedics.

Poole Hospital, one of the Trust's three main sites, is a long established acute general hospital and the designated trauma unit for east Dorset, serving a population of approximately 500,000 people.

As part of UHD's strategic transformation programme, Poole Hospital is being developed into the region's major planned care hospital, focusing on elective procedures, and protected from emergency pressures. A key component of this transformation is the recent opening of a surgical hub, which includes five-storey extension housing eight new operating theatres. Among these is an open plan 'barn' theatre, designed to improve surgical efficiency, enhance teamwork, and reduce waiting times for elective orthopaedic procedures.

A team comprising clinicians, infrastructure programme leads, architects, and estates colleagues attended Poole Hospital to explore this new facility and gain insights into its design, functionality, and potential impact on elective care delivery.

The primary aim of the visit was to explore their implementation of barn theatres and understand the practical implications of operating in an open plan surgical environment. Key focus was on how the team maintained patient dignity despite the lack of physical barriers between operating spaces. Through thoughtful design and workflow management, they ensured privacy and comfort for patients throughout their surgical journey.

The LHP team gained valuable insight into how infection control risks were managed between patients in a shared space. The hosts demonstrated clear protocols and practices that mitigated cross-contamination. Similarly, radiation safety precautions specific to barn operating theatres were taken when X-ray imaging was used, ensuring both patient and staff safety.

Theatre etiquette was another area of learning, particularly around managing noise levels and the use of music. The team had established norms that balanced a positive working atmosphere with professionalism and respect for individual choice around the provision of music or not, with the default position being no music.

The barn theatre layout also offered significant benefits in terms of supervision and training. Trainees across all disciplines were more easily observed and supported, enhancing the learning environment. Working in an open-plan space also enabled teams to support one another more readily, improving communication and responsiveness.

However, the visit also highlighted several operational challenges. Servicing individual ventilation units was complex, and any maintenance work had the potential to disrupt multiple theatres. Accessing a specific theatre for maintenance during operating hours was particularly difficult, and the environmental impact was notable since all four ventilation units had to run continuously to maintain airflow, unlike traditional theatres which can be set back when not in use.

These insights were instrumental in informing the options appraisal for theatre architecture. While the LHP Programme ultimately chose to pursue a traditional theatre design, this decision making was significantly strengthened by the lived experience and practical knowledge shared by the Poole team.

Beyond the barn theatre insights, the visit highlighted the importance of adequate storage. Clear corridors free from clutter were essential for safety and efficiency, and this observation directly influenced the storage space allocation strategy across LHP.

South West Ambulatory Orthopaedic Centre (SWAOC)

SWAOC is a specialist elective surgical hub located at the NHS Nightingale Hospital Exeter, part of the Royal Devon University Healthcare NHS Foundation Trust. Originally established in 2020 as part of the national response to the COVID-19 pandemic, the Nightingale Exeter was one of several temporary hospitals designed to provide additional capacity for treating patients with coronavirus. Following its decommissioning as a COVID-19 facility, the site was repurposed into an elective care centre to help address the growing backlog of planned procedures across the South West. SWAOC officially opened in March 2022 and has since become a GIRFT-accredited surgical hub, recognised nationally for its innovative clinical pathways, excellent outcomes and patient satisfaction.

The centre features two operating theatres dedicated to day case and short stay orthopaedic procedures, including hip, knee, foot, ankle, and spinal surgery. It serves patients from across Devon, Cornwall, Somerset, and the wider South West region, supporting multiple NHS Trusts including Royal Devon, Torbay and South Devon, and Somerset Foundation Trusts.

The transformation of the Nightingale Exeter into SWAOC was a collaborative effort involving clinicians, infrastructure programme leads, architects, and estates teams. The redesign focused on delivering high-volume, efficient, elective orthopaedic care, with a strong emphasis on same day discharge and enhanced recovery protocols. The centre has achieved excellent outcomes, including same day discharge for almost all joint replacements, and has been instrumental in reducing waiting times for patients with musculoskeletal conditions.

Visits were arranged based on a personal recommendation from Professor Tim Briggs. Teams comprising of Health Board Executives, clinicians, operational managers infrastructure programme leads, architects, and estates colleagues attended the site to observe the facility and understand its operational model and design principles. The history of the site and its development, along with the key principles, made this directly comparable to the development of LHP.

Key elements of learning included:

Centralising elective orthopaedic procedures for patients with lower clinical complexity in a dedicated hub to protect planned care from emergency pressures.

Designing facilities around patient flow and surgical efficiency.

- Admissions area where patients remain in their own clothes until 15 minutes before theatre.
- Anaesthetic and prep rooms to improve theatre turnaround times.
- Plain film X-ray room between recovery and the ward area.
- Patient trolleys, suitable for an overnight stay, to reinforce the ambulatory model.
- Colocation of therapies space to maximise the physiotherapy time spent with each patient.

- Limited provision of television and radio and visiting to allow patients to concentrate on their recovery.

Innovative staffing models.

- Float anaesthetist
- Nurse competencies

Catering

- Food available 24hrs a day.
- Patients given a drink in recovery and encouraged to eat as soon as they return to the ward.
- All members of staff take responsibility to offer and prepare food- this could be the nurse, physiotherapist, surgeon or anaesthetist.

Standardised clinical pathways.

Regional collaboration

- Spread of improvement from SWAOC back to base hospitals.

Patient experience

- Willingness to travel to access high quality, timely care.
- Acceptance of limited visiting, allowing patients to focus on recovery and discharge.
- Patients prepared for same day discharge.
- Competition and encouragement between patients to recover and go home.
- Patients supported to be discharged home as soon as they are safe and ready to do so.
- No cut-off time for discharge if is safe and supported.

Home alone protocol to support patients, who may not have anybody else at home, to be discharged on the day of surgery.

The visits to SWAOC provided valuable insights that have directly shaped both the clinical model and physical infrastructure of the LHP elective orthopaedic hub. Central to their approach was the focus on HVLC patients in a dedicated surgical environment, effectively shielding planned care from emergency pressures. Much of this model has been adopted at LHP.

Facilities have been purposefully designed to support patient flow and surgical efficiency. For example, the LHP admissions area is close to theatre and allows patients to remain in their own clothes until shortly before surgery, promoting comfort, helping maintain body temperature and reducing anxiety. Anaesthetic and preparation rooms have been included to improve theatre turnaround times, and a plain film X-ray room has been positioned between recovery and the ward to streamline the postoperative check x-ray process. Patient trolleys suitable for overnight stays reinforce the ambulatory care model, and therapies spaces have been co-located to maximise the efficiency of the physiotherapy input. There is also a limited entertainment and visiting provision to help patients focus on recovery during a shortened length of stay.

Staffing models have been influenced by SWAOC's innovations, including the use of a float anaesthetist and enhanced nurse competencies to support flexible, efficient care. Catering has been designed to be available 24/7, with all staff empowered to offer and prepare food, encouraging a shared responsibility for patient wellbeing.

Standardised clinical pathways and regional collaboration are embedded in the LHP approach, ensuring consistency and enabling the spread of best practice. Patient experience remains central, with clear preparation for same-day discharge, flexible discharge times, and protocols such as "home alone" to support patients without immediate home support. These elements, drawn from SWAOC's successful model, have helped build a service at LHP that is both clinically robust and patient centred.

South West London Elective Orthopaedic Centre (SWLEOC)

Located on the Epsom General Hospital campus is one of the UK's most high-performing centres for planned orthopaedic surgery. Established in 2004 as part of a government initiative to reduce waiting times, SWLEOC operates as a standalone, ring-fenced surgical hub, in partnership with four NHS trusts: Epsom and St Helier, St George's, Croydon, and Kingston. SWLEOC is recognised as the largest joint replacement centre in the UK, and among the largest in Europe, performing over 6,300 procedures annually, including approximately 4,300 joint replacements. The centre comprises of 6 dedicated operating theatres and 72 inpatient beds. A multidisciplinary workforce including 43 consultant orthopaedic surgeons, nurses, physiotherapists, anaesthetists, and administrative staff.

The visiting clinical and operational team engaged with SWLEOC to understand the principles and practices that underpin its success, informing the development of a regional elective hub at LHP.

SWLEOC has a robust clinical and operational model focused on HVLC surgery supported by efficient scheduling and digital solutions. In contrast to many other stand-alone elective orthopaedic units, SWLEOC exclusion criteria is limited to patients requiring renal dialysis (a medical treatment that removes waste, toxins, and excess fluid from the blood when the kidneys are no longer able to do so effectively). The team is capable of managing patients with higher clinical needs, such as advanced airway management, cardiovascular support, or post-operative monitoring beyond standard ward care. To support this, the immediate post-operative ward is staffed by nurses with critical care experience, and 24/7 medical cover is provided by intensive care consultant doctors. On the surface, this approach may seem resource heavy, however, the team at SWLEOC have found that care delivered directly by senior doctors has reduced the time taken to make decisions and begin treatment which reduces recovery time and length of stay which ultimately reduces cost over a traditional staffing model.

SWLEOC's reputation for clinical excellence, patient outcomes, and operational efficiency has made it a national exemplar. In collaboration with the GIRFT programme, SWLEOC developed the Elective Hub Toolkit, a comprehensive online resource that distils two decades of learning into practical guidance for NHS teams. The toolkit covers every aspect of hub design and delivery, including patient pathways, staffing models, estate planning, IT systems, and governance structures. The key elements of the toolkit have been used to inform and guide the development if the clinical and operational model for LHP.

Essex and Suffolk Elective Orthopaedic Centre (ESEOC)

ESEOC is one of the UK's largest modular-built elective orthopaedic centres, spanning approximately 11,000 square metres. It serves patients across Suffolk and North East Essex, with capacity to treat around 10,000 patients per year. Completed in November 2024, it is one of the largest elective arthroplasty units in Europe. The centre includes 8 operating theatres with 72 inpatient beds. The unit has a focus on planned elective orthopaedic surgery, however, there some provision for planned trauma.

ESEOC serves a broadly similar regional population and geographical footprint to LHP, with both being designed to support elective care pathways for combined populations of multiple NHS organisations, making it directly comparable.

Key learning points include:

- The modular build enabled rapid deployment and scalability
- Clear strategic separation of elective and emergency care ("cold" vs "hot" sites) was essential to protect capacity
- Ringfencing elective beds with strong executive support helped maintain throughput
- Standardised pathways were embedded across all specialties (hip, knee, shoulder), with visual displays in public and staff areas to reinforce consistency

- Transparent use of data (e.g., dashboards on theatre utilisation and case throughput) supported performance improvement and accountability
- Governance structures included system wide MDTs and robust clinical oversight
- ESEOC achieved low length of stay (THR – 2.0 days; TKR – 1.9 days)
- Pre-assessment capacity was highlighted as critical, with a recommendation to operate at 115% of theatre capacity (GIRFT guidance)
- Challenges included delays in opening extended recovery areas and standardising processes across trusts
- A strong emphasis on building a unified team culture across clinical and operational staff
- High staff retention was supported by wellbeing initiatives and rest facilities
- The centre functioned as a high-volume training hub, addressing post-COVID training gaps
- All patients were treated without exclusion, with provision for enhanced care beds to support more complex cases
- The model promoted equity of access and reduced variation in care delivery.

The visit to ESEOC validated many of the principles already embedded within the LHP model. From this visit the team has established peer-to-peer links, enabling frontline teams to engage directly with ESEOC to learn from their experience. The concept of an enhanced care area, as demonstrated by ESEOC, has been instrumental in shaping infrastructure planning, allowing the accommodation of a broader cohort of patients safely and efficiently.

The LHP team were particularly interested in ESEOC's approach to displaying the clinical pathway throughout both clinical and public spaces. This has now been adopted as part of the LHP model implementation at Princess of Wales Hospital, making the pathway accessible to all clinical teams and encouraging patient engagement.

Together, these insights have strengthened confidence in the LHP model at the same time as validating many of the infrastructure decisions made to date. It clearly highlighted the benefits of a standardised approach to elective arthroplasty care, MDT engagement and regional collaboration. Patients within a directly comparable population have demonstrated a clear willingness to travel reasonable distances to access high quality elective care, particularly when the environment is purpose-built, efficient, and designed around their needs.

The following concepts for orthopaedics development are based on the learning from the research, visits and conversations with the GIRFT assessors, in collaboration with regional clinical colleagues:

- Arthroplasty moves to a day surgery model and pathway. There will be the facility for patients stay overnight by exception
- The design of the facility will challenge today's practice and people's traditional way of working. This will be achieved through the new unit and would be transformational for the region on changing how HVLC services are delivered
- Standardised approach and agreed principles for the unit to be followed by all.

Alongside this, there are several key supporting principles, embedded in the process around the surgical hub, to challenge performance and ensure efficiency and throughput is maximised. LHP will be different from existing models under these principles:

- Clinical pathways and supporting infrastructure will be designed to meet GIRFT Surgical Hub accreditation, including flexibility to support future innovation
- Supporting physical infrastructure is comfortable but will not encourage unnecessary overnight stays

- Planning for zero-day length of stay as default
- All aspects of clinical pathways will be standardised
- Productivity to meet or exceed GiRFT guidelines
- Ring-fenced unit and staff.
- Regular, job-planned, consultant sessions delivered at LHP
- Whole MDT team approach, competency frameworks to support staff working across traditional role boundaries
- Stand-alone unit- satellite site of the Royal Glamorgan for logistics only.

The delivery of these principles will be driven by focused clinical groups. These will be attended and led by clinical staff with a clinical project team in place to support. The architect and design team will be embedded within this clinical team and regional engagement will also be secured on an ongoing basis.

It is critical that throughout the design process the teams continue to engage with and learn from exemplar units from across the UK and further afield to support the development of forward thinking and innovative clinical pathways feeding into the physical infrastructure. The protocols developed alongside this will be clinically developed and support standardisation, innovation and patient safety with senior clinical MDT sign off throughout.

3.5 Growing demand for services and existing arrangements

Current service provision for the region is delivered for each of the health boards' populations within each health board's geographic footprint. Alongside this, patients from each health board currently access services delivered by other health boards as part of agreed patient flows for specific service pathways. Additional capacity is delivered through a range of means including internal additional capacity using NHS clinicians (commonly referred to as waiting list initiatives or backfill) and in-sourcing.

All regional partners are seeing shortfalls in capacity year on year with demand growth. The situation has been described as comprising "persistent orthopaedic backlogs projected to grow by up to 300% without intervention".

Considering these demand levels, the three health boards committed to developing a collaborative regional orthopaedic plan to deliver high quality and sustainable orthopaedic services for the region. The plan will develop sub speciality wide demand and capacity modelling and specifically consider the position in relation to regional primary arthroplasty services.

LHP is a key component of the long-term regional vision for orthopaedics. One of the aims of the plan is to support the planning for the LHP hub, specifically around supporting the requirement for additional capacity contained in later sections of the business case. The full text of the plan is included as Appendix 2 to this case. The first phase of the plan was presented to regional Boards in September 2025.

The plan recognises that lower limb primary arthroplasty is the most pressured orthopaedic sub speciality accounting for 50% of activity with annual demand exceeding available capacity. The following table sets out projected demand growth over the next few years. This is modelled on both 1% and 4% growth which reflects the range of growth observed in the region over the past 2-3 years.

Table 5 – Projected Orthopaedic demand growth (by UHB and region)

Sub specs	Aneurin Bevan			Cardiff and Vale		
	Recurrent demand IP24/25	Demand in 28/29·		Recurrent demand IP24/25	Demand in 28/29·	
		1% growth	4% growth		1% growth	4% growth
FA	1,057	1,099	1,226	368	383	427
Paeds		0	0	324	337	376
Upper Limb	700	728	812	321	334	372
Hands	1,150	1,196	1,334	1,172	1,219	1,360
Lower Limb	1,397	1,453	1,621	1,615	1,680	1,873
Spine	947	985	1,099	529	550	614
Other		0	0	0	0	0
Total	**5,251**	**5,461**	**6,091**	**4,329**	**4,502**	**5,022**
Arthroplasty	*922*	959	*1,070*	*1,244*	*1,293*	*1,443*

Sub specs	Cwm Taf Morganwwg			South-east Wales		
	Recurrent demand IP24/25	Demand in 28/29·		Recurrent demand IP24/25	Demand in 28/29·	
		1% growth	4% growth		1% growth	4% growth
FA	205	213	238	1,630	1,695	1,891
Paeds	34	35	39	358	372	415
Upper Limb	479	498	556	1,500	1,560	1,740
Hands	548	570	636	2,870	2,985	3.329
Lower Limb	1,883	1,958	2,184	4,895	5,091	5,678
Spine		0	0	1,476	1,535	1,712
Other	274	285	318	274	285	318
Total	**3,423**	**3,560**	**3,971**	**13,003**	**13,523**	**15,083**
Arthroplasty	*1,412*	*1,469*	*1,638*	*3,578*	*3,721*	*4,150*

Recurrent demand tor IP/DC without conversation from OP non-recurrent demand

The table illustrates that recurrent demand for orthopaedic treatments remains high, with lower limb arthroplasty driving demand. The conversion of new outpatients further increases the challenge. With additional outpatient activity being delivered in year, levels of treatment demand will also increase. Should growth be closer to the upper limit then treatment requirements will rise sharply in lower limb which risks RTT compliance and achievement of targets without structural capacity expansion.

3.6 Proposed patient pathways and clinical engagement

3.6.1 Inpatient Elective Orthopaedics at LHP

The South East Wales Regional Orthopaedic Programme had been leading on the development of the clinical model and clinical specification for the elective inpatient orthopaedic unit. More recently, this aspect is being taken forward by the LHP Programme with review and discussion via the regional group.

The current plans include the theatres will be on the first floor, with arthroplasty wards on the ground floor. They will be split into two wards; one will be recovery containing trolleys for patients to be discharged on the day of surgery or within 24 hours. Any patient needing to stay more than one night will be transferred to the single ensuite rooms on Ward 2.

The bed modelling assumes 20% patients to be discharged on the day of their surgery. For those not discharged on the day the 80% will be discharged after only one-night stay. It is proposed that the maximum stay will be three days. Through the preparatory work on the pathway, it is expected that the number of patients being discharged on *day zero* will improve by the opening of LHP. As a comparator the current CTM performance is just short of three-day ALOS. However recently the perfect month initiative was undertaken which put in place a range of support for post operative surgery such as co located physiotherapy, standard discharge drugs packages. This reduced the average length of stay to just 1.5 days giving confidence in this delivery model which is the same as that proposed for LHP based on learning from sites such as Exeter Nightingale Hospital.

This layout and design builds on much of the learning from both Exeter and SWELEOC (South West London elective orthopaedic Centre). CTMUHB have recently reorganised the delivery of arthroplasty to be primarily at Princess of Wales, where an arthroplasty hub on a single site has been developed as a pre cursor to the opening of LHP. The clinical model developed for LHP is being utilised at this arthroplasty hub. Three theatres will be ringfenced to provide this activity and this ringfenced activity has been incorporated into the LHP theatre modelling. The resource and activity will transfer directly into LHP on opening. There are elements of the LHP pathway that are related to the design and infrastructure and can't easily be achieved in existing buildings. The delivery of the clinical model is under regular review and amendments made if required. On the opening of LHP, the staff transferring will be very familiar with the LHP clinical model.

The bed base of 54 has been modelled on the expected length of stay and number of operating theatres. To ensure the facility does not have an excess of beds the exemplar sites visited have a very similar proportion of beds per theatre, this has supported the number for LHP.

3.7 Demand and capacity modelling for SEW

3.7.1 Demand and capacity background

As mentioned in earlier sections, to support decision making around clinical capacity and delivery of operational services the regional demand and capacity modelling of orthopaedics has been analysed to support planning for future services. Within this the planning, a focus on arthroplasty services has been prioritised to support the right sizing of LHP and ensure it can meet both current and future demand.

The work has been led by the Regional Orthopaedic Plan Project board working alongside Andrew Sallows from Welsh Government to produce the first phase of the regional orthopaedic plan for South East Wales. The outputs from the final plan will focus on the overall orthopaedics position in South East Wales, however to date the focus has been on the arthroplasty position, to support the development of the LHP business cases. The current version of the plan is included as Appendix 2 to this business case.

The current plan has been expressed as the first version only, with a further iteration to be developed in line with the FBC plan over the next six months. Further development on the detailed pathway, finance and workforce planning continues at pace. The second iteration of the plan will be developed for production to Boards in the Spring 2026 in line with the Phase 2 FBC.

For the purposes of this business case, arthroplasty will be the main focus and some of the key findings from the D&C assessment include:

- Lower limb arthroplasty is the most pressured subspecialty, accounting for ~50% of activity. Recurrent outpatient demand exceeds capacity by ~2,000 patients annually

Significant gaps particularly in lower limb arthroplasty and other subspecialties, with projections showing demand growth of 1–4% annually through 2028/29

Efficiency improvements alone are insufficient to close these gaps without additional capacity investment. Even with efficiency gains, the region cannot meet 26-week outpatient targets by March 2026 and projected treatment gaps could reach 5,334 cases by 2029.

There are several key assumptions within the regional orthopaedics plan, including recognition that existing services must demonstrate efficient and effective service delivery before the submission of a full business case for additional capacity. Benchmarking against national efficiency standards and metrics therefore forms a key element of the plan over the next four years.

Health Boards were asked to identify local opportunities to increase capacity and address remaining gaps in the interim period prior to the programmed LHP operational date in late autumn 2028. Each Health Board needed to identify their efficiency and productivity plans and ensure these are included in the modelling of future demand and capacity. Several options have been considered which include increasing core in house capacity, outsourcing and temporary additional session.

These plans are included in the later scenario planning and represent the scale of opportunity that could be delivered by each health board against current activity delivered to achieve optimum output. They reflect current practice and do not consider standardised utilisation of theatres i.e. 47 weeks a year across the region or an increase in clinical session allocation or additional clinicians for Orthopaedics. These plans are explored in detail for each organisation in Appendix 2.

3.7.2 Capacity scenarios modelled

The modelling looked at both outpatient and treatment demand and capacity. For the purposes of this case only the treatment position will be discussed, but the outpatient impact can be seen in the appendix. Outpatient capacity plans are to be determined locally by each Health Board and are outside the scope of this case.

Four capacity scenarios have been considered in the modelling (1) current core capacity, (2a) core plus local efficiency practices, (2b) core plus local efficiency and best practice standards, and (3) including the additional Welsh Government-commissioned activity. All scenarios considered the activity required to meet **recurrent demand** and additional data was collected to ensure the following maximum waiting time scenarios were considered: -

Recurrent demand and backlog to 104 weeks

Recurrent demand and backlog to 78 weeks

Recurrent demand and backlog to 52 weeks.

Some of the key assumptions in modelling works are as set out below:

Recurrent demand has been calculated using derived demand, which was agreed by all regional boards and is based on financial year to financial year (24/25 to 25/26: 1 April 24 to 31 March 26.

Each Health board has calculated the split between Lower Limb and Arthroplasty. Arthroplasty refers to Primary Arthroplasty only; revisions appear in the Lower Limb NOT arthroplasty numbers.

Conversion rates from New Outpatients to IPDC Treatments were modelled using local data and reflect the current position in each health board independently. Any conversions from activity within this year will not be observed in the demand on IP/DC Treatments in this Financial Year (realised in FY 26/27 and beyond).

Welsh Government commissioned activity in FY2025/26 has been included in scenario 3 and has been apportioned by subspecialty based on local plans.

Assumptions and data consistency reflect the best possible position at the current time.

3.7.3 The net capacity and demand position

The overarching orthopaedics demand and capacity position is as set out in the table below to give an overview of the total regional challenge facing orthopaedics.

Table 6 - Future demand / capacity gaps for orthopaedics across the South East Wales region

Type	Current gap / surplus (2025/26)			Projected 2028/29 -position				
	New OP	Treatment	Tx w new OP conversion (40% assm)	Treatment / surplus gap if		Efficiency oppor-tunity	Recurrent net treatment gap / surplus (Mar 29) if	
				Demand @ 1% to 29	Demand @ 4% to 29		Demand @ 1%	Demand @ 4%
Foot / ankle	-422	-83	-252	-371	-728	98	-273	-630
Paeds	-211	-17	-101	-140	-255	16	-124	-239
Upper limb	487	81	81	-21	-326	125	104	-201
Hands	-394	-616	-774	-965	-1,538	209	-756	1,329
Lower limb	-2,278	-250	-1,161	-1,544	-2,691	1,148	-396	-1,543
Spine	1,074	-595	-595	-708	-1,047	44	-664	-1,003
Other	-198	-254	-333	-347	-390	0	-347	-390

The left-hand (blue) side of the table above considers the current capacity gap position and applies a standard 40% conversion to treatment rate for the outpatient gap, to ensure the treatment position reflects the recurrent requirement, not just the current demand profile.

The right-hand (pink) side of the table factors in the projected demand growth (at both 1% and 4%) as well as subtracting the treatment efficiency opportunity identified by Health Boards as scenario B discussed above. The table assumes that all opportunities are delivered to provide a range in treatment gap, as at March 2029.

The table does not consider the additional backlog activity required to deliver improved waiting time targets. Therefore, this would just support the current waiting time position with an improvement in performance.

This table shows that all subspecialties are facing pressure with the most significant shortfall in treatment capacity within lower limb arthroplasty. This, alongside the GiRFT guidance, Orthopaedic CIN works and evidence from practice in England provides compelling evidence for LHP to create additional capacity in regional arthroplasty to bridge these gaps and provide an opportunity for further regional orthopaedic reconfiguration for other specialities.

The net position can be further broken down by region, the following table includes information for the orthopaedic lower limb speciality alone. This further illustrates the pressures that all organisations are or will be facing in treatment times by 2029.

Table 7 – Regional orthopaedic lower limb activity

Organisation	Gap / surplus (2025/26)			Treatment gap / surplus if		Efficiency opportunity	Recurrent net treatment gap / surplus (Mar 29) if	
	New OP	Treatment	Tx w new OP conversion (40% assm)	Demand @ 1% to 29	Demand @ 4% to 29		Demand @ 1%	Demand @ 4%
ABUHB	-1,032	128	-285	-414	-800	261	-153	-539
CAVUHB	-247	166	67	-52	-409	294	242	-115
CTMUHB	-1,000	-544	-944	-1,079	-1,482	593	-486	-889
SEW region	-2,278	-250	-1,161	-1,544	-2,691	1,148	-396	-1,543

In essence the recurrent arthroplasty gap assuming 100% of all efficiency opportunities are released sits between 396 and 1,543 cases per year. On a five-year trajectory, looking at the first five years of LHP operation demand could increase to the following range:

Table 8 – Orthopaedic lower limb forecast increase in activity (to 2034)

Organisation	Recurrent net treatment gap / surplus @ Mar 2029		Recurrent net treatment gap from 2030 for five years based on differing demand (%) growth									
			2030		2031		2032		2033		2034	
	@ 1% demand	@ 4% demand	@ 1%	@ 4%	@ 1%	@ 4%	@ 1%	@ 4%	@ 1%	@ 4%	@ 1%	@ 4%
ABUHB	-153	-539	-155	-561	-156	-583	-158	-606	-159	-631	-161	-656
CAVUHB	**242**	**-115**	244	-120	247	-124	249	-129	252	-135	254	-140
CTMUHB	-486	-889	-491	-925	-496	-962	-501	-1,000	-506	-1,040	-511	-1,082
SEW region	-396	**-1,543**	-400	-1,605	**-404**	-1,669	-408	-1,736	**-412**	-1,805	**-416**	**-1,877**

By 2034 it is possible that capacity shortfalls could exceed 1,800 cases. It is difficult to accurately reflect exact demand levels. Alongside this is the assumption that delivery of all efficiency and performance improvements will be achieved. If only 50% of these improvements are delivered this will add a further 500+ treatments to the existing gap per annum.

The proposal for LHP would be the building of six theatres to support regional primary arthroplasty cases. The plan is that three theatres would represent a transfer of activity of CTM arthroplasty into LHP. The balance of three theatres would be available capacity to meet regional demand.

LHP theatre productivity is based on GiRFT guidelines and utilisation, reflecting four joints per day over 5 days in a 48-week year. Initially the hub is proposed to operate five days per week giving the following additional capacity in terms of cases over a single, three and all six theatres.

Table 9 - LHP theatre capacity

No. theatres	Joints per day	Days per week	Week per year	Total capacity
1	4	5	48	**9,60**
3	12	5	48	**2,880**
6	24	5	48	**5,760**

Currently all the modelling is predicated on a five-days week. Should additional capacity be required it would be possible to consider weekend working, which could offer a further annual additional 384 cases per theatre (2,304 for all six theatres). However, length of stay improvements would need to be delivered to ensure that bed capacity could support additional weekend working. The streamlined and efficient workflow and standardisation of practice from LHP is expected to deliver performance efficiencies, and this could be an option in future years.

In considering how LHP will provide additional capacity to support the regional position in the future, the 4% growth position has been forecast forward in all modelling scenarios. In addition, only an 80% efficiency opportunity is recognised, reflecting the current pressures on performance faced by all organisations across the region. It is likely that with the standardisation and practices at LHP these efficiencies could be improved in the future.

The table below models the first five years of LHP opening, offering three theatres of additional capacity for the region based on current performance levels.

Table 10 - 5 Year demand and capacity modelling and impact of LHP capacity on net gap

Organisation	Recurrent net gap based on average demand growth at 4%				
	March 2029	March 2030	March 2031	March 2032	March 2033
ABUHB	-346	-355	-364	-373	-382
CAVUHB	64	65	67	68	70
CTMUHB	-688	-705	-722	-740	-759
SEW Region	**-970**	**-994**	**-1,019**	**-1,044**	**-1,070**
20% efficiency gap	-230	-230	-230	-230	-230
Forecast Capacity Gap	**-1,199**	**-1,223**	**-1,248**	**-1,274**	**-1,300**
LHP Capacity	2,880	2,880	2,880	2,880	2,880
Net Capacity Gain	**1,681**	**1,657**	**1,632**	**1,606**	**1,580**

As modelled above, the LHP capacity will provide the additional capacity to support the region to bridge the recurrent treatment gap for primary arthroplasty and offer additional capacity of over 1000 cases in the first five years. This additional capacity can be directed to address any residual waiting patients and offer an opportunity to begin to improve performance over and above the current baseline levels.

Should growth be less than the 4% modelled additional capacity could offer further performance improvements and likewise should all performance efficiencies be realised this could provide additional primary arthroplasty capacity to the region to improve the performance position further.

Alongside the additional capacity created by LHP, the transfer of primary arthroplasty activity from CTM theatres to LHP will enable the further development of sustainable orthopaedic services within the South East Wales Region. As mentioned in previous sections, since the roof works completed at POWH, CTM arthroplasty activity has transferred to POWH where it is being used as an early implementer site for the LHP pathway. The transfer of this activity to LHP will not only support the delivery of improved efficiencies within the service but will also offer up three theatres capacity to the overarching orthopaedic programme.

The focus on this OBC has been the development of additional capacity for the arthroplasty pathway through the creation of infrastructure to support HVLC primary arthroplasty surgery at LHP. However, the regional orthopaedic plan identifies additional orthopaedic specialities that are also under pressure. In looking at the numbers in table 5 above it is clear that further capacity is required to support treatment pathways for arthroplasty revisions, upper limb, hand and foot and ankle surgery.

From an overall systems viewpoint the capacity released at POWH has the ability to meet this, however it is recognised that a whole systems approach will need to be adopted as to how capacity should be managed and services provided across the region.

How the CTM capacity released through the transfer of arthroplasty to LHP can support further regional reconfiguration for other orthopaedic specialities will be explored in the second phase of the regional orthopaedic plan.

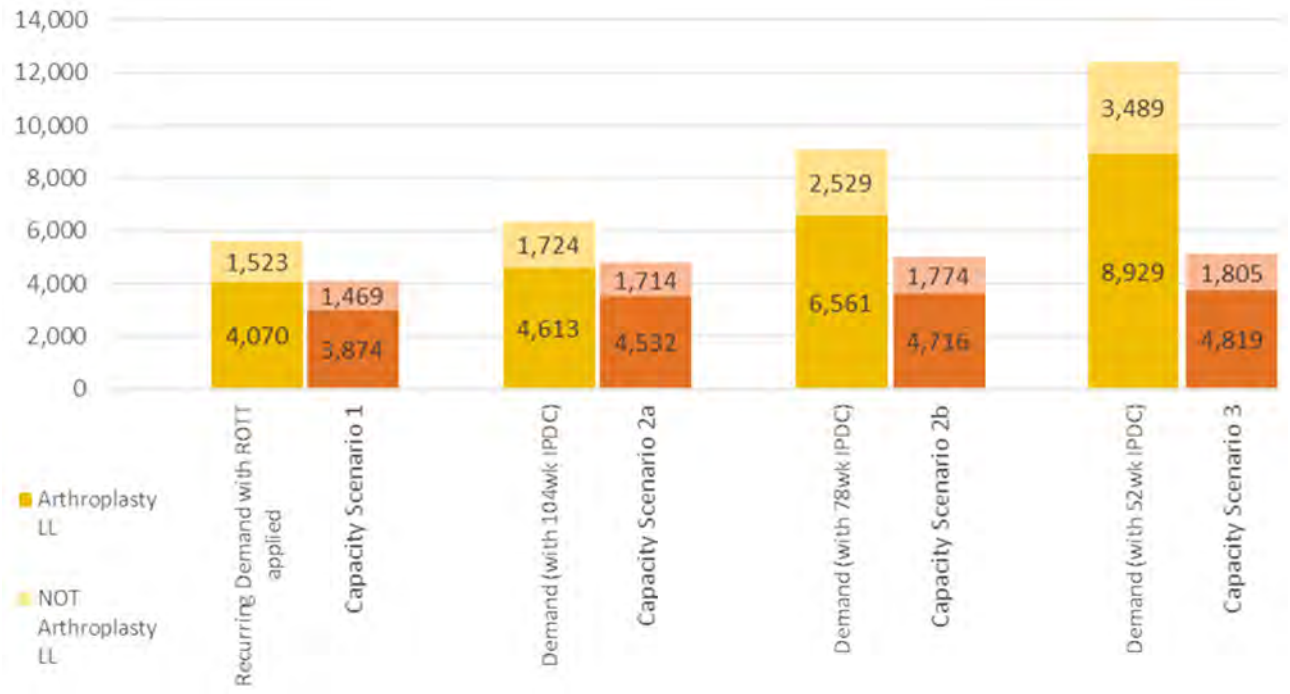
However, it is clear that this is a further beneficial opportunity from the LHP Hub and the centralisation of primary arthroplasty at LHP. The outputs and resources associated with the use of this capacity sit outside the scope of this OBC but will be part of the regional orthopaedics plan.

3.7.4 Lower limb / arthroplasty demand and capacity required to deliver performance improvements

The orthopaedic plan workings have considered the level of capacity required to deliver reduced backlog scenarios (52-week, 36-week, 26-week) which further increase the challenge.

The following charts illustrate the additional demand and capacity required to meet further reduced backlog scenarios. Arthroplasty activity is seen using the darker shading on the chart below

Figure 2 - SEW lower limb IPDC treatment, demand v capacity



Baseline treatment demand for lower limb arthroplasty 5,593 cases (1,523 non-arthroplasty and 4,070 arthroplasty). This shows that to improve performance to deliver 52 weeks would increase annual demand to 8,929 cases per annum. Assuming organisations can deliver all efficiency improvements within existing infrastructure this still gives a 4,110-case shortfall. LHP can support in addressing that shortfall, but more than 3 theatres would be required to fully meet unless weekend working is employed. Factoring in growth could see this increasing further.

LHP core capacity as outlined above will increase capacity further to meet enable the delivery of improvement performance. At 2029 demand levels LHP capacity could see backlog reductions to close to 78 weeks

Further capacity realised through increased efficiency gains at LHP and weekend working could further improve the backlog position by enabling more realisation of capacity for arthroplasty procedures.

3.7.5 Summary

The demand and capacity analysis clearly demonstrate shortfalls in capacity across the region. In order to address capacity challenges, it is essential that existing facilities are maximised before consideration of investment in additional assets.

The regional demand and capacity modelling identify capacity shortfalls across the region with lower limb primary arthroplasty demonstrating the most pressure and the highest contributor to the overall numbers. Once growth is factored in this gap intensifies despite plans to introduce local performance increases and improvements.

There is a net capacity gap that requires additional infrastructure to support the creation of a 6-theatre unit at LHP. This will provide a sustainable response to the pressures facing arthroplasty in the South East Wales Region, enabling the capacity gap to begin to be closed and deliver performance improvements and increased backlog reduction.

The demand and capacity modelling supports the proposal for a 6-theatre unit at LHP offering both an opportunity to create a unit which can fully deliver on efficiencies to offer improved performance and throughputs. The combination of transferred CTM capacity and wider regional additionality gives a chance for a fully established unit to deliver primary arthroplasty in line with accepted best practice and evidenced good practice in other units.

The infrastructure offers the opportunity of further increased capacity through extended days and working weekends to address further future growth.

Whilst LHP is designed to address regional primary arthroplasty activity only, the move of activity from CTM theatres can facilitate and support further orthopaedic speciality reconfiguration and offer increased capacity to enable improved delivery across the region. The resource implications of these further regional reconfigurations and moves are not covered in this OBC but will be addressed in the second phase of the orthopaedic plan.

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4 Potential scope of services

This section of the business case identifies the potential scope of the project in terms of the key service requirements that should be considered in designing the future service model and developing options.

4.1 Key principles of the clinical model

(See Appendix 3 for Arthroplasty pathway and Appendix 4 for the LHP Operational and Clinical Model)

Patient pathways and length of stay

Target day-case arthroplasty where clinically appropriate, with a maximum expected stay of three nights.

Initial planning assumes a modest 20% day-case rate, with ongoing efforts to increase this in line with GIRFT standards.

Clear inclusion criteria to guide patient selection, including plans for patient with a higher acuity through the provision enhanced care.

Patient education embedded pre-operatively to set expectations, including digital “Joint School” programmes.

Ring fenced elective capacity with dedicated theatres and beds

Staffing and workforce model

Staff operating at the top of their license, including side-skilling and blended roles (e.g., Band 4 staff supporting ward and recovery functions).

Multi-professional team approach incorporating nursing, physiotherapy, and allied health professionals (AHPs) in clinical care.

Consultants sharing care responsibilities to avoid extended on-site presence, with structured review of X-rays and post-operative follow-up by colleagues.

Out of hours cover provision will require a medical model if enhanced care is provided.

Pre-operative and admission processes

National standardisation of pre-assessment processes, including health questionnaires and virtual reviews.

Staggered admission times to manage patient flow within the six admission rooms.

Digital check-in supported by administrative staff for patient registration and discharge coordination.

Consent clinics scheduled at least two weeks pre-operatively, ideally with digital consent solutions.

Theatre and recovery model

Theatre scheduling in line with GIRFT case numbers, four joints per theatre per day, based on two hours per procedure. The theatres will operate Monday to Friday (Future capacity is available through extended days and weekend working)

Assumption: three of the theatres will be CTM activity moved from Princess of Wales, and three theatres will be additional activity

Six laminar-flow theatres with supporting infrastructure.

Recovery staffing designed for efficiency: Stage 1 (post-anaesthesia monitoring) and Stage 2 (patients ready for ward transfer).

Upskilled Band 4 staff in theatre to facilitate rapid turnover and first assistant roles.

Senior anaesthetists providing list cover, utilising standardised protocols.

Duty anaesthetist providing cross cover for breaks, relieving anaesthetists to review next patients, and supporting post-operative care.

Ward and post-operative care

Two ward areas.

Integrated plain film X-ray room adjacent to recovery for immediate post-operative imaging.

Standardised discharge protocols including medications, Venous thromboembolism (VTE) prophylaxis, follow-up pathways, and 24-hour helpline support.

Planned operating hours: Monday–Friday, 08:00–17:00, with scope to extend as required.

Staff working across wards and admission areas and recovery, building in flexibility to meet operational requirements.

Workflow optimised for throughput and minimal delays, ensuring separation from unplanned acute care.

Enhanced competency framework to support early mobilisation outside of therapies working hours.

Future flexibility has been built in, having taken the lessons from other centres, where to fulfil capacity in the longer term, pathways for patients with a higher acuity have been incorporated into the facility. For LHP, the infrastructure of the 30 bedded ward has 8 beds that can manage those patients needing a higher level of care and can facilitate a post-operative care unit (POCU). Acceptance criteria will be enhanced to allow several the higher acuity patients to be treated at LHP in the future as required. The ward staff being skilled in all aspects of post-operative care and management will ensure there are the skills through a competency framework to deliver this

Standardisation and quality

Alignment with GIRFT recommendations for case numbers per list, throughput, and enhanced recovery protocols.

Standardised protocols for post-operative care, including early mobilisation and therapy-led discharge.

Regional engagement ensures consistency of care pathways, patient education, and data collection (e.g., National Joint Registry compliance).

Continuous learning from exemplar units incorporated into staffing models, patient flow, and operational efficiency.

As detailed in section 3.7, the arthroplasty unit at LHP will be utilised to undertake both core and additional capacity for CTMUHB and additional capacity for CAVUHB and ABUHB. This reconfiguration is not just about capacity however, but the opportunity to introduce greater standardisation and efficiency into clinical practices and develop a centre of excellence in Wales.

4.2 The Non Clinical and Clinical support models

4.2.1 Therapies support at LHP

Therapy services will play a pivotal role in supporting the regional arthroplasty surgical hub. The intention is to ensure those patients requiring occupational therapy input, receive this prior to admission to LHP. Early engagement enables timely provision of equipment, education on post-surgical expectations, and goal-setting that supports enhanced recovery pathways, reducing length of stay and minimising readmission risk.

This pre-admission discharge planning enables early action, optimisation, equipment provision and highlights the potential need for post-discharge social care input and multidisciplinary problem solving to minimise any potential barrier or delay in discharge. This ensures the patient is admitted to the right facility as not all patients will be suitable to have their treatment at. This service will aim to deliver a modernised approach to elective orthopaedic recovery and evidence-based care, with service provision being individualised based on patient need

Physiotherapy will be an integral component of the ward team within the orthopaedic surgical hub. The service will be delivered through a structured, patient-centred model. Post-operatively, physiotherapists will be embedded within the ward team to provide early mobilisation, functional assessments, and discharge planning, ensuring patients meet recovery milestones efficiently. Being integrated with surgical and nursing teams has proven benefits and supports enhanced recovery pathways, reduced length of stay, and minimises variation in outcomes, thereby contributing to improved patient experience and operational efficiency across the region.

The rostered hours for Physiotherapy will be aligned with the ward nursing team This enables a joint multidisciplinary handover in the morning and maximises the ability to discharge patients who are ready to go home, in the evening. Another benefit is that it promotes integrated, multi-professional team working. the hours staff members spend on tasks varies based on service need and non-clinical time which will be built within their role.

4.2.2 HSDU

To accommodate the proposed increase in surgical activity, a review of current HSDU infrastructure and capacity has been undertaken. The RGH site presents limitations due to spatial constraints, with no scope to install additional washers or sterilisers under the current configuration. Furthermore, the existing washer units are scheduled for replacement in March 2028. PCH will be non-operational until approximately Q1 2028 due to major capital works, placing additional pressure on RGH, which will be required to absorb PCH's workload during this period.

In contrast, the POW site is undergoing an AHU upgrade and will soon operate with seven washers and four steam sterilisers—significantly more than the three sterilisers currently available at both RGH and PCH. This enhanced capacity at POW presents a viable opportunity to support the increased demand, subject to appropriate transport logistics and the deployment of delegated drivers. Collaborative working with POW staff is already in place, as evidenced by the AHU relocation project at RGH, and has proven effective. From a service resilience perspective, preliminary work has commenced on an Operational Continuity Plan (OCP), making this expansion both timely and strategically aligned.

In terms of workforce requirements, to support 12 arthroplasty procedures per day across three theatres, the HSDU would require a minimum of three full-time equivalent (FTE) Technical Assistants to manage end-to-end processing, with an additional supervisory FTE to cover out-of-hours activity. A more detailed staffing model would be developed in line with theatre scheduling, including consideration of twilight shifts to support evening operating lists.

Outsourcing options have been explored with ABUHB to mitigate the overlap between PCH and POW, but they are unable to provide a thorough assessment of risks relating to equipment damage, turnaround times, traceability, decontamination standards, and accreditation implications,

as well as financial impact. At this point this has been excluded as the HSDU within CTMUHB with the planned improvements will have the capacity, subject to investment in workforce and surgical trays /instruments to provide the requirements for the additional three operating theatres These projections are based on the current service delivery model and remain flexible to accommodate any future changes in theatre planning.

4.2.3 Pharmacy

Pharmacy services at CTMUHB are undergoing a series of targeted developments to ensure readiness for the elective arthroplasty unit opening in late 2028. A hub and spoke model will be adopted for medication supply, with a DGH site (yet to be decided) acting as the central supply point for wards, theatre, and recovery areas. This is part of a wider transformation piece already underway for pharmacy services across CTMUHB, and as such, will be tried and tested prior to commissioning of LHP. LHP will, in essence, become an additional spoke site of the CTMUHB hub and spoke model.

The introduction of a new robotic dispensing system at RGH will streamline stock distribution to LHP, while automated dispensing cabinets (ADCs) linked to the pharmacy system will support automatic top-up ordering, reduce manual workload and improve stock availability. The procurement of the new robotic dispensing unit is well underway and will be installed and operational ahead of the commissioning of LHP.

To support efficient patient flow and safe medicines management, a Pharmacy Hub will be established at LHP for near patient dispensing of discharge medications. This will enable pre-dispensing of standardised discharge regimens using pre-packed medicines and controlled drugs, ensuring timely availability postoperatively. The implementation of electronic prescribing and medicines administration (ePMA) will allow for regular and discharge medications to be prescribed in advance of admission, facilitating early discharge planning and reducing delays. Again, the ePMA programme within CTMUHB is underway and will have matured by LHP go-live.

Clinical service enhancements will further support seamless care. Pharmacy technicians will conduct pre-operative reviews for patients with complex medication needs, such as compliance aids or care packages, reducing the risk of cancellations and or delayed discharges. Pharmacist prescribers will review patients in pre-operative assessment and pre-authorise medication regimens, including discharge prescriptions. A business case (CTMUHB) is also in development for a pharmacist-led anticoagulation bridging service for complex patients, ensuring continuity of care and reducing reliance on acute services.

4.3 Infrastructure design influenced by clinical model

The development of the clinical model for the new elective orthopaedic unit at LHP builds upon national best practice, including GIRFT standards, exemplar UK orthopaedic units, and Enhanced Recovery After Surgery (ERAS) protocols. The approach has focused on learning from leading units such as Essex and Suffolk Elective Orthopaedic Centre (ESEOC), Exeter South West Elective Orthopaedic Centre (SWEOC), One Welbeck, South West London Elective Orthopaedic Centre (SWLEOC), and others. Taking the best elements and adapting their proven models to the to meet the operational requirements of LHP and the regional population needs. The infrastructure has then been developed to deliver the clinical model ensuring compliance with National standards.

The infrastructure development for LHP has been purposefully designed to support the clinical model for HVLC elective orthopaedic surgery, ensuring alignment with GIRFT productivity benchmarks and delivering a safe, efficient, and patient-centred experience. A dedicated entrance for the surgical hub enables streamlined patient flow and ring-fenced nature of the service.

Upon arrival, patients use a digital self-check-in system, which reduces administrative delays and provides real-time updates to the admissions team, enhancing operational efficiency and patient experience.

Patient preparation rooms are located directly adjacent to six ultra-clean air theatres, each equipped with dedicated anaesthetic and prep rooms. This proximity supports continuous forward movement through the pathway, minimises inter-case times, and enables parallel processing of patients. The first stage recovery area has been innovatively designed to accommodate the initial wave of morning admissions, increasing capacity without expanding the estate footprint and improving turnaround times. A dedicated plain film X-ray suite positioned between recovery and the ward facilitates timely postoperative imaging, streamlining the pathway.

The ward infrastructure is designed for flexibility and infection control. Ward 1 includes 30 patient spaces split across male and female wings, with six individual rooms to support gender segregation in line with NHS England guidance and to accommodate patients requiring privacy or isolation. Ward 2 comprises 24 individual rooms, offering maximum protection in the event of a patient becoming infective. Both wards include dedicated physiotherapy spaces to maximise therapy input and support early mobilisation, a key enabler of same day discharge and a core component of the HVLC model.

Break-out and discharge areas encourage patients to mobilise and provide transitional space for those awaiting discharge, improving patient flow and creating capacity for incoming admissions. Interview rooms have been incorporated to ensure privacy for sensitive clinical conversations with patients and relatives, and double as staff training and development spaces when not in clinical use. Learning from site visits to exemplar centres, the team recognised the critical importance of adequate storage. Many high performing hubs reported challenges due to insufficient storage, resulting in equipment being stored in corridors, creating health, safety, fire, and infection control risks.

Anticipating future developments in orthopaedic practice, including the introduction of robotic surgery and other advanced technologies, LHP has incorporated HBN compliant storage capacity with an additional 20% buffer. This ensures that equipment can be safely and efficiently stored, supporting both current operations and future service expansion. In line with national guidance, separate left and right prosthesis stores have also been included to reduce the risk of error, improve inventory management, and support safe surgical practice.

Staff experience has been a central priority in the design of the unit at LHP, recognising that a well-supported workforce is essential to delivering high quality, efficient patient care. As part of a site wide strategy, infrastructure includes male, female, and individual changing rooms to offer staff choice, privacy, and dignity. This approach supports inclusivity and ensures that all staff feel comfortable and respected in their working environment, which is particularly important in a multidisciplinary and diverse workforce. To support infection control and operational efficiency, scrub suit dispensing machines have been installed. These machines ensure staff have access to the correct size garments, reduce waste, and improve stock control through automated inventory tracking. They also enhance hygiene by securely storing scrubs and preventing cross contamination.

Clog washers have also been included to support infection prevention. These specialist machines allow for the automated cleaning and thermal disinfection of surgical footwear, ensuring that clogs do not become a vector for hospital acquired infections. Autoclavable clogs processed through these washers meet the highest hygiene standards, reducing the risk of cross-contamination.

The unit features a dedicated staff entrance, which improves flow and security, allowing staff to access the facility efficiently without crossing patient pathways. This separation supports infection control and reinforces the ring-fenced nature of the elective hub. Staff rest areas have been designed with natural light, which has been shown to improve wellbeing.

To enable staff to focus fully on clinical work during operating sessions, meeting spaces have been intentionally excluded from the clinical zone. Instead, two-person work pods are available for completing mandatory training, confidential conversations, or supervision discussions. These pods offer quiet, private environments without disrupting clinical flow. Additional hot desking space is provided to support flexible working and documentation needs, and a dedicated office is available for the department manager to coordinate operations and support the team.

A surgeon's touchdown space is located between theatres, offering a quiet area for debriefing trainees or completing operation notes without needing to leave the immediate theatre area. This design choice improves efficiency, supports education, and ensures that clinical documentation is completed promptly and without distraction.

Overall, the staff support infrastructure has been designed to promote wellbeing, efficiency, and safety.

4.4 Digital Strategy

4.4.1 Digital by Design: A digital-first approach

Llantrisant Health Park will adopt a technology-enabled, Digital-First approach to the design, delivery, and operation of both clinical and non-clinical services and environment. This principle positions digital capability at the centre of service delivery, viewing technology as a core enabler of clinical excellence, operational efficiency, and patient experience, and a means to unlock the transformational potential of the Llantrisant Health Park development. The approach seeks to:

- **Optimise clinical safety** through consistent and repeatable hygiene standards, automated kit carts and smart rostering
- **Promote productivity and efficiency** by using analytical and smart systems and reducing manual and paper-based processes
- **Enhance patient experience** through improved access, digital communication channels, self-service tools, and data-driven scheduling
- **Enabling staff digitally**, in more appropriate working environments, with smarter tools to improve performance and outcomes
- **Support information flow** for patients and staff through interoperable systems and integrated data flows, improving data quality and integration to support decision-making and enabling remote access, flexible working, staff mobility, and multi-site collaboration
- **A smarter, safer healthcare environment managed to meet clinical needs and adapt to** service demands and occupant needs.

In practice, Digital First means that wherever a process can be effectively supported or automated by technology, it should be considered as the default method of delivery.
This includes areas such as diagnostic reporting, surgical planning and imaging review, clinical documentation, workforce coordination, patient engagement, remote monitoring and environmental management

The objective is to ensure that digital solutions enhance efficiency, accuracy, and care quality without introducing additional complexity or administrative burden.

4.4.2 Digital by Design: Building technology into the infrastructure

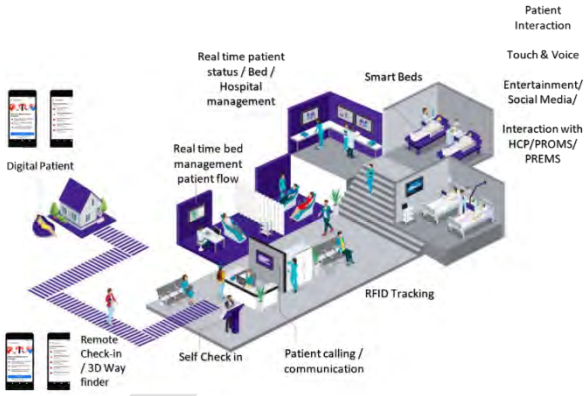
To operationalise a Digital First model, Llantrisant Health Park needs to be developed on Digital by Design principles thus ensuring that technology is embedded within the physical, technical, and operational fabric of the facility from the outset. This approach allows the building to function as an

interoperable, adaptive, and future-ready environment, capable of integrating emerging technologies throughout its lifecycle.

This must consider the three core aspects of digital enablement:

- Digital infrastructure
- Data flowing through the digital infrastructure
- Smart technologies utilising the infrastructure and data

"Adopting a 'digital first' and 'digital by design' philosophy in the design and delivery of new services, to promote mobile, flexible, patient and centred services & workforce models"



4.4.3 Digital by Design: Digital interplay with care delivery

Digital innovation, data-enabled decision-making, and new ways of accessing and delivering care are reshaping healthcare delivery. As systems move toward more proactive, coordinated, and patient-centred models, digital capability is a fundamental enabler of performance, experience, and sustainability.

At Llantrisant Health Park, digital is treated as a core design principle that underpins clinical operations, workforce models, patient pathways, and the built environment. It is important that the digital vision should be considered across three layers: Flow, Footprint and Fabric, which will ensure that information moves efficiently across pathways, that services are connected across organisations, and that smart-hospital capability is embedded into the estate from the outset.

These three layers form a coherent framework for how digital capability will operate:

Figure 3 - Digital framework

Flow	Examples					
Capabilities that support the flow of the information	Digital pathology	Enterprise wide EPR	Smart Beds	Clinical AI	Enterprise Digital Imaging	Voice recognition tools
	Smart Rostering	Smart Scheduling	Analytics system	Smart Triage	Automated dispensing cabinets	
Footprint	**Examples**					
Capabilities that connect the hospital to other care settings	Digital wayfinding	Digital front door	Integration gateways	Remote monitoring	Tele-medicine	Virtual assistant
Fabric	**Examples**					
Capabilities that are part of the hospital building	Digital twin	Asset and location tracking	IoT sensors	Facility security	Automated guided vehicles	

Llantrisant Health Park's digital architecture should bring together clinical systems, smart-hospital capabilities, and regional care connections, guided by underlying key principles:

Figure 4 - Digital architecture framework

Effective governance	Seamless Integration	Focus on Integrity	Fit for purpose
• Strong data stewardship and ownership aligned to NHS Wales policies • Compliance with Welsh digital and IG standards • Ethical and transparent use of data and digital tools	• Interoperable systems across LHP and wider CTM sites • Standardised platforms and maximised reuse of digital assets • Agile, scalable and connected infrastructure to support regional pathways	• Secure-by-design environment • Future-ready, resilient architecture • Scalable and compliant design	• Clinically-led design • Trackable operational efficiency • Intuitive, user-centred interfaces

Benefits for patients, staff and system

Stakeholders	Community Diagnostic Hub	Orthopaedic and Surgical Hub
For Patients	• Faster access to tests and results, reducing waiting times • One-stop experience multiple diagnostics in a single visit • Reduced need to travel to acute hospitals • Digitally supported navigation and check-in • Improved experience through modern, comfortable, and sustainable design	• Timely access to planned surgery, reducing waiting lists and delays • Protected elective capacity, minimising cancellations and last-minute changes • Enhanced pre-operative preparation and post-operative support through digital pathways • Modern day-case and enhanced recovery facilities enabling quicker recovery and discharge • Remote physiotherapy, wound monitoring, and follow-up reducing need for repeat travel
For Staff	• Co-location improves workflow efficiency and collaboration • Optimised scheduling, throughput, and utilisation of equipment • Frees acute capacity for emergency and inpatient care • Data-driven insight for demand forecasting and performance • Alignment with national diagnostic transformation and sustainability targets	• Streamlined theatre scheduling and reduced administrative burden • Dedicated elective setting supports predictable operating lists and fewer interruptions • Digital surgical planning, EPR access, and intra-operative tools improve safety and accuracy • Enhanced multidisciplinary collaboration and MDT space • Training environment for innovation in surgery, pre-hab and rehab pathways

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For System	• Reduces pressure on acute diagnostic services • Improves system-wide flow by providing diagnostic capacity in the community • Supports early diagnosis and prevention models	• Protects emergency theatre capacity in acute hospitals • Increases elective surgery resilience and regional capacity • Reduces length of stay and avoids unnecessary admissions through day-case model • Enables regional elective recovery aligned to NHS Wales planned care priorities • Creates scalable elective hub model for future regional rollout

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5 Benefits and Risks

5.1 Introduction

This section of the business case identifies the benefits, risks, constraints and dependencies in that have been considered when developing and assessing the options for the development of Llantrisant Health Park.

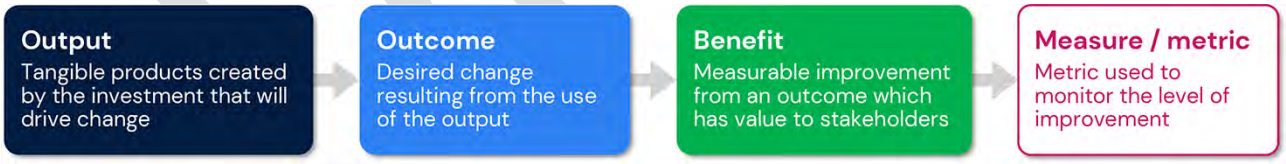
5.2 Benefits case

A systematic approach was undertaken to develop the benefits analysis as outlined in the diagram below.

Figure 5 - Benefit analysis process

A significant amount of work has been undertaken during the development of the programme to identify the benefits of LHP. This was consolidated within a series of workshops during April 2025 using the investment logic mapping approach outlined in the diagram below:

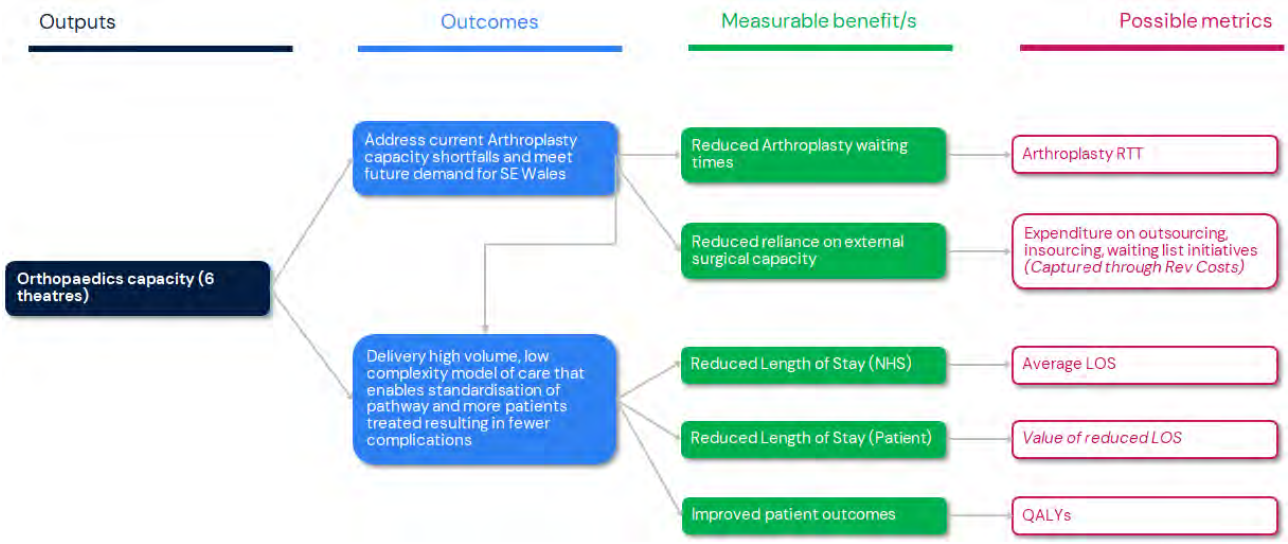
Figure 6 – Investment logic mapping approach



5.2.1 Creation of a Surgical Hub

Delivery of the surgical hub will allow LHP to provide additional surgical capacity to address current Arthroplasty capacity shortfalls and ensure future demand can be met. As well as reducing waiting times for patients, the delivery of high volume, low acuity model will enable the delivery of a standardised pathway. Earlier access to surgical interventions and reduced length of stay, which is known to reduce in fewer complications, will directly benefit patients, improving their quality of life. The additional capacity will also reduce reliance on expensive external Diagnostics capacity such as outsourcing, insourcing and waiting list initiatives.

*Figure 7 – Benefits mapping: creation of **Surgical Hub***



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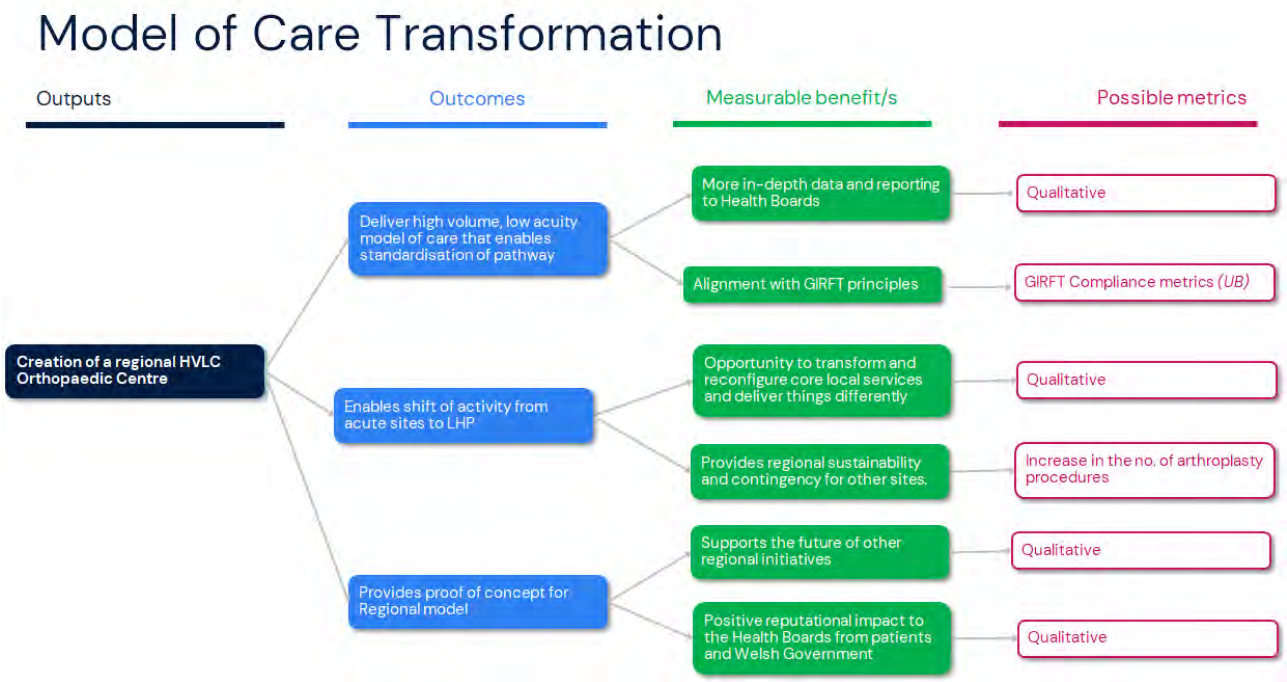
5.2.2 Model of care transformation

LHP will enable delivery of high volume, low acuity model of care that will enable the standardisation of patient pathways. This will result in better value for money due to increased throughput and better use of resources, reducing the average cost per procedure and providing opportunities for more efficient procurement. It will also ensure services align with GIRFT principles.

By providing capacity to shift activity from acute sites, the new surgical hub provides an opportunity to transform and reconfigure core local services and deliver things differently. For instance, the transfer of activity from CTM UHB to LHP provides opportunities to release space across the Estate in the future for other developments or to address risks around deteriorating facilities and reduce backlog maintenance. The successful delivery of a regional centre will also provide proof of concept as the basis for the development of any future regional pathways.

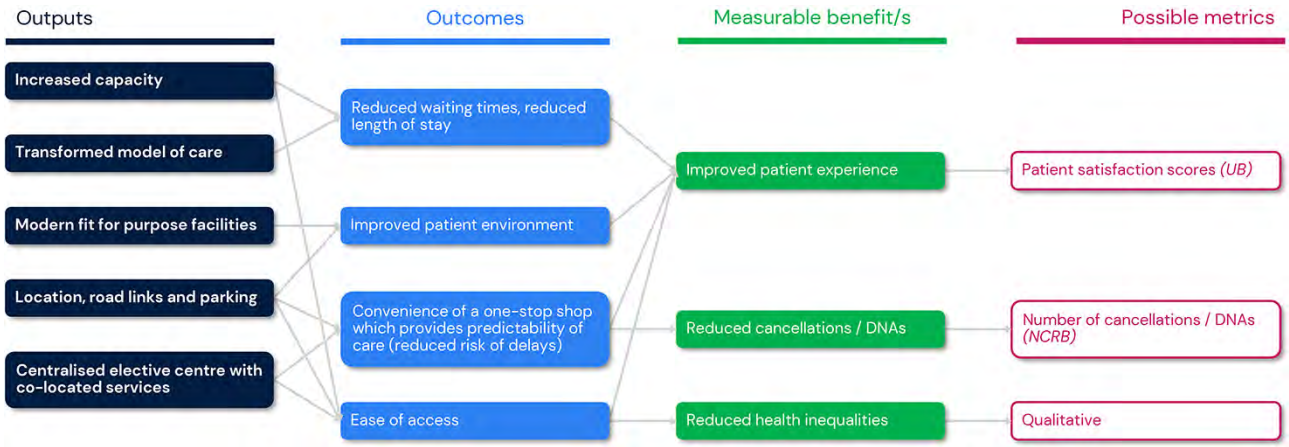
Figure 8 – Benefits mapping: model of care transformation



5.2.3 Improving patient experience

The outcomes presented above, such as reductions in waiting times and length of stay, will contribute to a significant improvement in patient experience. This is enhanced by the modern fit for purpose facilities and the ease of access the location of LHP offers, with its good road links and parking. Having a centralised elective centre with co-located services provides the convenience of a 'one-stop' shop clinic with greater predictability of care. This contributes to reducing the risk of cancellations and Did Not Attends (DNAs). In general, the improved access and reduced waiting times ensures a more equitable service is available within the region.

Figure 9 – Benefits mapping: ***patient experience***



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5.2.4 Delivering a sustainable workforce

The workforce vision set out in the South East Wales Regional Orthopaedic Plan is to:

- Ensure safe and sustainable staffing to reduce vacancies and mitigate the need for premium rate temporary staffing.
- Redesign the workforce to support new models of care and cross-functional roles.
- Maximize the use of new roles and introduce competency-based training where appropriate.
- Improve the health and wellbeing of all staff, fostering a culture of inclusion, openness, and compassion.
- Focus clearly on retention and staff development.
- Implement flexible working models aligned with service delivery.
- Integrate and enable digital solutions to reduce administrative burden.
- Promote collaborative working across the region.

Nursing workforce will be employed by CTMUHB. The Medical workforce has been calculated in both sessions and hours for Consultant Anaesthetists and Consultant Surgeons.

A detailed options plan has been drafted to scope the therapy requirement for LHP, that will be a CTMUHB resourced service key principles include:

- Integral to the LHP ward team.
- A physiotherapy led solution.
- Extended hours to facilitate prompt discharge.
- Role utilisation particularly in the band 4.

Additional service to support the operational delivery of LHP will be provided via a Hub and Spoke model (operational plans are in train through monthly workstream meetings) out of the Royal Glamorgan.

- Pharmacy
- Pathology
- HSDU
- Estates and Facilities.

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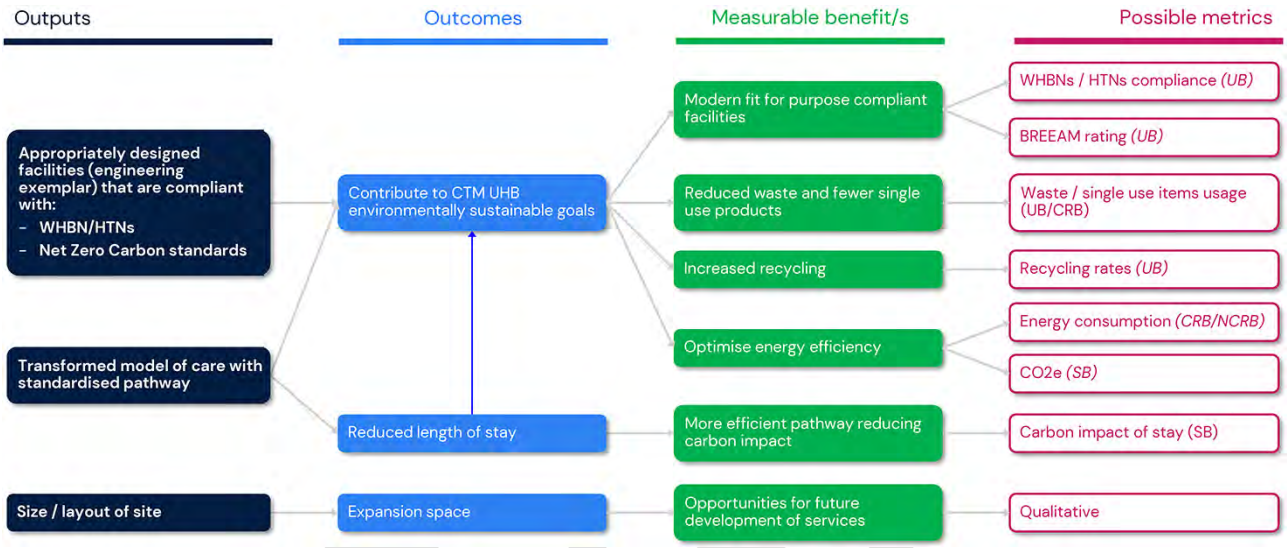
5.2.5 Providing a sustainable estate

The delivery of appropriately designed compliant facilities provides opportunities to contribute to CTM UHB's environmentally sustainable goals and national strategies around decarbonisation, by ensuring they are compliant with WHBNs and HTNs, achieve BREEAM rating of Excellent and optimise energy efficiency. The transformed model of care with its standardised pathway is likely to make it easier to implement and maintain sustainability programmes that CTM UHB has instituted in other areas, such as reducing waste and single use products. The site also provides a level of future proofing by providing expansion space that offers opportunities for other future developments.

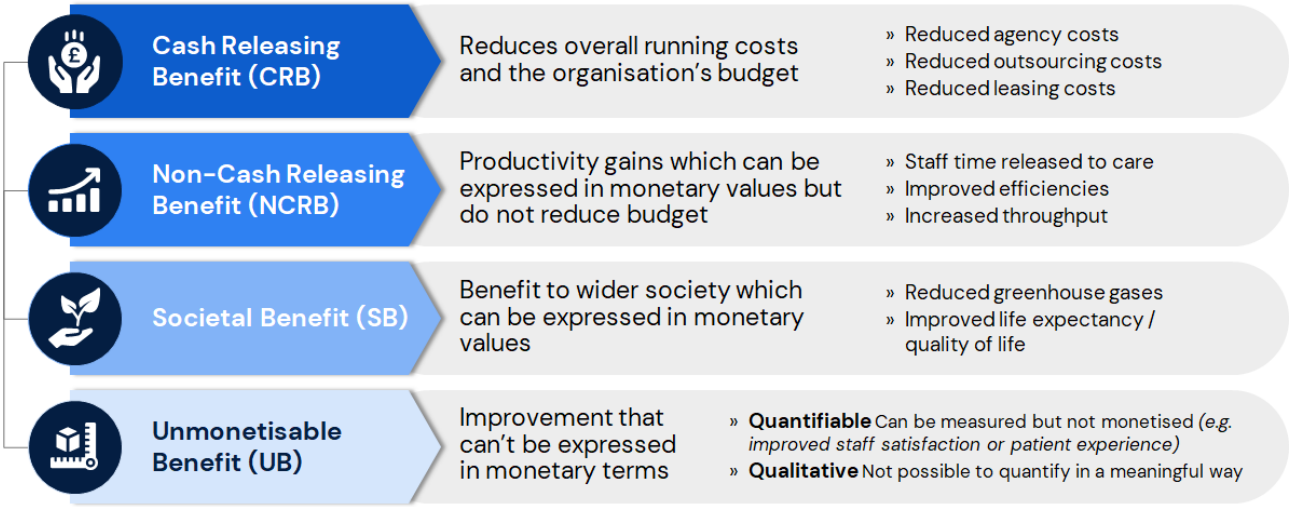
*Figure 10 – Benefits **mapping: sustainable estate***



5.3 Main benefits

The investment logic outlined in section 5.2 resulted in the identification of the main benefits for each of the categories outlined in the figure below.

Figure 11 – Benefits categories



The main benefits are summarised in the table below.

Table 11 - Main benefits

Theme	Benefit	Beneficiary	Type	Possible Metrics
Creation of surgical hub	Reduced waiting times across arthroplasty	Patients	Quantifiable	Waiting times
	Reduced length of stay/improved patient recovery time	Patients/ Health Board	Non-cash releasing/ Societal	Average length of stay
	Improved patient outcomes from reduced arthroplasty wait times	Patients	Societal	QALYs
	Reduced reliance on external surgical capacity	Health Board	Cash Releasing	Expenditure on outsourcing, insourcing, waiting list initiatives
Model of Care Transformation	Increased throughput and better use of resources	Health Board	Quantifiable	Average cost per procedure compared to benchmarks
	More efficient procurement	Organisational	Cash Releasing	Reduced non-pay costs/reduced procurement costs
	Improved performance and cost reporting	Health Board	Qualitative	N/A
	Greater alignment with GIRFT principles	Health Board	Quantifiable	GIRFT principles
	Provides opportunities for the future reconfiguration of services of CTM UHB	Health Boards	Qualitative	N/A
	Supports the future of other regional initiatives	Region	Qualitative	N/A
Improved Patient Experience	Improved patient experience	Patient	Quantifiable	Patient satisfaction scores
	Reduced cancellations and DNAs	Patients/Health Board	Non-cash releasing	Cancellations/ DNAs rate
	Reduced health inequalities	Patient/Society	Qualitative	N/A
Delivering a Sustainable Workforce	Improved training pathway and increased training opportunities	Staff / Health Boards	Quantifiable	Number of training places
	Increased staff satisfaction	Staff	Quantifiable	Staff survey scores
	Improved recruitment and retention	Health Board	Quantifiable	Vacancy rates Staff turnover
	Reduced reliance on temporary staffing	Health Board	Cash Releasing	Locum, Agency and Bank expenditure
	Workforce efficiencies	Health Board	Non-cash releasing	Rota efficiencies
	Opportunities to share best workforce practices across the region	Region	Qualitative	N/A
Providing a Sustainable Estate	Modern fit for purpose compliant facility	Health Board	Quantifiable	WHBN/HTMS BREEAM rating Enhanced facilities
	Reduced waste and single use products	Health Board/Society	Quantifiable	Waste and single use products usage
	Improved recycling	Health Board/Society	Quantifiable	Recycling rates
	Contribute to decarbonisation targets with energy efficiency	Health Board / Society	Societal	Energy consumption CO2e

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Theme	Benefit	Beneficiary	Type	Possible Metrics
	Contribute to decarbonisation targets with more efficient pathway	Health Board / Society	Societal	CO2e reductions
	Provides opportunity for future expansion	Health Boards	Qualitative	NA

The quantification of these benefits is explored within section 7.6 of the Economic Case and realisation plans outlined in section 10.6 of the Management Case.

5.4 Main risks

Risk is the possibility of a negative event occurring that adversely impacts on the success of the delivery of the project and its benefits. Identifying, mitigating and managing the key risks is crucial to successful delivery, since the key risks are likely to be that the project will not deliver its intended outcomes and benefits within the anticipated timescales and spend.

The full quantified capital programme risk register can be found in Appendix 6 and informs the planning contingency. An operational / revenue risk register is also developed to cover those risks that do not have capital implications.

The currently identified top programme and infrastructure risks are as set out in the table below:

Table 12 - Top risks

Risk Description	Consequence	Likelihood	Risk
Approval of SAB resubmission required to support the building phasing	4	3	12
Regional healthcare stakeholder engagement	4	3	12
Unable to progress RDS/Clinical reviews at the pace required due to lack of clinician availability	4	3	12
Regional engagement to facilitate development of clinically led model	5	2	10
Welsh Government approval of OBC	5	2	10

5.5 Constraints

Constraints relate to the parameters that the project is working within and any restrictions or factors that might impact on the delivery of a project. These typically include limits on resources and compliance issues.

The project is subject to the following constraints:

- Facilities must be fit for purpose and have future flexibility/adaptability
- Implementation must not negatively impact continuation of current service provision
- Technical feasibility of the proposed solution
- Digital solution needs to be able to support patient record transfer from base HB to LHP
- The project must be delivered within agreed capital funding
- Workforce will need to be secured to deliver the additional capacity which will involve working with HEIW and education providers alongside development of recruitment strategies which will be more fully explored at FBC

.Revenue funding will need to be secured to deliver the increased capacity

The project must support regional integration and collaboration and be supported by all three Health Boards.

5.6 Dependencies

Dependencies include things that must be in place to enable the project or project phases and typically include links to other projects and funding requirements that are likely to be managed elsewhere. The project is subject to the following dependencies that will be carefully monitored and managed throughout the lifespan of the scheme:

Availability of Welsh Government funding

Approval from Welsh Government, IIB and other health boards

Continued support for proposed service model

Development of a full workforce model.

Digital developments including changes to e-referral forms and information flows for reporting to ensure the proposed pathways for regional services are appropriately connected to health board systems. These interdependencies are identified and worked through by digital experts supporting the specification development and where changes are required to systems, these are highlighted to the Directors of Digital Services through the regional portfolio governance structure and support mechanisms.

Workforce availability and planning - Recruitment and retention of skilled staff

Transport and logistics - As this is a hub and spoke model reliant on RGH as the hub and the model will involve inter-site support (e.g., centralised decontamination pharmacy facilities, estates), robust transport logistics must be in place.

Pathway coordination: Efficient patient movement through pre-op, intra-op, and post-op phases- ensuring standardisation of approach form all 3 health boards requiring system wider co ordination

Clinical governance and accreditation - Cross-site working introduces complexity in maintaining consistent clinical governance, audit trails, and compliance with other regulatory standards.

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Economic Case

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6 Options identification and appraisal

The purpose of the Options Analysis is to identify and appraise the options for the delivery of project and to recommend the option that is most likely to offer best value for money.

However, in this instance this section will not undertake a traditional options appraisal using the business case framework, which is an approach that has been agreed with colleagues in the Capital and Estates team in Welsh Government (WG).

The reasons for this centre on the fact that on purchase of the site a case for purchase was prepared and resulted in approval of capital funds to enable the same. The funding was made on the condition that CTM collaborated with other NHS organisations to develop the site as part of a regional approach to the delivery of services. Therefore, consideration of alternative site options is not relevant.

The services included at this business case stage are the same as those included in the original case for the purchase of the site, with some small changes to the numbers of the same, in line with demand and capacity modelling provided in Section 3 of this case. In addition, after purchase, regional partners were asked to nominate desired alternative or additional services to be included at LHP; no changes or additions to the scope of services were requested or proposed at this time.

As a result, this section will not consider alternative options for service change with the scope and scale having been proven in the sections above. In addition, following WG approvals, design work has already progressed beyond the traditional stage for an OBC, with WG approval to proceed to RIBA 3 given in December 2024. It should be noted that the current design leaves most of the site's *plateau area* un-developed which could support a further phase of expansion.

During RIBA 2 it became apparent that there were some significant limitations to the existing site buildings. This prompted a detailed infrastructure options appraisal at that stage of the process which was fully documented in the strategic overview document submitted to WG in September 2024 and discussed at the IIB in November. The preferred option was to demolish the on-site buildings and build new facilities in line with *modern methods of construction* to deliver in the shortest programme possible.

The RIBA 2 design work was subject to scrutiny by Shared Services Specialist Estates and considered only the **preferred new build infrastructure option**. Scrutiny on the RIBA 2 phase closed on 18 December and approval to proceed to RIBA 3 was given on that date.

In addition to above funding, WG approval was granted to proceed with the demolition of the existing buildings on 31 January 2025, with planning licence approval granted on 2 April 2025. These works have commenced under a separate contract to the main design works and are programmed to complete by 21 August 2025. As a result, there is no scope to further consider infrastructure and build options.

Finally, a main contractor for completion of the design phase was appointed on 28 March 2025. This appointment was made after a lengthy tender process utilising the Crown Commercial Services Framework under 2 lots to encourage bidders from both pure modular and other off site construction backgrounds to develop the more beneficial construction solution for LHP.

The tender process demonstrated a modular form of MMC was preferred and WG approval to enter into the design contract was received on 14 March 2025. As a result, the build methodology has also been fully determined. Therefore, the economic appraisal in following sections will focus on the preferred option against a business-as-usual comparator only.

7 Economic Appraisal

7.1 Introduction

The purpose of the economic appraisal is to evaluate the costs, benefits and risks of the shortlisted options to identify the option that is most likely to offer best public value for money. In line with current Welsh Government Better Business Case and HM Treasury Green Book project business case guidance, this involves:

- Estimating the capital and revenue costs for each option.
- Undertaking an assessment of benefits and risks for each option, wherever possible quantifying these in monetary-equivalent values.
- Using the DHSC's Comprehensive Investment Appraisal (CIA) Model to prepare discounted cash flows and estimate the Net Present Social Value (NPSV) and Benefit Cost Ratio (BCR) for each option.
- Presenting the results, including sensitivity analysis, to determine the preferred option.

For the purposes of this case, only the preferred way forward is considered against the counterfactual Business as Usual position. As outlined in section 6 and as agreed as part of the Strategic Overview there are no other viable options available for consideration.

7.2 Summary of Phase 2 Preferred Way Forward

Element	Option 1 – PWF
Summary	Provide a high-volume, low-complexity orthopaedic inpatient unit, providing capacity for up to six theatres to deliver arthroplasty (knees and hips) surgery for patients meeting the criteria for treatment without critical care support. An inpatient unit adjacent to the theatres will accommodate patients requiring an overnight stay.
Initial Capital Cost	£123.6m
No. of Theatres	A total of 6 theatres: 3-4 Theatres for CTMUHB 0.5 Theatres for CAVUHB 1.5 Theatres ABUHB
Activity provided	Capacity to provide 5,760 arthroplasty surgeries at LHP: CTMUHB = 3,840 surgeries CAVUHB = 960 surgeries ABUHB = 960 surgeries

7.3 Capital costs

Capital costs for Phase 2 of the LHP have been estimated for the shortlisted options by the Health Board's Cost Advisors, prepared by the CTMUHB's Cost Advisors, Mott Macdonald using the following assumptions:

- Agreed Schedules of Accommodation and RIBA3b design. Agreed scope of Phase 2 to cover the build of the Orthopaedic Surgical Hub plus supporting ward accommodation

Proposed that construction will begin in 2026-27 and proposed completion date as the end of September 2028, with 3 months commissioning before going live date of January 2029.

Works costs calculated using benchmarked rates suitable for South Wales (including Healthcare Premises Cost Guide) @ BCIS TPI updated 11/11/2025.

Allowances for fees, equipment costs, planning contingency have been applied as appropriate.

No allowance for optimism bias has been applied given the degree of certainty at this stage in terms of maturity of design, knowledge of the site, and publicly declared political support for the development. It is therefore superseded by the Costed Risk Register figure.

The resulting capital costs estimates are summarised in the table below and a copy of the detailed capital cost forms is provided in Appendix 7.

Table 13 – Capital Costs

Element	Option 0 - BAU £'000	Option 1 – PWF £'000
Works Costs	-	70,924
Fees	-	8,357
Non-Works Costs	-	185
Equipment Costs	-	9,805
Quantified Risk Contingency	-	9,800
Subtotal	**-**	**99,071**
Inflation Adjustment		5,104
VAT	-	19,454
Total capital costs (as per capital cost forms)	**-**	**123,630**
Exclude sunk costs	-	0
Inflation adjustment to rebase to base year	-	-5,104
Exclude VAT	-	-19,454
Total capital costs (for Economic Case)	**-**	**99,071**

It should be noted that, in accordance with HM Treasury Green Book guidance, these costs have been adjusted for the purposes of the economic appraisal as follows:

Exclude sunk costs.

Exclude VAT.

Are restated at base year prices.

7.4 Lifecycle capital costs

Ongoing investment requirements reflect the whole life costs of replacing, refurbishing or upgrading of assets over the lifetime of the appraisal period.

Building lifecycle costs across the appraisal period have been estimated for Option 1 based on a similar profile Phase 1's lifecycle costs. Please note that it will be investigated at FBC whether there are any synergies between the lifecycle costs in Phase 1 and Phase 2 and as such whether Phase 2's lifecycle costs could be reduced. As well as this, more detailed calculations will be provided as part of the FBC based on predicted schedule of major lifecycle repairs and replacement works over the estimated life of the new facilities, including the refurbishment of systems such as heating, replacement due to obsolescence or performance issues, provision for unscheduled renewal works, and redecoration.

It is also expected that equipment will be replaced every seven years in Option 1 (PWF) in line with the assumed useful life of the equipment. Please note that BAU equipment replacement costs have been estimated as 25% of Option 1's in line with the proportion of theatres in BAU that are being substituted in the PWF and similarly are replaced every seven years.

A breakdown of the current estimation of lifecycle costs across the whole appraisal period is provided in the table below:

Table 14 - Lifecycle costs

Lifecycle Costs, £'000	Option 0 - BAU £'000	Option 1 – PWF £'000
Building lifecycle Costs	0	126,263
Equipment replacement costs	19,610	78,442
Total lifecycle costs - Full appraisal period	**19,610**	**204,704**

7.5 Recurring revenue costs

The recurrent revenue costs as a result of the creation of the high-volume, low-complexity Orthopaedics Inpatient Unit in the preferred way forward has been estimated using the following assumptions:

- Pay costs associated with the 220.33 WTE required to operate the unit including medical, nursing, clinical, admin and ancillary staffing.
- Non-pay costs including supplies and services for Theatres, Ward and supporting areas.
- Building running costs

The BAU option includes costs for existing services which will be substituted within the PWF. This includes:

- Ward costs £2.5m
- Theatre costs £1.3m
- Medical staff costs £1.7m
- Non-pay costs £1.7m

The annual impact on each option is summarised in the table below, with a larger summary provided in Appendix 9– CIA Model and full workings provided in Appendix 8 – LHP OBC Phase 2 Revenue Model. It is assumed that costs will be incurred on a pro-rata basis from the start of January 2029, following planned completion of the facilities in September 2028 and a commissioning period from October – December 2028.

Table 15 – Annual revenue costs

Element	Option 0 – BAU £'000	Option 1 – PWF £'000
Pay Costs	5,598	15,035
Non Pay Costs	1,700	18,770
Building running costs	0	2,976
Total HVLC Orthopaedic Inpatient unit costs	**7,298**	**36,781**
Incremental impact on annual revenue costs	**0**	**29,483**

It should be noted that, in accordance with HM Treasury Green Book guidance, these costs exclude capital charges such as depreciation and therefore differ from the total figures in the Economic Case.

7.6 Benefits analysis

7.6.1 Benefits analysis approach

As outlined in sections 5.2-5.3 of the Strategic Case, a systematic approach has been undertaken to develop the benefits analysis, which involved establishing the benefits case and identifying measurable benefits, and metrics.

Figure 12 – Benefits approach

As part of the Economic Case, these benefits must be quantified to enable a robust value for money analysis to be undertaken, using the following categories.

Figure 13 – Benefits categories

An initial quantified benefits analysis has therefore been prepared based on the baseline and benchmarking data that is available at this stage. Every effort has been made to quantify the benefits for the OBC and, where possible, they have been stated in monetary equivalent values. Further work will continue into the FBC stage to validate assumptions, collate missing data and identify key baselines, as well as exploring benefits which have not yet been quantified.

7.6.2 Benefits assumptions

An overview of the main benefits that it is anticipated will be delivered as a result of the LHP, along with the key assumptions used to quantify them, is provided in the table overleaf. Detailed calculations are available in Appendix 5.

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Table 16 - Overview of Phase 2 (Orthopaedic) LHP benefits

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
Creation of surgical hub						
Reduced arthroplasty waiting times as a result of additional capacity provided by the surgical hub	Arthroplasty Referral to treatment times (RTT)	Average of 53 weeks (Based on average waiting times across the 3 UHBs from January 2024).	Preliminary target will be to achieve 36 weeks and then reduce to 26 weeks. (In line with NHS Wales Waiting time objectives that all patients whose care is too complex to be undertaken within 26 weeks or those who choose to wait longer receive their definitive treatment within maximum of 36 weeks)	Not monetisable	NHS Wales waiting time objectives taken from: Waiting times	UB1
Reduced length of stay: Delivery of a high volume, low acuity model of care allows standardisation of the pathway with more surgical procedures delivered as day cases	Average length of stay (ALOS) for arthroplasty	4.93 days (From September 2025 data for CTMUHB)	1.4 days (3.53 day improvement) (In line with perfect month ALOS that was achieved at CTMUHB)	£0.7m p.a. after confidence rating applied	The target average length of stay for Arthroplasty is based on the ALOS that was achieved at CTMUHB during a perfect month. It is expected that this would be achievable at LHP due to it providing elective high-volume, low complexity arthroplasty procedures in a Orthopaedic protected surgical unit. The methodology for calculating monetary value of this benefit is: Apply 3.53 reduction in ALOS to 5,760 projected arthroplasty procedures p.a. equates to 20,321 fewer bed days p.a. At a variable cost per bed day of £73, this equates to £1.5m p.a. (note only the variable cost per bed day has been applied instead of the full cost per bed day). A 50% confidence rating has then been applied, noting that there is evidence from multiple sources suggesting this level of improvement is achievable. Further evidence to support this benefit includes: The principles underlying the service to be provided at LHP have begun being implemented at the Princess of Wales Hospital, and this has seen ALOS for Arthroplasty reduce to 2.08 on a sustained	NCRB1

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
					basis. This shows that even at Princess of Wales Hospital which would likely have to deal with more complex procedures a low ALOS is achievable, as such it is expected that LHP would be able to achieve an even further improved ALOS. The LOS at Essex and Suffolk Orthopaedic Elective Surgical Hub for total knee replacement was 1.9 days, suggesting 1.4 days is a reasonable target (especially after factoring in confidence rating). At an Orthopaedic protected elective surgical unit (PESU), a single surgeon's hip replacements length of stay reduced by 38% compared to a pre-pandemic ward (4.8-day ALOS to 3.0 days). This is from a study[1] of 2022.	
Improved patient recovery time: Reduced length of stay allows patient to return home earlier and resume daily activities	Average length of stay (ALOS) for arthroplasty	N/A	Patients are discharged 3.53 days earlier on average (Based on achievement of ALOS outlined in outlined in NCRB1)	£0.8m p.a. after confidence rating applied	Methodology for calculating monetary value: Assume of the 20,321 reduction in bed days, 75% of these apply to patients in current employment Applying cost per day £109.25 per day (Source: Cost of an employed person sourced from Hidden costs of employee medical appointments and work (benenden.co.uk)) = £1.67m of societal benefit A 50% confidence rating has then been applied in line with NCRB1.	SB1

[1] 2022: Joseph, V, Boktor, J. GE, Roy, K. and Lewis, PM. (2022) '*Dedicated orthopaedic elective unit: our experience from a district general hospital*', Irish Journal of Medical Science (1971 -), https://doi.org/10.1007/s11845-022-03174-9

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
Improved patient outcomes: Earlier surgical interventions and reduced length of stay, reducing complications and improving recovery, reduce pain leading to an overall improvement on patients' quality of life	QALYs (Based on reduced waiting times)	N/A	1,708 QALYs p.a. (Based on 11,556 patients undergoing arthroplasty surgery 17 weeks earlier on average achievement of preliminary RTT targets outlined in UB4)	£35.9m p.a. after confidence rating applied	Value of a quality adjusted life year for a person with Movement disorder (proxy for someone requiring Arthroplasty) is 0.548 as per WHO's QALY health state ratings[2] - Improvement in QALY from surgical procedure = 1-0.548 = 0.452 Assumed preliminary improvement in wait times is 17 weeks (or 0.33 of a year) – so they receive the improvement in QALYs earlier. Apply reduced wait times to improvement in QALY across the 11,556 patients currently waiting for Arthroplasty Apply QALY value of £70,000 as per HM Treasury Green Book (uplifted to base year prices) A prudent 25% confidence rating is applied, noting there are significant assumptions used in the calculation (e.g. the current run rate of average wait times would continue without LHP and that the patient seeing full improvement in QALY, where there may be other factors that influence this.)	SB2
Reduced reliance on external surgical capacity: Reduced outsourcing, insourcing and waiting list initiatives as a result of additional capacity provided by the surgical hub	Expenditure on surgical outsourcing, insourcing and waiting list initiatives	N/A	N/A	Included in BAU costs	Included in the transfer of costs associated with substitution of services at CTM UHB.	N/A
Model of care transformation						
Increased throughput and better use of resources: High volume, low acuity model with a standardised pathway will optimise throughput allowing for better use of resources	Average cost per Arthroplasty procedure compared to benchmarks	N/A	£6,907 per arthroplasty procedure (vs NHS England £7,910)	N/A Inherent within revenue model	NHS England arthroplasty tariff based on 2025-26 prices with a 5% MFF for the following codes: Very Major Hip Procedures for Non-Trauma with CC Score 2-3 Very Major Knee Procedures for Non-Trauma with CC Score 2-3	UB2
More efficient procurement: Increased standardisation of the pathway will provide opportunities for more	Consumables and supplies expenditure	To be confirmed at FBC	To be confirmed at FBC	To be confirmed at FBC	FBC Actions – establish the level of opportunities there are to standardise procurement. To give an indication however, it is estimated that there could be potentially a 10% improvement on	CRB1

[2] see: WHO Health Systems Performance Assessment, Debates, Methods and Empiricism, 2003, table 32.9 https://iris.who.int/handle/10665/42735

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
standardised products and consolidation of stores					purchase prices from buying in bulk and standardisation. Based on estimated non-pay costs for Phase 2 of the LHP, would equate to a £1.9m reduction in costs per year. This level of savings does seem reasonable based on other evidence such as the Suffolk and Northeast Essex wide implant rationalisation project (clinically led) for Foot and Ankle, Hip, Knee, Shoulder and Sports Medicine which saw savings on contracts of £2m - £4m year.	
Learnings and good practices identified from CRB1 can be passed on to other acute sites across the region, leading to better procurement practices throughout the region.	Qualitative	N/A	N/A	N/A	Not possible to quantify in a meaningful way	UB3
Improved performance and cost reporting: A dedicated surgical unit with standardised pathway will provide opportunities to increase transparency, reporting and understanding of performance and costing metrics	Qualitative	N/A	N/A	N/A	Not possible to quantify in a meaningful way	UB4
Greater alignment with GIRFT principles	GIRFT principles	N/A	Alignment with GIRFT principles	Not monetisable	N/A	UB5
Provides opportunities for the future reconfiguration of services of CTM UHB The move of existing surgical and diagnostics activity to LHP will release capacity at CTM UHB which provides opportunities to consolidate or reconfigure services with the potential for future rationalisation of the estate	Qualitative	N/A	N/A	N/A	Not possible to quantify in a meaningful way at this stage, please note that this just applies to CTMUHB, as CTMUHB is the only one that is transferring existing capacity.	UB6

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
Supports the future of other regional initiatives Delivery of a successful regional model provides an evidence-base and acts as a potential exemplar, providing a catalyst for standardising other suitable pathways or centralising other suitable services in the future	Qualitative	N/A	N/A	Not monetisable	Not possible to quantify in a meaningful way at this stage	UB7
Providing regional sustainability and capacity to allow contingency at other sites.	Increase in the no. of Arthroplasty procedures provided	1,320	5,600	Not monetisable	As a result of the increased capacity at LHP it will provide regional sustainability and contingency at other acute sites.	UB8
Positive reputational impact to UHBs from patients and Welsh Government from positive outcomes of the initiative	Qualitative	N/A	N/A	Not Monetisable	It is assumed that the investment and service will be delivered in a productive and beneficial manner which will provide positive outcomes for patients, staff and the organisations. This will lead to a positive reputational impact from both patients and Welsh Government.	UB9
LHP will be a catalyst for change, improvement and employing best practice and collaboration across the region.	Qualitative	N/A	N/A	Not Monetisable	Not possible to quantify in a meaningful way at this stage	UB10
Reduced Healthcare Acquired Infections: Enhanced-recovery arthroplasty pathways with discharge on day 0–1 substantially reduce patients' exposure to hospital pathogens, minimise SSI and HAI rates, and lower cost of care.	Infection Incidence	2%	1%	£130k	Enhanced-recovery arthroplasty pathways with discharge on day 0–1 substantially reduce patients' exposure to hospital pathogens, minimise SSI and HAI rates, and lower cost of care. Adopting a short-stay model at Llantrisant Health Park is therefore expected decrease combined infection incidence from ~2% to ~1%. The methodology for calculating monetary value of this benefit is: No. of procedures at LHP per year is 5,760 A reduction from 2% to 1% of infection incidence applied to no. of procedures = 57.6 fewer infections	NCRB2

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
					Assumed that each infection costs £3,000 in direct health care costs. Monetisable value before confidence rating = £0.2m Apply 75% confidence rating. At FBC stage a more robust value, including the value for the societal benefit of reduced HAI's will be investigated.	
Improving patient experience						
Improved patient experience as a result of reduced waiting times, ease of access, quality of care and reduced length of stay	Patient satisfaction scores	N/A (not possible to isolate existing patient scores from wider UHB)	95% (Based on current targets)	Not monetisable	N/A	UB11
Reduced cancellations and DNAs Centralised elective centre with co-location of equipment and clinical rooms making it a "one-stop" clinic provides predictability of care and reduces risk of delays and cancellations caused by winter pressures and other unplanned events.	Cancellations/ DNAs rate	To be confirmed at FBC	12.5% (In line with the PESU)	Potentially monetisable – to be explored at FBC	Orthopaedic protected elective surgical unit (PESU) cancellation rate: Only 12.5% of procedures were cancelled (24 out of 192). Compared to 52% in the Pre-pandemic ward. Based on a 2022 study[3]	UB12
Reduced health inequalities Reduction in waiting times and ease of access supports equality of access	Qualitative	N/A	N/A		Not possible to quantify in a meaningful way at this stage	UB13
Delivering a sustainable workforce						
Improved training pathway and increased training opportunities: The new Skills Academy in partnership with HEIW and additional theatres at LHP will provide capacity to	Number of training places	Orthopaedic Trainees: 6 Anaesthetic WTE Stage 1: 20	Potential Orthopaedic Trainees: 12 Potential Anaesthetic WTE Stage 1: 40	Not monetisable	**Delivery of these additional training places are dependent on:** Additional funding over and above what is outlined in section 7.5 recurring revenue costs.	UB14

[3] Joseph, V, Boktor, JGE, Roy, K and Lewis, PM (2022) 'Dedicated orthopaedic elective unit: our experience from a district general hospital', Irish Journal of Medical Science (1971 -), https://doi.org/10.1007/s11845-022-03174-9

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
increase the number of training places		Anaesthetic WTE Stage 2: 13	Potential Anaesthetic WTE Stage 2: 26		Close engagement with HEIW and the Welsh School of Anaesthesia to formalise these training pathways. Calculation based on: Baseline no. of trainees at CTM are provided in an assumed 1.5 theatres. LHP will provide 6 theatres, of which 3-4 are utilised by CTM, and the other theatres utilised to accommodate regional demand. The target is set on the additionality of the theatres that CTM utilises (assumed as 3 theatres), though this assumption will be revisited at FBC stage. This represents an 100% increase in capacity to provide training places, which has been applied to the baseline no. of trainees.	
Increased staff satisfaction since LHP will create a modern attractive place to work which provides increased training and career development opportunities as a Centre for Excellence and including the new Training Academy/Centre for training in partnership with HEIW. A more standardised pathway is likely to reduce stress.	Staff survey scores	To be confirmed at FBC	To be confirmed at FBC	Not monetisable	To be confirmed at FBC	UB15
Improved recruitment and retention since LHP will create a modern attractive place to work which provides increased training and career development opportunities as a Centre for Excellence and including the new Training Academy/Centre for training in partnership with HEIW	Vacancy Rates Staff Turnover	To be confirmed at FBC	To be confirmed at FBC	Not monetisable	To be confirmed at FBC	UB16
Reduced reliance on temporary staffing: Improved recruitment and retention will	Locum, agency and bank expenditure	To be confirmed at FBC	To be confirmed at FBC	To be confirmed at FBC	To be confirmed at FBC	CRB2

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
reduce usage of locum, bank and agency staff						
Reduced sickness absence	Sickness absence	To be confirmed at FBC	To be confirmed at FBC	To be confirmed at FBC	To be confirmed at FBC	CRB3
More efficient ways of working: Consolidated service model leading to optimised workforce planning and a team that can operate in a more agile way is expected to result in productivity improvements and rota efficiencies.	Rota efficiencies	Captured in Revenue Model	Captured in Revenue Model	Captured in Revenue Model	Captured as part of the Revenue Model workforce figure.	For noting
Opportunities to share best workforce practices across the region	Qualitative	N/A	N/A		Not possible to quantify in a meaningful way at this stage	UB17
Providing a sustainable estate						
Modern fit for purpose compliant facility that aligns with current guidance and provides more robust, resilient and sustainable facilities	WHBNs HTNs	N/A	Complies with relevant WHBNs and HTNs	Not monetisable	N/A	UB18
	BREEAM rating	N/A	BREEAM rated as excellent	Not monetisable	N/A	UB19
	Enhanced facilities	N/A	Enhanced facilities enhanced provisions (i.e. 2 oxygen tanks, N+N generator etc.)	Not monetisable	N/A	UB20
Community Benefits (Social Value provided by the contractor))	Number of local direct full time equivalent (FTE) employees hired or retained.	N/A	10 FTE	Not monetisable	Target as per Social Value information provided as part of the Tender documents by MTX. – Note this is the same as Phase 1's value.	UB21 (a)
	Number of weeks of apprenticeships provided to local staff.	N/A	250 weeks	Not monetisable	Target as per Social Value information provided as part of the Tender documents by MTX. – Note this is the same as Phase 1's value.	UB21 (b)

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
	Equipment or resources donated to local third sector and civil society organisations	N/A	£25,000 donated	Potentially monetisable	Target as per Social Value information provided as part of the Tender documents by MTX. – Note this is the same as Phase 1's value.	UB21 (c)
	Directly funded number of hours volunteering time provided to support local community projects.	N/A	250 Hours of volunteering time	Not monetisable	Target as per Social Value information provided as part of the Tender documents by MTX. – Note this is the same as Phase 1's value.	UB21 (d)
	Direct support and investment provided for people to learn and use Welsh (e.g. interactions and signage).	N/A	£25,000	Potentially monetisable	Target as per Social Value information provided as part of the Tender documents by MTX. – Note this is the same as Phase 1's value. Allocate £25,000 to support the Welsh language on a construction project by offering free Welsh lessons for workers, tailored to industry vocabulary (£12k). Introduce bilingual site signage, safety instructions, and manuals (£7k). Host community engagement events, such as guided tours and Welsh-themed workshops, in partnership with local schools or organizations (£5k). Celebrate Welsh culture onsite with events and competitions like St. David's Day (£1.5k). Leave a legacy with bilingual plaques or contributions to local Welsh programs (£1.5k). Partner with Mentrau Iaith or Learn Welsh Cymru for effective delivery and long-term impact, promoting Welsh language use onsite and beyond.	UB21 (e)
	Total amount (£) spent in the local supply chain.	N/A	£20,000,000 spent locally	Not Monetisable	Target as per Social Value information provided as part of the Tender documents by MTX. – Note this is the same as Phase 1's value. Potential social value generated by value spent locally = £20,000,000*1.76 (Local Multiplier) = £35,200,000. Note will not be included as a monetisable value in the CIA Model.	UB21 (f)

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
Reduced waste and single use products: Contribute to CTM UHB environmentally sustainable goals by reducing waste and single use products	Qualitative	N/A	N/A	Not monetisable	Not possible to quantify in a meaningful way at this stage, but it is expected as a result of the standardisation of the site, more site wide reducing waste and single use product initiatives can be instituted and monitored.	UB22
Improved recycling: Contribute to CTM UHB environmentally sustainable goals by improved recycling and finding alternative ways of disposing of waste	Qualitative	N/A	N/A	Not monetisable	Not possible to quantify in a meaningful way at this stage, but it is expected as a result of the standardisation of the site, more site wide recycling initiatives can be instituted and monitored.	UB23
Contribute to decarbonisation targets with energy efficiency: Providing an energy efficient building which optimises energy consumption and associated CO2e	Qualitative	N/A	N/A	Not monetisable	The new building at LHP will be developed to comply with the net carbon zero strategy and principles. Gas will also not be used on site.	UB24
Contribute to decarbonisation targets with more efficient pathway: Reduced CO2e associated with reduced patient length of stay	Carbon impact of stay (Based on reduced length of stay)	N/A	Reduction of 770 tonnes of CO2e p.a. (Based on 20,321 fewer bed days p.a. based on ALOS reduction targets outlined in NCRB1)	£227k (average) after confidence rating applied	The average carbon impact of a stay on a low intensity ward is 37.9 kg CO2e i per bed day [Source: NHS England » Building on what we already do] Applying to 20,321 reduction in bed days = 770 tonnes p.a. At an average of £588.26 per tonne of CO2e [Source: DfT TAG Data book (Table A 3.4.1: Carbon Appraisal Values, £ per Tonne of CO2e] this equates to an average economic value of £453k p.a. A 50% confidence rating has then been applied in line with NCRB1.	SB3
Preservation of biodiversity and wetland area due to choice and design of site.	Qualitative	N/A	N/A	Not monetisable	As a result of the choice of site for the development and that is recycling a previously developed industrial site instead of a greenfield site, there is preservation of biodiversity in the region. The choice of design and ensuring it stays within the already developed portions of the site, the wetland area is preserved and protected from all development in line with Local Council's recommendations.	UB25
Enables and provides meaningful and adequate	Qualitative	N/A	N/A	Not monetisable	Not possible to quantify in a meaningful way at this stage	UB26

Benefit	Measure	Baseline	Target Improvement	Value	Assumptions	Ref
spaces for future phases of work that are planned						
Provides opportunity for future expansion: As a result of the choice of site and design, it allows for expansion to capacity in current services as well as development of future services	Qualitative	N/A	N/A	Not monetisable	Existing design allows for future increase in capacity (i.e. has design has factored in space for further equipment and rooms to accommodate providing additional capacity in the future)	UB27

7.6.3 Monetisable benefits analysis

While work continues to validate assumptions and explore benefits that it has not yet been possible to quantify, initial analysis has identified circa £37.6m of monetisable benefits p.a. as summarised in the table below.

Table 17 – Monetisable benefits values after confidence rating (when benefits are fully realised)

Element	Option 0 – BAU £'000	Option 1 – PWF £'000
Cash releasing benefits	0	0
Non-cash releasing benefits	0	872
Societal benefits	0	36,711
Total annual recurring benefits values	**0**	**37,583**

These figures can be considered risk-adjusted since, as outlined in the summary table above, relatively prudent confidence ratings have been applied to the majority of them to reflect the degree of uncertainty at this stage in the process. Further work will be undertaken at FBC to firm up these assumptions and reduce the level of uncertainty.

7.6.4 Unmonetisable benefits analysis

In addition to the monetisable benefits there are several benefits which it is not possible to monetise at this stage, either because they cannot be meaningful quantified or because they cannot be stated in monetary terms. A summary is provided in the table below.

Table 18 – Unmonetisable benefits analysis

Ref		Option 0 - BAU	Option 1 - PWF
UB1	Reduced arthroplasty waiting times	-	Patient waiting time for arthroplasty will preliminarily reduce to 36 weeks and then further to 26 weeks.
UB2	Increased throughput and better use of resources	-	Average cost per arthroplasty procedure is £6,907 compared to £7,910 NHS England Tarriff rate
UB3	Learnings and good practices identified in procurement can be passed on to other acute sites across the region, leading to better procurement practices throughout the region.		Qualitative
UB4	Improved performance and cost reporting	-	Qualitative
UB5	Greater alignment with GIRFT principles	-	Alignment with GIRFT principles
UB6	Provides opportunities for the future reconfiguration of services of CTM UHB	-	Qualitative
UB7	Supports the future of other regional initiatives	-	Qualitative
UB8	Providing regional sustainability and capacity to allow contingency at other sites.	-	5,600 arthroplasty procedures provided at LHP.
UB9	Positive reputational impact to UHBs from patients and Welsh Government from positive outcomes of the initiative	-	Qualitative

Ref		Option 0 - BAU	Option 1 - PWF
UB10	LHP will be a catalyst for change, improvement and employing best practice and collaboration across the region.	-	Qualitative
UB11	Improved patient experience	-	95% patient satisfaction
UB12	Reduced cancellations and DNAs		12.5% cancellation/DNA rate
UB13	Reduced health inequalities	-	Qualitative
UB14	Improved training pathway and increased training opportunities	-	Capacity to potentially provide training to 12 Potential Orthopaedic Trainees, 40 Potential Anaesthetic WTE Stage 1s and 26 Potential Anaesthetic WTE Stage 2s.
UB15	Increased staff satisfaction	-	To be confirmed at FBC
UB16	Improved recruitment and retention	-	To be confirmed at FBC
UB17	Opportunities to share best workforce practices across the region	-	Qualitative
UB18-20	Modern fit for purpose compliant facility	-	Complies with WHBN/HTMs BREEAM rated as excellent Enhanced facilities with enhanced provisions (i.e. 2 oxygen tanks, N+N generator etc.)
UB21	Community Benefits (Social Value provided by the contractor))	-	10 local direct full time equivalent (FTE) employees hired or retained. 250 weeks of apprenticeships provided to local staff. £25,000 worth of equipment or resources donated to local third sector and civil society organisations 250 Hours of volunteering time provided to support local community projects. £25,000 direct support and investment provided for people to learn and use Welsh (e.g. interactions and signage). £20,000,000 spent in the local supply chain.
UB22	Reduced waste and single use products	-	Qualitative
UB23	Improved recycling	-	Qualitative
UB24	Contribute to decarbonisation targets with energy efficiency	-	Qualitative
UB25	Preservation of biodiversity and wetland area due to choice and design of site.	-	Qualitative
UB26	Enables and provides meaningful and adequate spaces for future phases of work that are planned	-	Qualitative
UB27	Provides opportunity for future expansion: As a result of the choice of site and design, it allows for expansion to capacity in current services as well as development of future services	-	Qualitative

7.7 Risk analysis

The risks for each option have been assessed and, as far as possible, quantified and expressed in monetary equivalent terms, including:

- Quantified risk in relation to planning contingency included in capital cost forms
- Key project risks which have not been accounted for within capital costs.

Key project risks have been identified which are not already accounted for within capital costs and these include the following:

Funding Risk - Unable to secure sufficient capital funding to deliver the project: There is a risk that due to the significant amount of initial capital funding required to deliver the project it may take time to secure this funding which could lead to delays in the programme while alternative routes are explored.

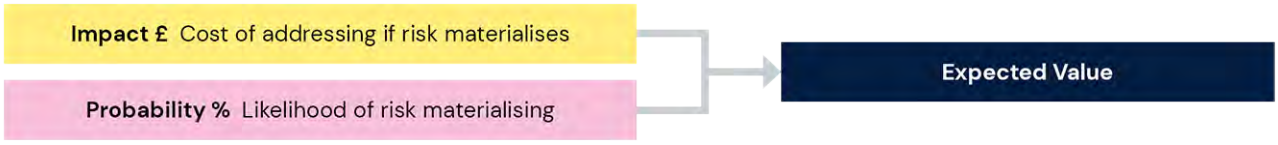
Funding Risk - Unable to secure sufficient revenue funding to deliver the project: There is a risk that due to the significant amount of ongoing revenue funding required to deliver the project it may take time to secure this funding which could lead to delays in the programme while alternative routes are explored.

Workforce Risks – Recruitment and Retention: There is a risk that it would be difficult to recruit sufficient substantive staff, noting the increase staffing required, which could lead to a reliance on unplanned, expensive temporary and locum staff leading to increased staffing costs.

These risks have been quantified by calculating an 'expected value'. This provides a single value for the expected impact of all risks. It is calculated by multiplying the likelihood of the risk occurring (probability) by the cost of addressing the risk (impact) and summing the results for all risks and outcomes.

Please note these risks will be reviewed and refined at FBC stage to ensure they have been accurately captured.

Figure 14 - Risk quantification approach using single-point probability analysis



The assumptions included to assess the impact and probability of these risks are outlined in the table below.

Table 19 - Risk assumptions

Element	Option 0 - BAU	Preferred Option - Traditional capital build + ISP equip and deliver services via managed service contract
K1 – Funding Risk: Capital Funding		
Risk	**Unable to secure sufficient capital funding to deliver the project**	
Consequence	**Programme extended to allow time to explore alternative routes**	
Impact per year		Assume a 12-month extension at a run rate of £400k per week, which equals £20.8m
Probability		5%
Timescales		Year 0
Total Risk Value £'000	**Does Not Apply**	**1,040**

Element	Option 0 - BAU	Preferred Option - Traditional capital build + ISP equip and deliver services via managed service contract
K2 – Funding Risk: Revenue Funding		
Risk	**Unable to secure sufficient revenue funding to deliver the project**	
Consequence	**Programme extended to allow time to explore alternative routes**	
Impact per year		Assume a 12-month extension at a run rate of £400k per week, which equals £20.8m
Probability		10%
Timescales		Year 0
Total Risk Value £'000	**Does Not Apply**	**2,080**
K3 - Workforce Risk: Recruitment and Retention (long term)		
Risk	**Unable to recruit sufficient staff to enable delivery of the model in the long term**	
Consequence	**Reliance on unplanned outsourcing of services leading to increased costs**	
Impact per year		Pay costs re 10% higher than expected (£1.5m p.a.)
Probability		5%
Timescales		Years 4 – 63
Total Risk Value £'000	**Does Not Apply**	**4,511**

7.8 Economic appraisal

The Comprehensive Investment Appraisal (CIA) model has been populated with the assumptions outlined above to support the appraisal of overall value for money by producing a cost-benefit analysis of the shortlisted options.

The assumptions above have been incorporated into a discounted cash flow for each of the costs, benefits and risks are calculated over a 64-year appraisal period including Year 0 (base year) + ~ 3 years construction and commissioning + 60 years estimated useful life.

Year 0 is 2025/26

Costs and benefits use real base year prices – all costs are expressed at 2025/26 prices in line with the baseline costs.

The following costs are excluded from the economic appraisal:

Exchequer ***transfer*** payments, such as VAT

General inflation

Sunk costs

Non-cash items such as depreciation and impairments

A discount rate of 3.5% is applied to years 1-30, 3.0% from year 31 onwards.

The economic summary is provided in the table below and a copy of the CIA model is provided in Appendix 9.

Table 20 - Economic summary

Element	Option 0 - BAU £'000	Option 1 - PWF £'000
Capital Expenditure (discounted)	-7,102	-166,999
Revenue Expenditure (discounted)	-195,276	-951,968
Operational Risks (discounted)	0	-4,848
Risk-adjusted Present Cost	**-202,377**	**-1,123,816**
Cash releasing benefits (discounted)	0	0
Non-cash releasing benefits (discounted)	0	19,929
Societal Benefits (discounted)	0	1,402,254
Total Benefits	**0**	**1,422,183**
Discounted Net Present Social Value (NPSV)	**-202,377**	**298,367**
Incremental costs - total	0	-921,439
Incremental benefits - total	0	1,422,183
Risk-adjusted Incremental Net Present Social Value (NPSV)	**0**	**500,744**
Benefit-cost ratio	**0.00**	**1.54**

The results of the economic modelling demonstrate that the preferred option will deliver an incremental Net Present Social Value (NPSV) of £500.7m when compared to the Business as Usual (BAU) position. This generates a Benefit Cost Ratio (BCR) of 1.54, which equates to £1.54 of incremental benefit delivered for every £1.00 of incremental whole life cost, which suggests LHP will deliver value for money.

It should be noted that this is based on an initial assessment of benefits and further work is required to quantify a number of the benefits as the scheme progresses to Full Business Case (FBC) stage. Where benefits have been quantified, values have been estimated based on current assumptions as outlined in section 7.6 of this case. Given further work is required at FBC to validate and refine these assumptions, a relatively low confidence rating has been attached to the majority of these to ensure a prudent approach is taken to claiming benefits until a more detailed analysis can be undertaken. It is therefore reasonable to assume that at FBC stage, the BCR is likely to increase and further strengthen the value for money case.

7.9 Sensitivity analysis

The results of the economic appraisal above have been subject to a sensitivity analysis to examine the impact of potential movements in capital and revenue costs.

The first part of this typically involves undertaking a switching values analysis to test the robustness of the ranking of options. This is applied to areas of material cash flows to identify the extent that costs and benefits of each of the alternative options must change in order for the Net Present Social Value (NPSV) to reflect that of the highest-ranking option (excluding BAU). Given that there are no alternative options to test in this case, this analysis is not required.

Instead, alternative scenarios have been calculated to consider how the value for money of the preferred option may be affected by future uncertainty as outlined in the table below.

Table 21 - Sensitivity analysis – scenarios

Scenario	Revised incremental costs	Revised incremental benefits	Revised NPSV	Revised BCR
Original Results	**-921,439**	**1,422,183**	**500,744**	**1.54**
1.Capital costs increase by 20%	-940,021	1,422,183	482,162	1.51
2. Revenue costs increase by 10%	-1,015,111	1,422,183	407,071	1.40
3a. Reduced length of stay benefits confidence rating reduced from 50% to 25%	-921,439	1,393,179	471,741	1.51
3b. Reduced length of stay benefits confidence rating increased from 50% to 75%	-921,439	1,451,186	529,747	1.57
4a. Improved patient outcomes because of shorter Arthroplasty waiting times and reduced LOS confidence rating increased from 25% to 12.5%	-921,439	755,071	-166,368	0.82
4b. Improved patient outcomes because of shorter Arthroplasty waiting times and reduced LOS confidence rating increased from 25% to 50%	-921,439	2,756,407	1,834,968	2.99

In summary:

Scenario 1: Even if capital costs were to increase by 20% (c.£19.8m excluding VAT), this would have minimal impact on BCR, and the project would still deliver a positive NPSV.

Scenario 2: A 10% increase in revenue costs (c. £4m p.a.) would result in a Net Present Social Cost, this would have minimal impact on BCR, and the project would still deliver a positive NPSV.

Scenario 3: The monetised benefits directly associated with reduced length of stay (increased throughput, value of patient time saved) appear to have minimal impact on the value for money indicators. For instance, if the confidence rating was reduced from 50% to 25% this would only slightly reduce the BCR from 1.54 to 1.51. Similarly increasing it to 75% would only slightly improve the BCR from 1.54 to 1.57.

Scenario 4: However, the value for money indicators do appear to be relatively sensitive to changes in assumptions about improved patient outcomes because of reduced waiting times and reduced length of stay for Arthroplasty patients. For instance, if the confidence rating was reduced from 25% to 12.5% this would almost halve the BCR from 1.54 to 0.82, while increasing it to 50% would almost double the BCR from 1.54 to 2.99. It should be noted that the baseline confidence rating of 25% is already relatively prudent to reflect the degree of uncertainty about the assumptions made within the calculation (for instance that the current run-rate of waiting times would continue without LHP but would be reduced by 17 weeks in line with targets as a result of LHP, and that, following recovery from surgery, each patient benefiting from this would see full improvement from 0.548 to 1 quality adjusted life year). It is assumed that any sensitivity in these assumptions are already accounted for within the prudent 25% confidence rating and, if these assumptions can be firmed up at FBC, the confidence rating would increase.

The results of the scenario analysis show that the BCR is relatively sensitive to some changes in assumptions, specifically patient outcomes associated with reducing surgical waiting times. However, it is believed that as the project progresses to FBC and assumptions can be firmed up, it will be possible to monetise further benefits and increase the confidence rating applied to those already quantified. This would likely increase the BCR overall.

7.10 Preferred option

The results of the economic appraisal demonstrate that the preferred way forward offers value for public money. This option is an NHS-funded capital build for the Orthopaedic Surgical Hub at Llantrisant Health Park, delivering theatres and ward accommodation for high-volume, low-complexity arthroplasty procedures.

Requiring capital investment of £123.6m (including VAT) and ongoing revenue costs of £36.8m p.a. (excluding depreciation), based on estimated costs and benefits, it is anticipated that phase 2 of the LHP will deliver an incremental Net Present Social Value (NPSV) of £500.7m and a Benefit Cost Ratio (BCR) of 1.54. This represents £1.54 of incremental benefit delivered for every £1.00 of incremental whole life cost, because of the quantifiable benefits that it has been possible to state in monetary values at this point in time, including:

High volume, low acuity model of care increasing throughput: Delivery of the surgical hub will address current regional Arthroplasty capacity shortfalls and ensure future demand can be met. As well as reducing waiting times for patients, the delivery of high volume, low acuity model will enable the delivery of a standardised pathway, increasing throughput and making best use of resources.

Improved patient outcomes from earlier access to surgical intervention, reduced length of stay and less healthcare acquired infections: Reduced length of stay is known to result in fewer complications and support speedier recovery times. This, combined with the reduced waiting times, lead directly to better patient outcomes, specifically improving quality of life for those requiring surgical interventions such as arthroplasties.

In addition to this, there are other quantifiable benefits which it has not yet been possible to state in monetary values given the information that is available at this time. These will be explored further at FBC-stage and, it is expected, will further strengthen the BCR. These include:

Productivity gains because of standardised pathways: In addition to the reduced length of stay and increased throughput, the standardised pathway is likely to provide other opportunities to deliver productivity gains, such as delivering rota efficiencies and enabling more efficient procurement and reduced waste. Predictability of care also reduces the risk of cancellations and Did Not Attends (DNAs).

Impact of a more sustainable workforce: The benefits identified in terms of improved recruitment and retention provide opportunities to reduce the impact of long-term vacancies reducing agency, locum and bank usage and, potentially, reducing recruitment time and costs.

LHP will also deliver various non-financial benefits which while they cannot be quantified in monetary terms are equally important to the delivery of local, regional and national policy. These include:

Improved patient experience: As well as reduced waiting times and length of stay, patient experience is enhanced by the modern fit for purpose facilities and the ease of access the location of LHP offers, with its good road links and parking.

Increased staff satisfaction: The improved training pathway and increased training opportunities, along with the modern fit for purpose facilities and a consolidated service model that enables more effective ways of working, contributes to staff satisfaction and creates an attractive place to work which will support recruitment and retention of highly trained health professionals.

Increased training opportunities: The additional theatre capacity will provide significant opportunities to increase the number of training places available in the region.

Increased compliance: Delivery of orthopaedic services in a hub will ensure alignment with GIRFT principles. Modern fit for purpose facilities that are compliant with WHBNs and HTNs, achieve BREEAM rating of Excellent.

Reduced health inequalities: Reduction in waiting times and ease of access supports equality of access.

Community Benefits: The contractor has agreed to implementing several community benefits, including hiring local, providing volunteering and donations to local organisations, investing in people learning and using Welsh and investing in the local supply chain.

Future proofing: The site also provides a level of future proofing by providing expansion space that offers opportunities for other future developments.

Impact of a more sustainable estate: The delivery of appropriately designed compliant facilities provides opportunities to contribute to CTM UHB's environmentally sustainable goals and national strategies around decarbonisation and optimising energy efficiency. The transformed model of care with its standardised pathway is likely to make it easier to implement and maintain sustainability programmes that CTM UHB has instituted in other areas, such as reducing waste and single use products.

Opportunities for future transformation: The additional capacity offered by LHP provides opportunities to transform and reconfigure core local services and deliver things differently in the future. The successful delivery of a regional centre will also provide proof of concept as the basis for the development of any future regional pathways.

The results of the options appraisal are presented in the table below.

Table 22 - Results of options appraisal

Element	Option 0 - BAU	Option 1 - PWF
Initial capital investment (including VAT)	-	£123.6m
Incremental NPSV	-	£500.7m
Benefit Cost Ratio	-	1.54

It should be noted that this assessment is based on an initial assessment of benefits and further work is required to quantify these more fully. As outlined above, it is anticipated that this is likely to further strengthen the BCR and value for money case as the scheme progresses to FBC stage.

Commercial Case

8 Procurement strategy

8.1 Introduction

This section of the business case outlines the procurement strategy and proposed deal to deliver the preferred option develop a regional orthopaedic surgical hub, co-located with a regional diagnostics and endoscopy centre on the Llantrisant Health Park site, as discussed in the economic case.

The former British Airways Avionics Engineering (BAAE) site was acquired by CTMUHB in February 2023. The Llantrisant Health Park site will comprise a Community Diagnostics Hub, Orthopaedic Surgical Hub with associated ward accommodation, and other regional services, which may include Day Surgery. The Orthopaedic Surgical Hub will be delivered as the second phase of a multi-phase development.

The following section sets out the commercial arrangements for the capital LHP site.

To maintain momentum within the programme, a decision was made to proceed with demolitions under a separate contract. The main contractor was appointed in March 2025 during the original programme RIBA 3 stage to support continued development of the design and construction elements. This ensured that the contractor was involved in the more detailed design incorporating the latest technology and identifying programme opportunities. In addition, the contractor has been able to lead on the SAB and planning applications which are based on their design.

8.2 Demolition Contractor procurement

A detailed procurement tender was undertaken by CTMUHB procurement and NWSSP using the Crown Commercial Services Framework, Construction Works and Associated Services Lot 10 Demolition framework.

The procurement was prepared and completed by CTMUHB, the appointed design team and NWSSP procurement services. The procurement process was undertaken for a new contract, whereby an Expression of Interest was issued to 13 national demolition providers on 30 October 2024 and providers had until 31 October 2024 to respond. Following the deadline, only five providers responded to the Expression of Interest.

A Mini competition was undertaken, utilising *RM6088 Construction Works and Associated Services Framework lot 10 Demolition*, and was published via e-Tender Bravo portal, in which certain selection criteria was applied at the qualification, technical and commercial evaluation stages.

Tenders were published on 1 November with the deadline for submission on 25 November. At the end of the tender period, five submissions were received, however after review, two suppliers failed to meet the minimum criteria, leaving three for scoring. Detail of the scoring approach is included in the tender analysis submitted as part of the estates annex.

A preferred supplier was identified and appointed in January 2025 following WG approval of funding for demolition works to proceed.

The contract commenced and work began on site on 14 April 2025. This contract was originally programmed to conclude by 22 August 2025, however, there was a delay caused by contractor methodology in the earlier stages and plant failing in the latter phases. The contract completed with the contractor leaving site on the 3rd October. The delays were not at the cost of CTM therefore the demolition programme completed within the approved funding level.

8.2.1 Main Contractor procurement

The main contractor tender process completed in November 2024. The tender was issued via the Crown Commercial Services (CCS) framework. The Welsh NHS run Building for Wales (BfW) framework was not selected due to:

- Delays in the implementation of the new framework after the previous one ended in April 2024
- Delays associated with securing the funding information required to commence the tender
- Inclusion of high levels of modular development in the design, with no modular supplier on BfW this would not have provided value for money.

As a result, a framework was selected that enabled the Programme to test the appetite and ability of both modular and other modern methods of construction (MMC) contractors to respond and offer the most advantageous infrastructure solution to the programme. A two-stage design and build contract solution was selected with a fixed price for the professional services and a target cost model for the construction phase (similar to the contractual arrangements under BfW).

An expression of interest was issued in October 2024, and seven companies opted in to show an interest. The tender was published on 13 November 2024 and after two extensions, closed on 31 January 2025.

The process has been managed by Mott McDonald, acting as primary PM for tender and procurement exercise and at all stages support has been provided by NWSSP procurement services.

The tender period closed on 31 January 2025 with three responses received. There were some clarifications required from tendering parties, the detail of which is available if required. Legal advice was sought regarding the contractual terms and conditions.

By the end of the process, only one contractor confirmed full acceptance of the proposed terms and conditions for both design and build contracts. In addition, the same contractor offered the best overall score in the combined qualitative and quantitative analysis. This information can be found in the tender analysis report contained in the estates annex to the business case.

Following completion of the tender scoring, the outcome was presented to NWSSP-SES and a paper prepared for WG approval for CTMUHB to appoint MTX, the preferred contractor. This approval was granted by letter on 14 March and, following the mandatory 10-day standstill period, MTX were appointed as the successful contractor on 31 March 2025, under an NEC professional services contract, to deliver the design up to completion of RIBA 4 and development of target cost.

Tendering parties provided costs up to RIBA 4 completion, as per standard NEC professional services contract (PSC). This will enable generation of completed design, securing of planning and SAB approvals, with fully tendered build costs. As a design and build arrangement, and to proceed to construction, an ECC contract will be required to be entered into on FBC approval.

CTMUHB requested WG approval to enter into the full PSC contract, which would take the scheme up to RIBA 4, at a contractor design fee cost of £3.935m. This cost excludes VAT and the additional health board fees associated with both RIBA 3 and 4. Full costs are included in the finance section of this case.

It should be noted that the cost tendered by the contractor was based on a single business case process and start-on-site of a phased construction completion programme. The recent decision and instruction to split this work into phases, each with its own business case and development programme, has subsequently elongated the programme and increased the level of costs and fees incurred. A longer design period will mean further costs for all time-based consultants.

As mentioned in the strategic case, the split to a phase approach has increased the design fees over and above the original tendered sum. There are 3 reasons for this:

1. The redesign elements to ensure that Phase 1 can be fully stand alone and to change some of the supporting infrastructure to support a fully phased approach
2. The elongated programme as a result of the splitting of the programme into phases and confirmation of an OBC and FBC requirement for each separate phase, this has added circa 6 months to the PSC programme with Phase 2 FBC being completed by May 2026, previously October 2025 for the whole programme.
3. The decision made to reconfigure the former surgical hub area in the phased approach to focus phase 2 on the delivery of the regional orthopaedic hub and a future Phase 3 to be further scoped and possibly include day surgery.

The changes to the design on point 3 above have meant that there has had to be an architectural revisit of RIBA 2 which has been used as the basis for this OBC. RIBA 3 and 4 stages will take place during the FBC development works which explains the longer time between OBC and FBC for Phases 1 and 2 than for Phase 1.

As a result of the changes outlined above the amended PSC total fees for phases 1 and 2 are as set out in the table below

Table 23 - Comparison of phased PSC fees to original tendered fees

Cost element	Original Tender £000	Phase 1 PSC £000	Phase2 PSC £000	Revised Total PCSC Fees £000
RIBA 3	400	1,491	1,534	3,025
RIBA 4	3534	1,405	924	2,328
Total	***3,934***	***2,896***	***2,457***	***5,353***
Increase from Tendered Cost				1,419
% Uplift on Tendered Cost				36%

These costs only cover the MTX costs for each of the phases. The increase is within procurement and framework permitted allowances and has been fully scrutinised by the programme cost advisors, Mott MacDonald.

For this Phase 2 OBC, the above table sets out the main contractor fees from resumption of duties in September to FBC approval covering completion of RIBA stages 2, 3 and 4. The total costs are as set out in the table below and include internal HB and external consultant costs.

Table 24 – Total costs

Cost element	OBC £000	FBC £000	Total Phase 2 PSC £000
CTM Fees	228	340	568
MTX	1,534	924	**2,457**
External Consultant	125	227	352
Surveys & Planning	17	149	**166**
Risk	31	29	60
Total	***1,934***	***1,669***	***3,603***
Funded	-1,934	0	-1,934
Awaiting Funding	**0**	**-1,669**	**-1,669**

Total design stage fees amount to £3.6M with £1.9M fees to approval of OBC. The OBC fees have been approved that the balance of fees will be required on OBC approval to progress the programme to approval of FBC. These fees will be profiled over two financial years. If the OBC is approved in January 2026, a further £0.9M fees will be required to progress RIBA 4 design work to end March 2025. The balance of £0.77M will be required in the 2026/27 financial year.

8.3 Payment mechanism

As mentioned previously all tendering parties provided costs up to RIBA 4 completion, as per standard NEC professional services contract (PSC). This enables generation of completed design, securing of planning and SAB approvals, with fully tendered build costs. As a design and build arrangement and to proceed to construction, an ECC contract will be required to be entered into on FBC approval.

On contractor appointment CTMUHB requested WG approval to enter into the full PSC contract, which would have taken the original scheme up to RIBA 4, at a contractor design fee cost of £3.935m. As mentioned in the sections above this has now been uplifted to cover the additional phase associated with the phased approach and the changed focus for phase 2 of the development.

To date funding has been approved for the RIBA 2 and 3 design stage of £1.93M. This has enabled the revisit of RIBA Stage 2 for the amended design and work has commenced on RIBA 3 redesign and engineering elements.

8.4 Health Board contracting arrangements

As mentioned above, for the PSC design phase a single contract under NEC 4 has been entered into. The change to a phased construction approach will have an impact on the ECC contract for the construction phase. This will still be under NEC 4 Option C however will need to accommodate future option with differing approval and start on site timescales.

When a phased approach was confirmed, CTM conducted a detailed review of the contractual options for the programme considering the likely timeline in relation to the timing of WG approvals and funding release. Four potential contract structures were considered:

a) Enter into full contract award for Phase 1 CDH approved works cost with a provisional sum allowance for phase 2.

b) Enter into contract for phase 1 CDH with a later instructed compensation event for phase 2 (and possibly phase 3)

c) Separate ECC Contracts for each Phase

d) Contract for Phase 1 but include future phases using X22 Break Clause

The PM, CA and LHP technical team considered all 4 options and the risks and opportunities considered with each which are set out in the table below:

Table 25 – Opportunities and risks

Option	Opportunities	Risks
1	Early inclusion of Phase 2 allows for some planning continuity and contractor engagement.	Possible claim against £60m Prov sum not being proceeded with (6% loss of profit) Provisional sums are not well-defined in NEC contracts, which may lead to ambiguity and

Option	Opportunities	Risks
	May simplify procurement and contract administration by keeping both phases under one contract. Continuity of workforce or shared resources across phases. Reduces risk of contractor re negotiation	disputes (mitigated with comprehensive Z clauses) Opportunity for MTX to increase Prelims, mitigated by negotiation reducing% back to original 6% Lack of clarity on scope, pricing, and risk allocation for Phase 2 will reduce accuracy of Prov sum Contractor may price risk conservatively, inflating the Phase 1 Target Cost. Difficult to manage change control and performance incentives for Phase 2, mitigated through management of sectional completion •HB approval of a contract which exceeds approved capital funding- SFI breach
2	Allows flexibility to define Phase 2 scope and cost later, based on Phase 1 outcomes. Keeps Phase 2 within the same contract, maintaining continuity and reducing procurement overhead. Can be used to quickly mobilise Phase 2 if timing is critical. Contractually protects client as no commitment to Phase 2	Opportunity for MTX to increase Prelims, mitigated by negotiation reducing% back to original 6% Compensation events are reactive, not ideal for large, planned works like Phase 2, mitigation would be managed as 2nd stage tender Risk of contractor pricing Phase 2 with limited competitive tension or transparency, mitigation would be managed as 2nd stage tender •Potential for misalignment with NEC principles of early warning and collaboration. Framework and commercial acceptability of a compensation event ea 100% of awarded value Due to above could not be used for Phase 3
3	Clear commercial and legal separation between phases, reducing ambiguity. Allows competitive tendering for Phase 2, potentially improving value for money. Lessons learned from Phase 1 can inform Phase 2 scope, risk allocation, and pricing.	Opportunity for MTX to increase Prelims Loss of continuity in delivery team and supply chain. Potential delays between phases due to contract negotiation Risk of misalignment in programme, design standards, or stakeholder expectations Possible duplication of resources between 2 contracts
4	Clause X22 (Early Contractor Involvement) su[Pports collaborative planning and progressive cost definition. Break clause provides flexibility to exit or re-scope Phase 2 if needed. Aligns well with NEC principles of collaboration and transparency.	X22 currently not included within ECC contract at tender stage Requires robust governance and clarity on break clause triggers. Contractor may invest effort in Phase 2 planning without guarantee of delivery. Potential for sunk costs or disputes if Phase 2 is not progressed. •May require careful drafting to ensure Phase 2 scope and pricing are appropriately managed. Opportunity for MTX to increase Prelims, mitigated by negotiation reducing% back to original 6%

In reality Option 1 would be almost impossible to reconcile with CTMs standing financial instructions as it would require signing a contract with a value in excess of CTM approved capital sums. Whilst the provisional sum could be excluded from the contract in future it is included in the contract sum and could also give risk to a loss of profits claim from the contractor if they acted in reliance of the same and future phase were not approved. Further to this as any phase 3 is programmed behind phase 2 and does not yet have a fully confirmed scope. As a result any inclusion of a provisional sum for this phase would be highly forecast with a large number of caveats and risk allowances. The major risks of potential disputes and of HB financial noncompliance ruled this option out.

Similarly, the position in relation to Option 2 was considered too high risk for a similar reason in terms of the contract being for more than one phase therefore possibly also giving rise to a claim of loss of profit if the future phase(s) did not proceed. In addition, current procurement rules preclude contract sum increases over 50% of the original value awarded. Any sum would be well in excess of this and in excess of 100% therefore this was not recommended.

It was felt that despite specific protection in contractual clauses that option 4 would offer similar finance and procurement SFI risks around the contract values as well as use of largely untested contractual clauses. Drafting and agreement of the same could be timely and costly with specialist legal advisors.

In reality the differing approval timescales and associated funding release make separate contractual arrangements the lowest risk position for this programme. There is a risk of loss of administrative efficiency in terms of contract management as well as the risk that MTX may seek to vary contractual terms however this will need to be managed.

This was the preferred option proposed to MTX who agreed with the same as being the most logical way forward. Revised Phase 1 ECC contracts have been issued on the same contractual terms as the original single phase and to date no discussion re their variance has been received or included in their submitted construction costs.

As a result, it is proposed that each phase will require a separate ECC contract and this will be the proposed contracting solution for all approved phases.

8.5 Associated disposals

There are no known disposals associated with this development, which would generate income for the three UHBs.

8.6 Design and compliance with mandatory standards

8.6.1 NHS Net Zero compliance

In October 2020 the NHS published the ***Delivering a Net Zero National Health Service*** in response to the health emergency that climate change will bring. More intense storms and floods, more frequent heat waves and the spread of infectious diseases resulting from climate change threaten to undermine years of health gains.

Two clear and feasible targets emerge for the NHS net zero commitment, based on the scale of the challenge posed by climate change, current knowledge, and the interventions and assumptions that underpin this analysis:

For the emissions the NHS controls directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;

For the emissions that can be influenced (the NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

NHS Net Zero Building Standard

The NHS Net Zero Building Standard, published in February 2023, provides technical guidance to support the development of sustainable, resilient, and energy efficient buildings that meet the needs of patients now and in the future. 10% plus of the carbon emissions associated with operating the NHS estates are as a result of energy usage (operational carbon) alongside embodied carbon. The standard is a critical element in ensuring that the design and construction of new NHS buildings and the inevitable refurbishment / repurposing of the existing estate supports the “Delivering Net Zero” commitment to a zero-carbon estate by 2040.

The proposed LHP development design process will follow the guidance of the standard through RIBA stages 1-4.

The construction process for LHP will follow the guidance of the standard through RIBA stages 5-7. To facilitate this as required a Net Zero Carbon (NZC) Coordinator will be appointed who will be responsible for managing the process as well as being an advocate for Zero Carbon within the design team.

8.6.2 Modern Methods of Construction

NHS Wales and NHS Improvement with the Department of Health and Social Care, are working on progressing the approaches used to increase the use of Modern Methods of Construction (MMC) on all business cases requiring central NHS sign off. As part of this, an interim draft guidance has been developed for inclusion in the NHS Capital Business Case Fundamental Criteria Checklist.

Early consideration of the use of off-site manufacture, allows the process to be streamlined through the design and construction process, maximising the benefits this approach can bring. Agreement to an early BIM Execution Plan and sharing information in a project specific Common Data Environment (CDE) allows all parties to input in an integrated design, manufacturing, and assembly process.

LHP will be constructed using MMC and be entirely modular.

8.6.3 BREEAM

The Building Research Establishment Environmental Assessment Method (BREEAM) is the leading and most widely used environmental assessment method for buildings and communities. It sets the standard for best practice in sustainable design and has become the de facto measure used to describe a building's environmental performance.

As of 1 July 2008, all developments of new healthcare buildings in the UK seeking OBC approval must commit to acheiving an EXCELLENT rating (assessed against BREEAM New Construction) and all refurbishments (assessed against BREEAM Non-Domestic refurbishment and fit-out) to commit to a VERY GOOD rating. Any project with a capital value exceeding the £2m threshold must include a BREEAM assessment.

BREEAM provides clients, developers, designers and others with:

- Market recognition for low environmental impact buildings
- Assurance that best environmental practice is incorporated into a building development
- Inspiration to find innovative solutions that minimise the environmental impact
- A benchmark that is higher than regulation
- A tool to help reduce running costs, improve working and living environments
- A standard that demonstrates progress towards corporate and organisational environmental objectives.

BREEAM addresses wide ranging environmental and sustainability issues and enables developers and designers to prove the environmental credentials of their buildings to planners and clients and:

- Uses a straightforward scoring system that is transparent, easy to understand and supported by evidence-based research
- Has a positive influence on the design, construction and management of buildings
- Sets and maintains a robust technical standard with rigorous quality assurance and certification.

BREEAM is a compulsory requirement for projects of this scale in Wales, as such work towards accreditation has been ongoing since RIBA Stage 1. The Design Stage Tracker set out the target ambition for the project to achieve BREEAM 'Excellent'. Moving forward, workshops are to be set up for RIBA 3B stage, ensuring that design adaptions do not compromise the project trajectory.

Infection control

The proposed development will be designed and configured in compliance with WHBN and WHTM guidance to provide clean, well-designed environments within which clinical services and procedures can be carried out safely. Infection prevention and control measures will be designed into the new building through zoning, with appropriate clinical adjacencies to facilitate clean to dirty flows and the provision of good access for cleaning and maintenance to take place.

As planned for the design development at OBC stage, the clinical leads will be fully engaged to ensure the needs of users are understood and clearly articulated in the design brief. Health Board Infection Prevention and Control Teams will also be continually engaged by the Project Team and Design Team to inform the detailed designs.

Sustainability

Efficient building services design can have a positive impact on future climate scenarios by reducing energy consumption and greenhouse gas emissions associated with buildings.

Climate change is primarily driven by the release of greenhouse gases such as carbon dioxide, methane, and nitrous oxide into the atmosphere, and buildings account for a significant portion of these emissions.

When designing LHP, the aim will be to ensure that the building will operate as efficiently and sustainably as possible.

8.7 VAT recovery

A VAT Advisor has not yet been engaged for OBC stage, however the approach mirrors the advice given for the Phase 1 FBC and assumes full recovery on professional fees but no recovery on the building costs.

8.8 Interface

The LHP finance representative has confirmed there is no interface between any NHS LIFT, PFI, PF2 or other PPP and there are no joint venture agreements/contracts already in place and therefore there are practical or contractual issues in the light of HM Government changes to the use of PFI in its various forms.

8.9 Summary and conclusion

Following a robust tender process, MTX have been appointed as the preferred contractor offering the most commercially advantageous tender, following both qualitative and financial appraisal.

Welsh Government approval for fees to FBC of £1.67M with £0.7M in 25/26 and the balance to be funded in 2026/27.

Financial Case

9 Financial Case

9.1 Introduction

The purpose of the Financial Case is to outline the financial implications of the preferred option and assess affordability. As such it sets out the capital requirements and revenue consequences of the proposed scheme, along with underpinning assumptions. It outlines anticipated funding arrangements and the impact on the overall financial statements.

As outlined in the Economic Case, the preferred option is an NHS-funded capital build for the Orthopaedic Surgical Hub at Llantrisant Health Park, delivering theatres and ward accommodation for high-volume, low-complexity arthroplasty procedures.

9.2 Capital costs and funding

9.2.1 Capital costs

Delivery of the preferred option requires capital investment of £123.6m in total. This is based on capital requirements prepared by the Health Board's Cost Advisors, Mott Macdonald using the following assumptions:

- Agreed Schedules of Accommodation and RIBA 2 Order of Cost estimate.
- Due to the pace at which design has proceeded a number of drawings and design strategy information has not been available when formulating the costs. This information will become available prior to WG OBC submission. Therefore the costs included are as cost not to be exceeded. The figure in the submitted OBC may differ from those in this business case but will not exceed it.
- Proposed start on site September 2026 and proposed completion date of September 2028, with it officially opening at the start of January 2029, following a 3 month commissioning phase.
- Works costs calculated using benchmarked rates suitable for South Wales (including Healthcare Premises Cost Guide) @ BCIS TPI updated 06/11/2025.
- Allowances for fees, equipment costs, planning contingency have been applied as appropriate.
- No allowance for optimism bias has been applied at this stage. Given the early design maturity, significant unknowns remain around planning, structural, and sustainability requirements. Instead of applying a generic optimism bias, the estimate incorporates a quantified risk allowance (currently 12%, including contractor risk) to reflect these uncertainties. This approach will be reviewed and refined as design progresses.
- VAT advisor advice will be sought on VAT recovery options before FBC. Currently all fees are forecast to be VAT recoverable.

The resulting capital costs estimates are summarised in the table below and a copy of the detailed capital cost forms are provided in Appendix 7.

Table 26 – *Capital Costs*

	Net £'000	VAT £'000	Total £'000
Construction Costs	70,924	14,185	85,109
Project Fees	8,357	1,671	10,028
Non-Works	185	37	222
Equipment Costs	9,805	1,961	11,766
Planning Contingency	9,800	1,960	11,760

	Net £'000	VAT £'000	Total £'000
Inflation	5,104	1,020	6,125
Subtotal	104,175	20,835	125,010
Less: Recoverable VAT	0	-1,381	-1,724
Total capital costs	104,175	19,454	123,629

9.2.2 Funding requirements

Funding of £1.934M has been received to date. Further Funding of £121.7m is requested from Welsh Government which includes:

RIBA 4 fees - £1.67m

Construction - £120m

Table 27 – Capital cashflow and funding sources

	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000	Total £'000
Costs					
Construction costs	0	16,884	42,210	11,831	70,924
Project fees	2,463	3,074	1,879	940	8,357
Non-works costs	78	57	30	20	185
Equipment costs	0	1,000	6,305	2,500	9,805
Planning contingency	87	3,468	4,163	2,082	9,800
Inflation	0	2,041	2,041	1,021	5,104
Subtotal	2,628	26,525	56,929	18,394	**104,175**
VAT	17	4,795	11,055	3,587	19,454
Total capital costs	2,645	31,320	67,684	21,980	123,629
Funding					
To OBC	1,934	0	0	0	1,934
Funding Received to Date	1,934				**1,934**
Funding Still Required	711	31,320	67,684	21,980	121,695
Total funding requirement	**2,645**	**31,320**	**67,684**	**21,980**	**123,629**

9.3 Revenue affordability

9.3.1 Recurring revenue costs

It is anticipated that the creation of the new Orthopaedic Surgical Hub will incur additional recurring full-year revenue costs of £39.9m per annum. This covers pay and non-pay costs associated with delivering procedures across theatres and supporting wards. This estimate is based on:

Pay costs of £15m, covering 220.33WTE medical, nursing, allied health professionals, administrative and estates staff.

Non-pay costs of £18.8m including supplies and services for Theatres, Ward and supporting areas.

Building running costs of £3m related to rates, utilities, and maintenance

Depreciation as outlined in section 9.4.

It is expected that activity and revenue costs will begin post completion and commissioning of Phase 2 of the build. Whilst the main contractor build programme will complete at the end of September 2028 it is expected that the handover, equipping and commissioning could take up to three additional months, which is expected to be at the end of December 2028, which means the first year will incur three months of activity and revenue costs.

A summary of costs is provided below with more detailed calculations provided in Appendix 8.

Table 28 – Summary of revenue costs

Revenue element	WTE	2028/29 (Assume 3 months) £'000	2029/30 – Onwards £'000
Pay Costs	220.33	3,759	15,035
Non Pay Costs		4,693	18,770
Building running costs		744	2,976
Depreciation		790	3,160
Total annual revenue costs		**9,985**	**39,941**

To reduce the overall revenue impact, several existing services will transfer into the new orthopaedic unit. These include ward and theatre activity, along with associated staff and non-pay costs. Together, these transfers are expected to offset approximately £7.3 million of the new unit's annual cost. Welsh Government support for depreciation adds a further £3.1 million, bringing total anticipated funding to £10.4 million. Despite these measures, a regional affordability gap of £29.5 million remains, which will need to be addressed collectively by partner Health Boards and Welsh Government.

9.3.2 Commissioner funding requirements

Revenue funding requirements for the orthopaedic surgical unit have been estimated based on projected activity levels and associated capacity needs. The hub will deliver 5,760 procedures annually, providing additional lower limb arthroplasty capacity to address the regional demand and capacity gap. Activity assumptions by Health Board are as follows:

CTM UHB: 3,840 procedures

Cardiff & Vale UHB: 960 procedures

Aneurin Bevan UHB: 960 procedures

Indicative recurring revenue costs for the hub total £39.9 million per annum, covering pay costs for approximately 220 WTE staff, non-pay costs for theatre and ward consumables, building running costs, and depreciation of £3.1 million.

To reduce the overall revenue impact, several existing services will transfer into the new orthopaedic unit. These include ward and theatre activity, along with associated staff and non-pay costs. Together, these transfers are expected to offset approximately £7.3 million of the new unit's annual cost. Welsh Government support for depreciation adds a further £3.1 million, bringing total anticipated funding to £10.4 million. Despite these measures, a regional affordability gap of £29.5 million remains, which will need to be addressed collectively by partner Health Boards and Welsh Government.

Table 29 – Sources of funding

Revenue element	WTE	£'000
Pay Costs	220.33	15,035
Non-Pay Costs		18,770
Building running costs		2,976
Depreciation		3,160
Total annual revenue costs		**39,941**
Anticipated Funding:		
Transfers – Substitution of existing services		7,298
Welsh Government Central funding for Depreciation		3,160
Anticipated Funding		**10,458**
Regional Funding Requirement		**29,483**

9.3.3 Value for Money

Analysis has been undertaken to compare the commissioner funding requirements as a result of LHP compared to benchmarks, specifically NHS England tariff and outsourcing to a private provider. The results of this analysis, which are summarised in the table below (with more detailed calculations provided in Appendix 8), suggest that the Orthopaedic Hub offers relatively good value for money since:

Compared to NHS England tariff: Estimated costs for the hub are lower than NHS England rates, with tariff-based costs projected to be around £45.6 million per annum, compared to the hub's estimated £39.8 million. This represents a difference of approximately 14.5% higher under tariff, equating to an additional £5.8 million per year if activity were funded at tariff levels.

Compared to private outsourcing: Outsourcing the same activity to the independent sector would be significantly more expensive, with costs estimated at £52.1 million per annum which is around 31% higher than the hub model. This would result in an additional £12.3 million per year, creating a substantial financial impact for commissioners.

Table 30 - Funding model

Funding Model	Annual Cost £'000	Impact vs Hub £'000	Difference %
Orthopaedic Hub	39,941	0	0
NHS England Tariff	45,563	5,621	12%
Private Outsourcing	52,072	12,130	23%

9.4 Accounting treatment and capital charges

9.4.1 Accounting treatment

The resulting asset will be held on CTM's balance sheet and therefore be treated in line with the Health Board's policy in relation to depreciation and impairments.

9.4.2 Capital charges

Capital charges have therefore been estimated based on the following assumptions:

Asset additions of £123.6m

Impairment is applied when the resulting asset comes into use. Based on recent schemes in the region, it has been assumed to be 25%, although this will need to be confirmed with the District Valuer and CTMUHB's Auditors during the development of the FBC stage. Full impairment is assumed on fees, 25% on non-works costs, contingency and inflation.

Depreciation charges are applied based on straight line depreciation using the following standard useful life:

- **Buildings** – 60 years for buildings and 35 for engineering works (using a typical 65:35 split)
- **Equipment** – seven years as a proxy for a mixture of short life ICT equipment (five years) and longer life equipment (10 years).

It is anticipated that this will result in:

Circa £84.5m non-recurring AME impairment on completion of the new build which will be funded as AME funding via Welsh Government

£3.16m annual depreciation, which will be funded by Welsh Government.

9.4.3 IFRS16 implications

There are no IFRS16 implications anticipated for the orthopaedic unit, as the facility will be delivered through capital investment rather than lease arrangements. All costs associated with construction an equipment are included within the capital expenditure and will be accounted for in line with standard depreciation and impairment policies. Any future contractual arrangements for services will be reviewed at FBC stage, but based on the current model, IFRS16 does not apply.

9.5 Overall affordability

The financial analysis demonstrates that delivery of the preferred way forward is affordable providing that Welsh Government capital funding can be secured, and agreement reached with commissioners about revenue funding requirements.

9.5.1 Capital affordability

The cost plan prepared by CTM's Cost Advisors, based on RIBA1 design, estimates that delivery of LHP will result in capital investment requirements of £123.6m in total, including expenditure incurred to date. Funding to date of £1.934M has been received leaving a balance of £121.695M to be funded. It is anticipated that the funding balance will be required from Welsh Government as follows:

RIBA 4 fees - £1.669m

Construction - £120.024m

9.5.2 Revenue affordability

Work undertaken by the programme team and finance leads indicates that the orthopaedic unit will incur recurring revenue costs of £39.9 million per annum, including:

Pay costs of £15.0 million for approximately 220 WTE staff

Non-pay costs of £24.8 million, covering theatre and ward consumables, building running costs, and depreciation of £3.16 million.

These indicative costs are based on high level assumptions at this stage and will be firmed up at FBC stage once more detailed information, such as the workforce plan, is available.

£10.4m p.a. of funding has been identified which will partly cover these additional costs which include the following sources:

£7.3m associated with the substitution of existing services at CTM including transfers of Ward, Theatres, Medical staff and non-pay costs

Anticipated £3.16m of Welsh Government Central funding for depreciation

This leaves an affordability gap of £29.5 million across the region. Work is underway with partner Health Boards and Welsh Government to develop a sustainable solution that aligns with the regional service model and supports timely access to care. Engagement activity is being coordinated to ensure transparency and shared understanding, drawing on lessons from previous programmes and focusing on collaborative planning to address both financial and operational challenges.

Management Case

10 Management arrangements

10.1 Introduction

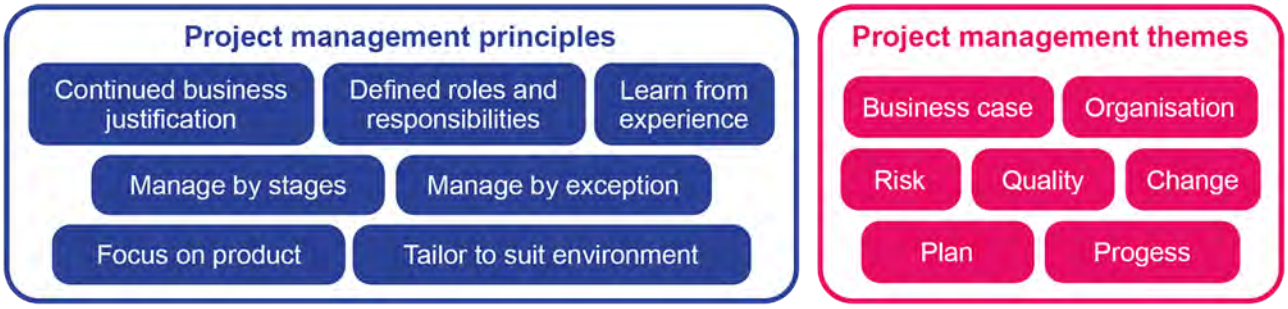
This section of the business case sets management arrangements that will successfully deliver Llantrisant Health Park Programme to time, cost and quality. The Management Case outlines the following arrangements:

- Project management arrangements
- Project assurance at different stages of the project
- Change management arrangements
- Benefits realisation and plans
- Risk management plans
- Contract management arrangements
- Post project evaluation plans
- Contingency plans.

10.2 Project management arrangements

The Project be delivered in line with PRINCE2 methodology. PRINCE2 is organised into seven principles and seven themes, which are deemed essential for any project to be deemed to be 'controlled'. This programme will apply these principles and themes throughout.

Figure 15 - Project management principles and themes



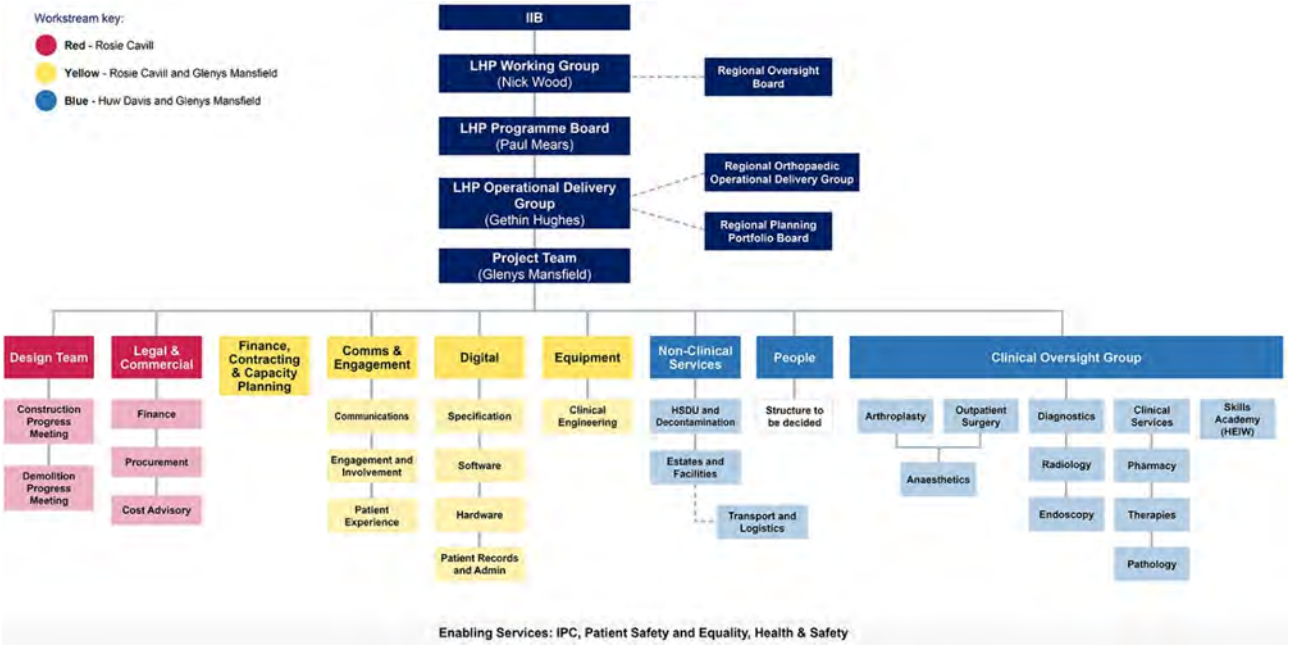
The key principles behind PRINCE2 are the identification of three main functional areas of the project governance structure, including governance, delivery and assurance functions.

10.2.1 Project reporting structure

The programme governance structure has been established to reflect the principles and themes of controlled project delivery. The workstreams will report into the Project Team and Steering Group, Steering Group then reports into Programme Board which then reports to the Regional Oversight Board and CTM UHB Governance.

The project governance arrangements are outlined below.

Figure 16 - Project governance arrangements



10.2.2 Governance pathway

There is a clear demarcation between those groups with a responsibility to produce outputs needed to deliver the project i.e. workstreams and delivery groups, and those forums with responsibility to scrutinise, challenge and approve the outputs ensuring that the programme is directed consistently across all subject matters i.e. governance committees.

The main governance routes for reporting include CTM UHB Main Board and the Regional Portfolio Oversight Board.

10.2.3 Programme Board

Chair: Paul Mears, Chief Executive Officer and SRO for the Project, CTM UHB

The Llantrisant Health Park Infrastructure Programme Board has responsibility for overseeing the management and delivery of all aspects of this programme including the design proposals and the associated business cases.

The duties of the Programme Board are as follows:

- Ensure the programme objectives and scope of all projects have been appropriately defined and that any material changes are formally approved and integrated
- Ensure a robust programme timetable has been produced and monitored and that each workstream lead is committed and remains committed to its delivery
- Oversee the delivery of all projects within the defined parameters of time, cost and to the required quality and specification
- Ensure the cost implications of the programme are fully set out within robust financial plans and that it remains within the health board's overall affordability envelope
- Ensure there is an effective system of cost control in place and receive regular reports on the current and planned expenditure relating to the delivery of the programme
- Ensure that the programme is sufficiently resourced to deliver within its agreed scope, time, cost, and quality parameters
- Ensure there is an effective risk management system in place and that regular reports on the risks and issues are effectively acted upon

Ensure that all development proposals meet the highest possible standards of design in respect of clinical use, patient and staff environment and building quality

Sign off key documents including the clinical services strategy, business case, prior to submission to the IIB/Welsh Government for approval, as well as other key programme documents as required.

10.2.4 Programme Management Office

The Programme Management Office (PMO) is responsible for the oversight of all workstream project management within the programme. The PMO maintains internal reports and PRINCE2 documents including risk registers, issues logs and an assumptions log for the redevelopment. The team provides assurance by maintaining a focus on governance and programme controls and through the regular review and mitigation of risks and issues.

The programme plan is regularly reviewed and revised by the PMO team to accurately reflect progress, identify potential delays and ensure lessons learned are applied to planning. The PMO support resource management within the programme and produce project artefacts and tools for workstreams.

The duties of the PMO are as follows:

Establish and run an effective PMO to support the programme during the business case process

Establish and implement a robust governance structure

Collate and interrogate management reports, assessing the health of the programme delivery environment

Assess the status of milestones and deliverables from each workstream

Plan and schedule resources efficiently in order to meet objectives

Streamline and automate processes and workflows, ensuring escalation routes to governance committees are robust and succinct

Facilitate knowledge transfers between workstreams

Support project management resource within workstreams, where appropriate

Facilitate cross stream working and collaboration

Develop progress and assurance reports for key groups and committees as required.

10.2.5 Specialist workstreams and task and finish group

Included in the structure above, are specialist task and finish groups to support the clinical and non-clinical aspects of the redevelopment. These groups are the key interface between the delivery functions and the ‘front line’ workforce who deliver clinical and operational (non-clinical) services. The groups provide feedback and knowledge on their departmental requirements to the programme technical delivery experts.

10.2.6 Design Team

A design team has been appointed to review the concept site assumptions made prior to the site acquisition and develop design proposals. The design team’s work will be informed by the regional workstreams’ clinical specification and proposed models of care.

The key deliverables from this work are:

Review of the technical infrastructure report (completed)

A high-level design (RIBA Stage 1) and master plan (completed)

A concept design (RIBA Stage 2) for the agreed clinical pathways (completed)

RIBA 3 design works developing on the agreed clinical pathways (underway)

Undertaking of site surveys (completed)

A specification of enabling works for the temporary diagnostics facility (completed)

Preparation of a temporary planning application for the mobile diagnostics facility (completed)

Appointment of modular partner (complete)

Confirmation of planning strategy and development of planning applications as required during the timeframe.

Terms of reference for all key project groups i.e. Programme Board, Steering Group, Project Team or Design Team can be made available upon request.

10.2.7 Outline Project Roles and Responsibilities

Key Project delivery roles are described below:

Senior Responsible Officer (SRO)

The Chair/SRO role is held by **Paul Mears**, CEO of CTM UHB and responsibilities include:

Keeping the Programme Board members informed of progress, escalating matters, as relevant

Is responsible for providing leadership and the strategic activity of the Health Board, ensuring it is operating effectively and efficiently

Being the ambassador within the local community and also at a regional and national level

Ensuring that the programme aligns with the priorities of the wider Welsh Government plans

Ensuring that the redevelopment programme fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money

Sponsoring the project within CTM UHB and acts as the main point of contact with the Health Board and Executive Director

Owning the vision for the project and the supporting business case

Providing clear leadership and direction at an executive level throughout the programme

Having full responsibility and accountability for the outcome of the project and realisation of the benefits

Managing the interface with key senior stakeholders, keeping them engaged and informed

Being the key link between the relationship between the programme, Regional Portfolio Oversight Board and Welsh Government;

Maintaining the alignment of the project to the organisation's strategic direction

Ensuring that the project remains affordable and will improve the quality of care to the target population

Ensuring that the necessary resources are made available to deliver the scheme

Chairing the Programme Board.

Infrastructure Programme Director

The Programme Director role is held by **Rosie Cavill**, LHP Programme Director and the main responsibilities include:

Co-ordinating all workstreams to deliver the agreed objectives

- Monitoring progress, resolving issues, mitigating risks, and initiating corrective action as appropriate
- Providing an overall monitoring and assurance role across the project workstreams, ensuring that project risks and issues and any internal or external dependencies are defined, managed, and escalated where appropriate
- Ensuring appropriate risk, benefits and stakeholder management frameworks are in place for the project
- Acting as the day-to-day agent on behalf of the SRO for the infrastructure elements to ensure the successful delivery of the scheme
- Owning and reviewing the project plan, communicating the impact of any revisions in terms of milestones, timelines, and dependencies
- Ensuring the development of the business case and project documentation
- Ensuring that the initiatives and projects that support the infrastructure delivery of the Health Park are initiated on a consistent basis with governance arrangements that meet requirements
- Managing allocated outputs to the required quality within the agreed time and costs constraints
- Managing and providing assurance for the work of project team members
- Reporting regularly to all relevant individuals and groups using standard reporting processes and templates.

Clinical Operational Director

The Clinical Operations Director role is held by **Glenys Mansfield**, LHP Clinical Operations Director and the main responsibilities include:

- Clinical and operational pathway development to inform design and operational running of LHP
- Review of 1:200 and 1:50 designs
- Development of clinical governance structure
- Development of the workforce plan and delivery plan
- Development of the Digital infrastructure
- Establishing and managing task and finish groups
- Managing interdependencies of clinical model/pathways across workstreams
- Acting as the day-to-day agent on behalf of the SRO for the clinical pathway and operational elements to ensure the successful delivery of the scheme
- Ensuring that the initiatives and projects that support the delivery of the new hospital are initiated on a consistent basis with governance arrangements that meet requirements
- Ensuring appropriate risk, benefits and stakeholder management frameworks are in place for the project
- Reporting regularly to all relevant individuals and groups on clinical and operational pathway developments using standard reporting processes and templates.

Infrastructure Project Manager

The Infrastructure Project Manager role is held by **Alex Bowles**, Archus PM and the main responsibilities include:

- Ensure operational delivery of the project to time, quality, and budget
- Decision on matters for escalation and approval to Project Board and Health Board as required

Management of risks and issues and escalation of appropriate matters for executive direction and/or approval

Developing the format of the report, contents, and key requirements for consideration

Planning and delivering stakeholder engagement and workshops

Ensure the key milestones are agreed and communicated with all stakeholders.

Construction Partner

The role of Construction Partner Lead will be fulfilled by **MTX**. The role includes:

Being point of contact for all infrastructure and estate related issues including arranging Isolations and issuing permits to work etc.

Management of the construction programme

Providing design/estates related input to OBC/FBC processes.

10.3 Special advisors – roles and responsibilities

Special Advisors have been used in a timely and cost-effective manner in accordance with the Treasury Guidance: Use of Special Advisors, to support the internal resources for this development. Special advisors and their roles on the project are shown below.

Business Case Support – Archus

Manage the Business Case process including the facilitation of workshops, chasing of information etc.

Stakeholder engagement

Technical authoring of the OBC

Support submission of OBC to WG

Liaise with LHP Programme Lead on Business Case progress.

Technical Advisor (Architecture and Design) - Stride Treglown

Providing design advice to the LHP Project Team on contractor lead design changes

Liaise with appropriate stakeholders

Preparing regular reports for the Project Manager.

Technical Advisor (Mechanical and Electrical Engineering) Stantec

Providing technical advice and solutions to the Project/Design Team

Liaise with appropriate stakeholders

Assist with the design and construction teams where required

Preparing regular reports for the Project Manager.

Cost Advisor – Mott MacDonald

Full financial management and reporting of project costs together with payment recommendations for all expenditure incurred on the project

Preparation of contract documents, procurement of contractors, payment of valuations and agreement of final accounts

Budget estimating and cost modelling

Cost planning

Provision of cost advice

Analysing and reporting on tenders received.

Reporting and advising on all tendering and contractual arrangements

Preparation of tender documents, including incorporation of client standard amendments and appropriate insurance provisions

Preparing and issuing regular executive financial reports and cash flow summaries to the Project Manager.

Site Supervisor

This post will be appointed to after OBC approval, during the RIBA 4 design process.

10.4 PM and professional fees budget

The following table outlines the estimated project and professional fees budget for the project split by phase.

Table 31 – Professional fees for Phase 2

Company	Purpose	Total Fees	To OBC	To FBC	To RIBA 5 & Construction
Archus	Project Management	£1,530,000	£64,000	£132,000	£1,334,000
Archus	Business Case Support	£50,000	£18,450	£14,150	£17,400
Stride Treglown (ST)	TA Support	£25,000	£6,500	£8,500	£10,000
Mott Macdonald	Cost Advisor	£378,000	£29,125	£39,375	£309,500
TBA	NEC Supervisor	£520,000			£520,000
Stantec / ST	TA Support	£25,000	£6,500	£8,500	£10,000
NWSSP Audit	Capital Audit	£100,000		£25,000	£75,000
VAT and Legal Advice	Ernst & Young, NWSSP	£50,000			£50,000
CTMUHB	Client Fees	£1,800,000	£227,500	£340,362	£1,232,138
MTX	Construction (PSCP)	£3,878,798	£1,533,698	£923,514	£1,421,587
MTX	*Planning*	*Incl. in MTX fees*			
Stride Treglown (MTX)	*Design Planning*	*Incl. in MTX fees*			
MTX	*Building Services; M&E and Surveys*	*Incl. in MTX fees*			
TOTAL		**£8,356,798**	**£1,885,773**	**£1,491,401**	**£4,979,624**

10.5 Key milestones

A project programme has been developed to control and track the progress (attached at Appendix 10) and delivery of the project and resulting outcomes. Key milestones are summarised below.

Table 32 - Project timeline

Milestone	Start	Completion
SOC submission and approval	Sept 2024	Sept 2024
OBC submission and approval	Oct 2025	Jan 2026
FBC submission and approval	May 2026	June 2026
Demolition works start	Apr 2025	Oct 2025
PCSA design works:		
RIBA 3 Design	Sept 2025	Dec 2025

Milestone	Start	Completion
RIBA 4 Design	Dec 2025	April 2026
RIBA 5 Design Construction	June 2026	July 2028
Surgical hub construction	June 2026	July 2028
Operational Commissioning	Aug 2028	Oct 2028
Handover of fully commissioned buildings	Nov 2028	Dec 2028

10.6 Workforce Plans

10.6.1 Workforce Planning Overview

The purpose of the Llantrisant Health Park (LHP) workforce plan is to ensure the right workforce, in the right place, with the right skills, at the right time and cost to deliver improved regional access to diagnostics, endoscopy and orthopaedic surgery via regional collaboration (in accordance with Welsh Government and Ministerial Advisory Group (MAG) recommendations). This plan focuses specifically on the arthroplasty workforce as part of LHP Phase 2.

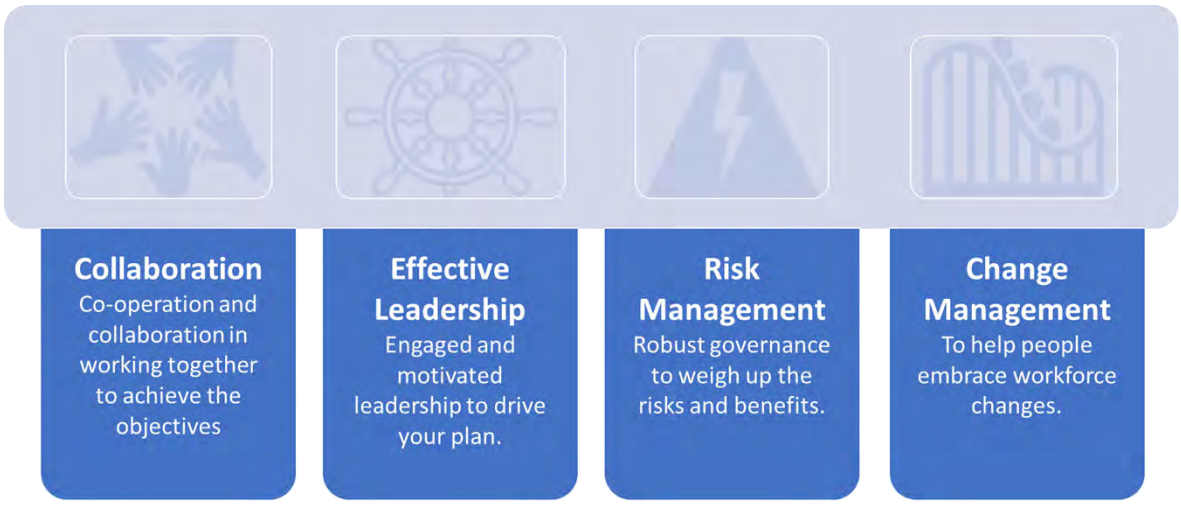
LHP, as a stand-alone facility, provides an exciting opportunity for workforce transformation. Through maximising skills and increasing workforce capacity the workforce plan will support the delivery of evidence-based, innovative practice, across multi-disciplinary teams, to reduce waiting lists and length of stay for high volume, low complexity, primary lower limb arthroplasty, across the South East Wales region.

The plan will deliver a workforce that is flexible, productive, efficient, cost effective and sustainable with multi-professional teams undertaking roles which are varied and transformational. It will be underpinned by digital and technological opportunities, to improve efficiency and capacity, delivering excellent patient outcomes, whilst also mitigating against some of the external workforce supply challenges. Collaborative working across the region aims to support improved training, cross boundary working, and workforce sustainability.

The plan will align to “A Healthier Wales: Our Workforce Strategy for Health and Social Care (National Implementation Plan for Wales)”, Welsh Language Standards, national programmes of work (e.g. Regional Orthopaedics, Regional Endoscopy, HEIW-led Theatres Workforce Transformation Project) and All Wales Strategic Workforce Plans (including Nursing, Pharmacy, Radiology, and Diagnostics).

The approach to delivering the workforce model and workforce plan will be underpinned by the People (& Culture) Plans across the three Health Boards, ensuring alignment and congruent with regional working and LHP. Essential to its delivery will be: Collaboration, Effective Leadership, Risk Management and Change Management.

Figure 17 - All Wales strategic workforce planning key requirements



Source: HEIW

To ensure standardisation and incorporation of best practice the plan will work in accordance with the National Blueprint for Orthopaedic Surgical Delivery in Wales, GIRFT recommendations and professional and national standards of clinical care.

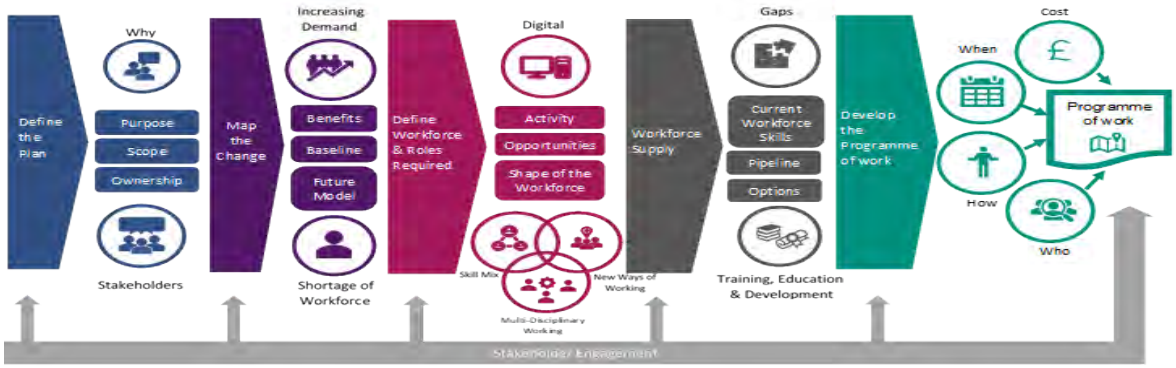
It is recognised that the transition to SEW regional collaboration at LHP is a critical step in the delivery of integrated, high-quality healthcare. The detail of this transformation depends heavily on the evolving design of the workforce model. Ensuring the right organisational design supported by organisational development to ensure effective leadership, cultural alignment, and clear communication across the system. The workforce plan for LHP will be dependent on the wider evolving work within the South East Wales regional Orthopaedics plan and the new Regional Joint Committee g (RJC), which will be essential enabling factors for its success.

Key next steps will be a continued focus on fostering collaboration, trust, and shared purpose among staff from the three Health Boards. Cultural readiness for change, combined with a tailored approach to organisational development (OD), will play a pivotal role in making this transition successful. The organisational development interventions outlined in the broader regional plan will be adapted and applied specifically to LHP to ensure seamless integration

10.6.2 Developing the Workforce Plan and Model

Our approach to workforce planning is underpinned by the All Wales Six Step Framework (and associated HEIW planning guidance & materials) and is aligned to and integrated across Service, Planning, Finance, and People:

Figure 18 - Fig – All Wales strategic workforce planning six step framework



Source: HEIW

LHP will be based on several key general workforce planning principles within the approach. These will need to be finalised, agreed and endorsed across the three Health Boards:

- Innovative service delivery models supported by transformational workforce approaches that embed flexibility, cross-skilling, and multidisciplinary team working.
- Strong and compassionate leadership, creating a shared vision and the right conditions for the workforce to thrive
- Teams brought together with shared values and a positive culture to support multi-disciplinary team working where equality, diversity, inclusion and wellbeing are at the heart of all we do
- Clear structures, roles, responsibilities and reporting lines
- A grounding in prudent health care principles with everyone working at the top of their competencies with the appropriate skill mix to reduce waste and variation for better patient outcomes
- Support for (if required and appropriate) cross boundary working, within agreed governance and training
- Improved patient experience across each stage of the pathway.
- A strong focus on designing infrastructure that supports workforce wellbeing and experience
- Digitally enabled transformation and solutions to deliver high quality elective care
- Consideration of national and professional standards of practice e.g. Nurse Staffing Act

The South East Wales regional orthopaedic plan will be used to support the development of the LHP workforce plan, with work already under way aiming to deliver sustainable, high-quality orthopaedic services, across the region, over the next four years. The plan in this initial phase, focuses on the acute phase of the Orthopaedic pathway and the Llantrisant Health Park (LHP). The plan will continue to develop in line with the LHP programme timelines.

Workforce planning has begun to identify skills shortages, especially in theatre staffing with critical medical roles, as a major constraint. The plan emphasises strategic workforce mapping, risk analyses, and the development of a regional workforce roadmap aligned with future clinical models to support recruitment, retention, and role standardisation. The SWOT analysis from the Regional Orthopaedic plan provides a baseline for workforce solutions to be developed on a regional basis to address the significant workforce risks that may not be easily be resolved due to local and national shortages.

The workforce plan will be an iterative process and will design, develop and aim to deliver a sustainable workforce, taking account of the strategic drivers, context and challenges set out in the workforce section of the Regional Orthopaedic Plan, Appendix 2 to this document. Timelines are being developed to ensure a more detailed workforce plan is in place in readiness for the full business case.

Defining the workforce and roles required

The workforce required has been mapped against the proposed service activities for LHP, with indicative modelling and numbers for the potential workforce required to support the service model. These numbers are based on current “knowns” and workforce models which either exist or have been agreed e.g. via the Orthopaedic CIN, along with learning from GIRFT accredited units. Within the current proposal, three CTMUHB orthopaedic theatres will move across to LHP and the associated funded WTE ward and theatre posts will also transfer (under an Organisational Change Programme), with three additional theatres to support additional activity from across the SEW region.

The workforce model will need to continue to evolve alongside and congruent to the clinical, operational, and digital elements of the programme. It will also need to align to the regional orthopaedic workforce plan to consider the impact on regional demand modelling and LHP

capacity requirements. Translating the activities at each stage of the clinical pathways into workforce skills, competencies, roles, and numbers to deliver the model effectively and efficiently. Key to this will be exploration of potential employment models for the medical workforce, as the regional orthopaedic plan SWOT analysis identified critical challenges (e.g. around job planning).

Exploration of roles

A key next step within the programme of work is further exploration of the potential for new, alternative and expanded roles within the workforce model using benchmarking to support a model that is sustainable. The workforce model, plan and resourcing plan will all draw upon learning high performing, elective orthopaedic treatment centres, across the United Kingdom and explore alternative ways of working beyond traditional approaches to service delivery. The pre-implementation period offers the opportunity to pilot new models of care and test concepts - capturing lessons learnt and measuring the effectiveness of changes. An example of this would be the new ways of working already being piloted within Princess of Wales hospital elective orthopaedic unit

Examples of this include:

- Use of alternative roles, e.g. Surgical First Assistants, Assistant Peri-Operative Practitioners
- Broadening the scope of roles, e.g. HCSW to include portering duties
- Increased therapies input, e.g. to enable discharge, through extension of shift patterns/cover, & “side skilling” nursing staff in therapies competencies such as mobilisation
- Enhancing skills to promote flexibility and the potential for “float” roles, e.g. a multiskilled nursing workforce to work across admissions, recovery and the wards
- Technology as an enabler and driver of innovation, efficiency and productivity e.g. automation, AI, virtual interactions

The workforce numbers and skills will continue to be developed and refined, taking into account any lesson learnt from Princess of Wales (POW) where we are implementing and learning from elements of the LHP clinical model.

10.6.3 Workforce Supply

Dependent on decisions taken within clinical and operating models, the workforce plan will need to consider an assessment of current roles, skills, and competencies, against requirements across the three Health Boards. This would include age profile, skill mix, turnover, vacancy rates and retirement projections. This assessment will further confirm anticipated current and future workforce gaps and risks. It is proposed there will be a dedicated core LHP workforce, with a “Hub & Spoke” model for support services. This emphasises the need for a regional workforce plan to be developed to understand the wider impacts on demand trajectories including LHP.

The work of the regional Orthopaedic planning group has identified several workforce challenges. These include recruiting and retaining medical teams, ongoing and increasingly critical shortage of skilled theatre staff (particularly among Operating Department Practitioners and anaesthetic support staff) which are placing significant and persistent pressure on surgical services across the system.

It also reported, that for the for the first time in a significant period, the supply of Registered Nurses in Wales is beginning to outpace demand, presenting an opportunity for health boards to address vacancies in scrub practitioner roles. This trajectory is expected to remain favourable over the next three to five years.

Retention is also a key challenge with as the time to replace, train and to reach full competency can be in excess of nine months for some roles creating considerable vulnerability in maintaining

safe and effective theatre staffing. These workforce shortages and retention issues are significantly constraining the ability to deliver elective orthopaedic procedures at the required scale.

The impact of the recent changes to the Resident Doctor contract in Wales are not yet known but any identified risks will also need to factor into the plan with actions to mitigate these risks.

To maximise the opportunities to staff the LHP and to support regional Orthopaedics the workforce model will need to be as attractive as possible, offering roles and an environment that individuals will want to work or rotate too.

Recruitment and resourcing

Further refinement of the workforce plan and the gap analysis within in will allow for the development of a robust recruitment and retention strategy as part of the FBC. This will include proposals for both Agenda for Change and Medical staff. There will be a focus on resourcing the facility to ensure the workforce and patient benefits are realised, but with a key commitment across all three Health Board's to work collaboratively on this agenda, noting the need to avoid destabiling the Southeast Wales workforce position.

Potential resourcing options and considerations are as follows:

- Recruitment – either via an internal recruitment team or via a partner organisation (e.g. a recruitment agency, an industry partner).
- Targeted recruitment campaigns e.g. for critical roles or linked to local residents and education institutions
- Insourcing either on a permanent basis or temporarily if resourcing was to be a limiting factor to the "go live" date
- Rotational posts to enable staff to move between LHP and other sites, gaining a breadth of experience and sharing learning to support both the individual and the organisation
- The use of regional Employment Models - including Service Level Agreements (SLA), honorary contracts, and Memorandum of Understanding (MOU) –options appraisal of best approach will be required which support existing variability in contracts and supports Regional Services
- Capitalise on opportunity from anticipated local oversupply within certain healthcare professions (e.g. nurses, paramedics, Physicians Associates)
- Education & training pipelines as a key supply route - such as student streamlining, and numbers in the training pipelines as a result of the Integrated Medium-Term Plans (IMTP) / education and training commissioning numbers
- Use of Health Boards internal education teams to ensure that any anticipated role/training needs are factored into training plans
- Temporary staffing: establish need to expand pools of available temporary staff to support the substantive workforce

The workforce plan will evolve from early implementation into the medium to longer term to move with the changing environment and allow for the development of new roles/skills e.g registered nursing associate (RNA) Band 4 role and for the impact of technology to be fully understood .

Education and training

The development of LHP offers workforce education and training opportunities across all staff groups. There is also a unique opportunity for Medical Training Opportunities, to significantly expand the surgical, orthopaedics and anaesthetics training and for wider benefits to the region, aligned to GIRFT principles.

Alignment with Health Education and Improvement Wales (HEIW) and the Deanery will be key to support rresident doctor training experience. In addition, links with NWSSP, as the Single Lead

Employer (SLE) around resident doctor placements to maximise opportunities to meet skills shortages and improve workforce supply.

10.6.4 Future organisational development plans

Once the workforce model is agreed, running alongside will be to focus on the design and implementation of a series of OD interventions aimed at unlocking the full potential of the LHP staff. These interventions will include:

Leadership development and alignment

Establishing strong, aligned leadership across the new organisation will be a priority. This will involve tailored leadership programmes that build shared practices, foster trust, and ensure the leadership team can drive the transformation effectively.

Communication and engagement strategies

Communication will be crucial at every stage of the journey. Working in close partnership with communication and engagement teams from the SEW region, we will implement a robust communication strategy that ensures staff are well-informed, actively engaged, and feel part of the transformation. This will include regular updates, feedback loops, and targeted engagement activities designed to bring staff along on the journey.

Culture and behavioural change

The LHP will only succeed if we can embed a shared vision and culture of collaboration across the three Health Boards. OD strategies will focus on developing the behaviours and relational conditions necessary for regional collaboration and will be designed to overcome the challenges inherent in merging diverse organisational cultures.

People potential at LHP

Recognising that the greatest asset in this transformation is the workforce itself, we will unlock the potential of LHP's people by aligning their development with the broader goals of integrated service delivery. Targeted interventions will aim to build capacity in areas such as systems thinking, change management, and inter-organisational collaboration.

By focusing on these areas, the Health Boards can ensure that the workforce is equipped to support the long-term success of Llantrisant Health Park, enabling it to achieve its vision of delivering equitable, sustainable, and high-quality healthcare to the communities it serves.

10.7 Stakeholder engagement

10.7.1 Engagement to date

Key staff stakeholders across all health boards have been involved in design so far. The original RIBA 3 design review meetings were held in April and May 2025 to confirm all key stakeholders were agreed with current designs. The redesign work has been shared with key stakeholders and further reviews will be held during the rework of RIBA 3 and development of RIBA 4 stages

An initial Arthroplasty workshop was successfully held in March 2025, to collaborate across the three health boards, confirming work to date, the vision for the health park and the importance of stakeholder input. The LHP programme also feeds into the Regional Orthopaedic Board on a monthly basis.

10.7.2 Future communications and engagement

The engagement and communication functions of the three southeast region health boards are working in partnership to develop and implement plans that reflect the requirements of the region and the localities.

The objective of this work is to

- inform and generate confidence among public and staff about the purpose, services, and benefits of Llantrisant Health Park.
- gather feedback, ideas, and concerns to shape the facility's development and service offering.
- build trust and foster a sense of ownership and partnership among stakeholders.
- identify potential engagement challenges and barriers to engagement early and collaboratively develop solutions.

In developing and delivering communications and engagement activities all Health Boards will:

- Foster and maintain stakeholder and public confidence in the LHP as a landmark development that will improve the provision of modern health care in south-east Wales
- Provide the public with a range of opportunities to inform the development of the LHP in ways that maximise access, clinical effectiveness and the experience of patients
- Take a collaborative approach, with NHS partners, to developing and disseminating messages and communications/engagement resources, that enable consistency, clarity and accuracy locally, across the region and nationally
- Use existing, trusted methods, platforms and forums to engage
- Respect and reflect local engagement needs, supporting differentiation of approaches based on local requirements whilst maintaining consistency and accuracy of messages
- Work alongside Llais to identify and deliver upon emerging opportunities to better engage and involve the public and patients throughout the lifetime of the programme
- Identify potential engagement challenges and barriers to engagement early and collaboratively develop solutions
- Promote opportunities to add social value within local communities
- Identify and celebrate programme milestones, alongside partners
- Involve local political partners and relevant third-sector organisations
- Provide assurance on the effectiveness of communications and engagement activities..

10.7.3 Working with Llais

The health boards are working with Llais at a regional and local level to enable it to influence and inform engagement plans. This includes working with Llais on LHP-specific briefing and planning sessions (next due on 14 November). To date Llais have made clear their expectations for regional engagement and that health boards should avoid duplication whilst learning from the outputs from previous engagement programmes.

10.7.4 Communication and engagement priorities

The engagement working group, comprising the three health boards (CTM, AB, CAV) are meeting weekly to develop and implement a shared programme of engagement across the region. The group's priorities include

- Creation and completion of assessment tool to:

- Enable structured and consistent interrogation of previous and live engagement activities across the SE Wales region, to identify shared learning about successful methods, collate learning, and provide a baseline a baseline of current public opinion on key issues relevant to the LHP programme
- Map the impact of LHP at health board level to enable prioritisation of engagement activities and resources
- Plot impact against Llais criteria for engagement/consultation
- Provide a single set of core data

Interrogation of local stakeholder data to identify and prioritise audiences at a local and regional level. Development of a shared stakeholder map that enables engagement to be undertaken as efficiently as possible, with minimal duplication

Through mapping, identify existing touchpoints/forums with patient, public, community and staff groups to maximise the efficiency and expediency of engagement

Routine – min monthly – LHP/regional engagement meetings (next due 14 Nov) with Llais to enable input into plans and identify opportunities for Llais to amplify and enhance engagement.

Creation of single channels for regional engagement to enable sharing and development of core programme content and learning

Development of a single engagement and communication plan, using good practice from other engagement programmes, with a phased delivery plan for pace and relevance. To include a digital engagement plan to generate engagement through local web and social platforms.

Development of an LHP patient panel to provide ongoing input into the programme on key elements affecting experience, including transport and travel, wayfinding, and patient information (concept being worked up with Llais)

A regularly updated library of content, that provides all partners with the data, messages and tools to engage efficiently and effectively. CTM to provide resources centrally, in collaboration with partners, to enable localised delivery that meets local requirements and makes effective use of local platforms.

Producing core content to widen profile and understanding of LHP amongst public audiences and enable localised delivery of engagement actions. Inc. key messages, content for web and socials, graphics, talking heads videos

10.7.5 Timing and phasing

The engagement and communications plan in development will set out the appropriate phasing and timetable for activity, taking into account local issues and current programmes of work; particularly those involving public engagement (where appropriate we will aim to integrate engagement opportunities relevant to LHP into these programmes but not to the detriment of existing timetables).

We will also be cognisant of national issues – including the 2026 Senedd elections – that will impact upon the delivery of engagement, working within the guidance set out for the period of pre-election sensitivity.

10.8 Project assurance

The current governance structure allows for a clear separation between governance functions and those that deliver or approve outputs. The assurance functions will confirm that the processes and procedures followed by the delivery groups have been sufficient and in accordance with sound management principles. The assurance function will also act as the coordination point between the delivery and governance functions.

Within the PRINCE 2 governance arrangements the PMO is classed as part of the Assurance function.

10.8.1 Programme

Review of upcoming programme activity and milestones with LHP Technical PM and Project Director to determine outputs required by workstreams

Create lookahead programme highlighting key programme deliverables over coming weeks/months for dissemination to workstreams

Track workstream output and performance toward achieving programme deliverables and feed progress into monthly reporting – PMO drumbeat.

10.8.2 Risk

Review of risk with LHP Technical PM and Project Director to review and update risk register based on workstream risks

Track workstream risks and feed into project reporting – PMO drumbeat.

10.8.3 Key Performance Indicators (KPIs)

Work with LHP Project Director to determine workstream KPIs

Track workstream KPIs and feed into project reporting – PMO drumbeat.

In addition to the above NWSSP Audit services are developing an audit plan with CTM to provide independent oversight of the capital programme. A notional fee budget has been included at OBC stage as the plan is developed, and this will be shared with NWSSP – SES once it is developed.

10.9 Change management

The Health Boards are aware that the project is a major change for staff working in the area and across all three Health Boards, therefore its success is predicated on staff supporting the project. To date, key staff have been involved in workshops regarding clinical flows and design and it is envisaged that they will continue to play an instrumental role as the project moves into its next phase. Prior to the new facilities opening, detailed planning work will be undertaken to understand any changes to ways of working, and staff will be supported by the project team to prepare for this. Transition plans will be developed in collaboration with all relevant stakeholders, to ensure the new facilities run smoothly and that staff are prepared for any changes to their working model as a result.

There will be no change to organisational structures following completion of the development. There is potential for positive cultural changes following completion to enable staff to work more effectively and efficiently in a new fit-for-purpose building. This can help contribute to higher levels of staff retention over the coming years to improve the working culture for both staff and patients.

Within each stage there will be a series of decision points where major documents produced by workstreams will be ratified within the governance arrangements. For example, clinical advice leaflets pre/post day surgery. All documents will be subject to a robust and consistent version control methodology. The following documents are core to the project at this stage:

- Strategy documents, including the Clinical Services Strategy, Workforce Plan, Programme etc.;
- Schedule of accommodation;
- Clinical models of care and patient flow diagrams;
- Clinical advice documents.

All changes will be subject to a formal change control process. Change is not design development. Change can only occur when strategic, operational policies or functional content quantities are altered from those included in the current approved documents. Change management associated with the infrastructure aspects of this project will be managed by the LHP Project Team through Programme Board and Regional Oversight Board.

10.10 Contingency plans

Should the current scheme fail to proceed, the only contingency plan would be to continue with business as usual for services regionally, working with wait list initiatives or temporary diagnostic solutions such as mobile MRI when required to meet additional demand.

10.11 Benefits realisation

A Benefits Realisation Plan will be developed by the Programme Board to put in place the necessary arrangements to ensure that the project delivers its anticipated benefits. This includes setting out the arrangements for planning, modelling and tracking the identified benefits as well as a framework that assigns responsibility for the realisation of the benefits throughout key phases of the project. The Benefits Realisation Plan will be owned by the Health Board's Infrastructure and Clinical and Operational Programme Directors.

The main benefits for the preferred option are outlined in the benefits register included in Appendix 5 while the actions required to realise the benefits will be confirmed at FBC stage and included as a full benefits realisation plan.

The spending objectives and aligned benefits used in the selection of the preferred option will be used to measure the project success.

This evaluation process will be run in parallel with the Post Project Evaluation Plan as noted below and will be developed as part of the detailed design stage. The Benefits Realisation Plan will be regularly reviewed and updated. This will ensure that – should any strategic change take place, such as a legislative change – the service and project will be flexed accordingly to ensure that the facility delivers a fit for purpose service from the point of operational commencement.

The benefits realisation approach outlined above is a key output to provide assurance on investment delivery and performance and will be shared with the Health Boards and Welsh Government to facilitate shared learning at FBC stage.

10.12 Risk management

The complexity of the LHP programme necessitates an appropriate risk management process is put in place to identify, assess and mitigate the likelihood of risks materialising throughout the programme duration.

Workstream risks are those which are considered by each workstream as a risk to successful delivery of business outcomes and targets. They vary from seemingly insignificant risks to risks which are potentially very damaging. Where risks are deemed to be significant (residual rating >12) and occur across a number of workstreams these are considered as programme risks and dealt with accordingly.

Risk management is therefore dealt with in a two-tier system approach:

- Workstream risk management is an iterative process undertaken by workstream leads, with a monthly reporting cycle up to the LHP Steering Group. All workstreams will be issued a risk register template to log their risks and issues

Programme risk management is an iterative document that is reviewed monthly in the Programme Board and Steering Group meetings and updated to reflect any changes that may impact programme scope, cost, timeliness, quality, or designs.

Should any risks be identified through the programme that have an impact on the Health Board service delivery and / or strategic direction then it should be escalated via the SRO to the Assistant Director of Governance and Risk for inclusion and scrutiny on the Organisational Risk Register.

10.12.1 Consequence and likelihood definitions

The below tables include the initial definitions relating to the consequence and likelihood of a risk occurring. These definitions are used for both workstream-level risks that are maintained in the dashboard report *and* the programme levels risks that are reflected in the programme risk register.

Table 33 - Risk consequence definitions

Score	Descriptor	Actual or potential impact on the individual/service or organisation
1	Negligible	Minimal injury requiring no/minimal intervention or treatment. Potential for public concern Insignificant cost increase/ schedule slippage Minimal or no impact on the environment
2	Minor	Minor injury or illness, requiring minor intervention. Local media coverage – short-term reduction in public confidence <5% over project budget, schedule slippage Minor impact on the environment
3	Moderate	Moderate injury requiring professional intervention. Local media coverage – long-term reduction in public confidence 5 – 10% over project budget, schedule slippage Moderate impact on the environment
4	Major	Major injury leading to long-term incapacity/disability National media coverage with <3 days service well below reasonable public expectation 10-25% over project budget, schedule slippage, key objectives not met Major impact on the environment
5	Catastrophic	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Incident leading to > 25% over project budget, schedule slippage, key objectives note met Catastrophic impact on the environment

*Table 34 - Risk **likelihood** definitions*

Score	Descriptor	Likelihood of occurrence
1	Rare	This will probably never happen/recur
2	Unlikely	Do not expect it to happen/recur but it is possible it may do so
3	Possible	Might happen or recur occasionally
4	Likely	Will probably happen/recur but it is not a persisting issue
5	Almost certain	Will undoubtedly happen/recur, possible frequently

10.12.2 Risk matrix

The risk matrix shown below is also consistent between both levels of risk management. The Health Board risk matrix is shown below.

Figure 19 - Risk scoring matrix (Likelihood x Consequence = Risk score)

Likelihood	Frequency	Consequence				
		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 Highly unlikely: will probably never happen	not for years	1	2	3	4	5
2 Unlikely: not expected to happen / recur, but is possible	at least annually	2	4	6	8	10
3 Likely: might happen / recur occasionally	at least monthly	3	6	9	12	15
4 Highly likely: will probably happen / recur, but not a persistent issue	at least weekly	4	8	12	16	20
5 Almost certain: will undoubtedly happen / recur, possibly frequently	at least daily	5	10	15	20	25

Risks should be assessed and reviewed on a regular basis, as determined by their score:

1-6 Low	Low risks should be reviewed and progress on actions recorded and updated at least every 6 months
8-12 Moderate	Moderate risks should be reviewed and progress on actions recorded and updated at least quarterly
15-25 High	High risks should be reviewed and progress on actions recorded and updated at least every 2 months; if scored 20 or over the risk should be reviewed each month

The following management actions are taken for each category:

Red – Reviewed at every Steering Group and Programme Board meeting with clear and determined action reviews in each pertinent workstream. Workstream leads are predominantly identified as the risk owner;

Amber – Reviewed regularly and appropriate review dates are agreed at workstream groups/committees. The risk owner should be a senior member of the pertinent workstream; and

Yellow and Green – Reviewed regularly to ensure the likelihood and/or consequence of the risk arising has not risen. Risk ownership can be assigned to anyone on the pertinent workstream.

10.13 Contract management

Robust contract management process will be put in place to oversee the construction contracts. The use of regular reviews and KPI monitoring will be critical to managing and overseeing performance throughout contract durations.

10.14 Post-project evaluation

Post-project evaluation (PPE) is a mandatory requirement for infrastructure projects that receive Welsh Government funding. The purpose of PPE is to improve project delivery through lessons learned during the project delivery phase and to appraise whether the project has delivered its anticipated outcomes and benefits.

The Health Board and its partners are committed to ensuring that a thorough and robust post-project evaluation is undertaken at key stages in the process to ensure that lessons are learnt.

The PPE also sets in place a framework within which the benefits realisation plan set out in section 10.11 can be tested to identify which benefits have been achieved and which have not.

The Health Board is exploring opportunities to work with a local university in carrying out the PPE. Detailed plans will be drawn up in partnership with the university. The evaluation will be carried out in line with NHS guidance, and will measure the project against the following factors:

- The extent to which the original objectives have been met
- Measurement against the Benefits Realisation Plan
- The cost of the project and the extent to which it can demonstrate value for money
- The Project outcome compared with the 'Do Nothing' or 'Do Minimum' scenarios
- The economic viability of the project in comparison with the 'Do Nothing option
- Risk allocation
- Timetable
- Functional Suitability – how the facility performs
- Functional Relationships – how well the various process flows (staff, patient, service) work
- User satisfaction
- Procurement route.

We envisage four key stages to the evaluation, outlined as follows:

Stage 1: Project procurement

The objective of the evaluation at this stage is to assess how well the project was managed from the time of OBC approval to commencement of the construction phase. It is planned that this evaluation will be undertaken within three months of construction commencement. The evaluation at this stage will examine:

- How effectively the project was managed
- The quality of the documentation prepared by the Health Board and its partners
- Communications and involvement during procurement
- The effectiveness of advisers used on the scheme
- The efficacy of NHS guidance in delivering the scheme.

Stage 2: Implementation

The objective of this stage is to assess how well the project was managed from the time the construction phase commences through to commencement of operational commissioning. It is considered that this should be undertaken three months following operational commissioning of the unit. The evaluation at this stage will examine: -

How effectively the project was managed

Communications and involvement during construction

The effectiveness of the joint working arrangements established by the Contractor, the design team and the project team.

Stage 3: New operational model in place

The objective of this stage will be to assess how well the project was managed during the operational commissioning phase, through to operation in the new building. It is proposed that this stage will be undertaken up to 12 months after completion of operational commissioning of the scheme. The evaluation at this stage will examine:

How effectively the project was managed

Effectiveness of the new operational model

Communications and involvement during commissioning, and into operations

Overall success factors for the project in terms of cost and time

Extent to which the new operational model meets users' needs – from the point of view of patients, carers and staff.

Stage 4: New operational model well-established

It is proposed that this evaluation is undertaken 18 months following completion of operational commissioning. The objective of this stage will assess how well and effectively the project was managed during the actual operation of the new Health and Wellbeing Centre. The evaluation at this stage will examine:

Effectiveness of the new operational model

Extent to which the new operational model meets users' needs – from the point of view of patients, carers and staff.

The evaluation process will be managed by the Project Manager via a bespoke team established to oversee the PPE. Evaluation reports will be made available to all relevant stakeholders, including Welsh Government.

Agenda Item	

Unapproved Minutes of the Board

Date and Time of Meeting	Thursday 25th September 2025 09:00
Venue	In Person, The Hub, Royal Glamorgan Hospital, Llantrisant

Members Present	Jonathan Morgan	Board Chair
	Kath Palmer	Board Vice Chair
	Dilys Jouvenat	Independent Member – Third Sector
	Carolyn Donoghue	Independent Member – University
	Hayley Proctor	Independent Member – Trade Union
	Patsy Roseblade	Independent Member – Finance/Audit
	Neil Mesher	Independent Member – Commercial Business
	Kathy Mason	Independent Member – IT & Information Governance (in part)
	Paul Mears	Chief Executive Officer
	Greg Dix	Executive Director of Nursing, Midwifery and Patient Care/Deputy CEO
	Dom Hurford	Executive Medical Director
	Gethin Hughes	Chief Operating Officer
	Hywel Daniel	Executive Director of People
	Lauren Edwards	Executive Director for AHPs and Health Science
	Philip Daniels	Executive Director of Public Health
	Claire Thompson	Executive Director of Strategy & Transformation
	Lisa Curtis Jones	Associate Board Member (Virtually – In part)
	Alex Brown	Associate Board Member (Virtually)
	Paul Deenik	Associate Board Member
In Attendance	Gareth Watts	Director of Corporate Governance/Board Secretary
	Stuart Morris	Director of Digital (In part)

DRAFT

	Richard Hughes	Deputy Director of Nursing
	Alex Harden	Head of Communications and Media
	Atif Ali	Acute Clinical Services Plan Programme Director (In part)
	Andrew Jones	Assistant Director of Finance
	Daniel Price	Regional Director, Llais Cymru (Virtually)
	Emma Walters	Head of Corporate Governance & Board Business
	Rhian Mannings	Member of the public
	Becky Gammon	Assistant Director of Nursing
Meeting Observers	Rhiannon Dubberley	Corporate Governance Officer (Virtually)
	Hannah Jones	Audit Wales
	Tajwar Md Naqib Farhan	Aspiring Board Member Programme
	Emma Samways	Deputy Head of Internal Audit NWSSP (Virtually)
	Cally Hamblyn	Assistant Director of Governance and Risk (Virtually)
	Kathrine Davies	Corporate Governance Manager (Virtually)
	Victoria Oxley	Deputy Director of Strategy and Partnerships

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 was also noted by the Chair.
1.2	Apologies for Absence
	Apologies for absence were received from: Helen Lentle, Independent Member - Legal Rachel Rowlands, Independent Member – Community Sally May, Executive Director of Finance Simon Blackburn, Director of Communications, Engagement and Fundraising
1.3	Declarations of Interest
	There were no interests declared.
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.	STAFF AND USER EXPERIENCE
3.1	Shared Listening and Learning Story – End of Life Care
	R Mannings shared a Listening & Learning Story which related to her families experience of the care provided to her late father within the Health Board. In sharing the story, the following key matters were highlighted: Whilst there were examples of good care, the family witnessed multiple instances of unkindness, lack of compassion and poor communication from staff, which left her father feeling reluctant to return to hospital; The family witnessed staff behaving inappropriately near bereaved families, with nurses being dismissive or rude and repeated discussions being held in relation to Do Not Resuscitate. There was also lack of basic comfort provided to her elderly mother who was staying at the hospital overnight and poor communication about her father's treatment and prognosis; The family believed there was a missed diagnosis of a large tumour in her father's throat during his six-week hospital stay; During her father's readmission, the family observed staff making derogatory comments about patients, failing to communicate basic procedures and neglecting basic care needed such as cleaning equipment and responding to call bells. R Mannings extended her thanks to specific doctors who showed compassion and care and emphasised that her father was fortunate to have family to advocate for him and stressed that kindness and compassion were fundamental in healthcare and not optional. R Mannings advised that following her father passing away at home, whilst the family received excellent community care, her mother received no follow-up, condolences, or support from the hospital, which highlighted a gap in bereavement care. R Mannings challenged the board and staff to ensure compassion is at the heart of care, both for patients and for families after a death. Following the presentation of the story, B Gammon acknowledged the experiences and outlined the following actions that were being taken to address the issues raised: Visiting Policy & Carers Passport: The health board is reviewing its visiting policy and rolling out a carers passport to support families and patients, capturing their wishes and needs, including meal preferences.

Volunteer Involvement: Plans are in place to increase the visibility and role of volunteers on wards, including helping with activities like providing newspapers and supporting patients.
Patient Advisory Liaison Service (PALS): The PALS team was being made more visible and accessible on wards to support patients and families.
Multi-Faith Chaplaincy: The chaplaincy service had been expanded to include multi-faith support.
Nursing Reflection & Leadership: Nurses would reflect on the story shared, and senior/lead nurses were being encouraged to demonstrate visible leadership and role modelling on wards.
Training Initiatives: Over 40 training sessions for high-performing teams had been conducted, focusing on care, compassion, and respect. Clinical leadership and professional standards training were being rolled out.
Patient Story Toolkit: Work was underway to provide more platforms for patients and relatives to share their stories.
Bereavement Support: Strategic work was ongoing to improve bereavement support frameworks for both children and adults, and to enhance end-of-life care.

P Mears expressed deep regret regarding the family's experience, stating it was unacceptable and not the standard expected from any staff member, regardless of their role or how busy they were and emphasised that everyone's primary job was to ensure people were well cared for and looked after, acknowledging that the organisation had failed the family on multiple occasions. P Mears advised this this would be taken seriously by the board and stressed the need to reset expectations with staff in relation to certain core behaviours which were non-negotiable. P Mears highlighted the importance of respect and civility in every interaction with patients and families, noting that even a single negative interaction could have a lasting impact and committed to using this story as an opportunity for organisational learning and improvement, with the story to be shared with staff so that they could reflect on whether they would want the same experience for their own loved ones. P Mears concluded by thanking R Mannings for sharing her story and confirmed that the organisation would take action to address the issues raised.

D Hurford advised that he found the story incredibly hard to listen to and acknowledged that whilst an apology could not change the experiences of the patient and their family, he emphasised the need to ensure others do not have the same experience and highlighted the importance of values, behaviours, respect, and compassion. D Hurford added that it would be helpful if R Mannings would be willing to record her story so that this could be shared at other forums to help staff understand the impact of such experiences and extended his thanks to R Mannings for sharing the story and for her willingness to help drive change.

L Curtis-Jones advised that she found the story heartbreaking and stated that no one enters the care field expecting someone to be treated that way and

queried if learning stories like this were included in training for nurses and doctors, emphasising the importance of such stories in professional education. L Curtis-Jones also shared a positive story of an experience following a visit made by her mother to Royal Glamorgan Hospital and added that her mother wanted to compliment the nursing staff for their care, which had been fed back to the Executive Director of Nursing. L Curtis-Jones concluded by highlighting the value of hearing both challenging and positive experiences.

P Roseblade sought clarity as to how the actions being put in place would be checked for effectiveness and specifically inquired about the feedback loop and how the board would know if the actions being taken were working. B Gammon explained that effectiveness would be checked through several methods, including monitoring volunteer recruitment and presence on wards, patient experience surveys, audits of the carers' passport and related frameworks, and visible leadership by nurses on the wards. B Gammon emphasised the importance of leaders being present and available during visiting times to ensure visibility and direct feedback.

P Mears commented that while audits and checks were important, ward leadership was also crucial, emphasising that Ward Managers were supernumerary and should be available to speak to relatives or patients if there were concerns. P Mears added that ward managers had a core responsibility to ensure good quality care and be accessible for immediate resolution of issues and proposed further work to engage ward managers in this role.

C Donoghue reflected on the importance of ensuring the Quality, Safety & Experience Committee had an equal focus on patient experience, noting that hearing such a powerful and heartbreaking story highlighted the need to incorporate these experiences into Committee discussions and visits. C Donoghue suggested that more could be done to personally engage with patients and relatives during visits to better understand and impact patient experience.

G Dix apologised for the experience and stated it was not the standard expected from nurses. G Dix highlighted the importance of relatives or family members presenting their stories directly to the ward staff, as it is powerful for staff to hear stories firsthand and added that the health board sometimes plays patient or relative stories to staff to remind them of the impact of compassionate care and the consequences when things go wrong. G Dix provided assurance that such stories would be integrated into wider patient experience work and that his successors would continue this approach when he leaves the organisation.

G Hughes advised that ‘Alan's experience’ should be used as a reference point for ongoing improvement, with suggestions to refer to "Alan's experience" in future discussions to ensure lessons were not forgotten. R Mannings stated that every one of her presentations now ends with "Alan's legacy," emphasizing that her father's legacy is kindness and compassion and added that she uses this

	message to encourage others to focus on what can be done better, highlighting the importance of compassion in care. The Chair advised that he was disappointed to hear of the experience of the patient and family and emphasised that while the NHS was a pressurised environment, this should never excuse poor behaviour or falling standards. The Chair stated the board's responsibility was to set the right culture and expectations, support staff, but also recognise and address poor behaviour when it occurred. The Chair committed that the board would learn from the story, incorporate it into future work, and ensure actions were taken to do things differently. The Chair extended his thank to R Mannings for sharing the story and to B Gammon for outlining improvement efforts.
Resolution:	The Listening & Learning story was NOTED.
4.	SETTING THE SCENE
4.1	Chair's Report
	The Chair presented the report and highlighted the key matters for Members attention. The Chair noted that this would be the last Board meeting for G Dix and extended his thanks to him on behalf of the board for his leadership and support, highlighting his energy, compassion, passion for nursing, exceptional leadership, visibility in the hospitals, and engagement with Board Members and executives. The Chair highlighted that the organisation would be celebrating staff achievements that evening through a staff annual celebration event, which brings together various staff awards and categories. The Chair emphasised the importance of recognising the amazing work staff do across the organization and noted the success of the Seren of the month awards. The Chair informed the board that a Public Accountability Meeting with the Cabinet Secretary had been provisionally set for 23 October 2025 and explained that this session was required to review the board's performance data, organisational progress, and future ambitions, emphasising the statutory responsibility of the Cabinet Secretary to ensure the Board and Chair were fulfilling their duties. The Chair advised that more information would be shared with board members once available.
Resolution:	The Board resolved to: • NOTE the report. • RATIFY the Affixing of the Common Seal
4.2	Chief Executive's Report
	P Mears presented his report and highlighted the key matters for Members attention. The following key updates were noted: There had been no change in the Health Board's Escalation Status; There had been significant improvement in Ambulance Handover Performance, particularly at Cwm Taf Morgannwg hospitals, with CTM leading the way in Wales, which had been positively noted by Welsh Government;

	Good progress had been made in Elective Care Performance, particularly with orthopaedic services relocated to Princess of Wales and cataract services performing above plan; Work is underway to establish women's hubs in line with Welsh Government priorities, aiming for community-based, integrated services by March 2026; The formal consultation on shift patterns had closed, with over 1,100 responses. Discussions with trade unions were ongoing to adapt proposals, especially regarding Continuing Professional Development (CPD) time and shift structure. H Daniel stated that national elements were being incorporated into the shift pattern design and added that ongoing conversations with trade union colleagues had led to additional suggestions which were in the process of being worked through. A further update would be presented to the Board in November. The Human Tissue Authority recently gave a very positive inspection report, highlighting national best practices in mortuary services. Previous challenges from 2019 had been addressed, and the team were commended for the work undertaken to address the challenges; An all-Wales assurance review of maternity and neonatal services had commenced, led by an independent chair, with feedback expected in early 2026. P Mears also acknowledged and thanked G Dix for his significant contributions, especially in transforming maternity services and stakeholder confidence.
Resolution:	The report was NOTED.
5.	ESTABLISHMENT OF THE SOUTH EAST WALES REGIONAL JOINT COMMITTEE
5.1	Establishment of the South East Wales Regional Joint Committee - Context and Terms of Reference
	C Thompson presented the report and advised that this Committee marked a significant step for regional collaboration among three health boards and aimed to improve service delivery for 1.5 million people in South East Wales. Members noted that the Committee provided a governance framework for delegating decision-making powers from individual boards to the joint committee, reducing duplication and enabling collective leadership. C Thompson advised that success depended on building trust and a shared purpose, with a focus on new ways of working rather than structural changes and added that the Committee would start with a shared purpose, considering the spectrum of collaboration and emphasising that change happens at the pace of trust. G Watts added the committee does not replace the statutory responsibilities of individual health boards or Accountable Officers and was designed to enhance regional working. P Roseblade expressed concerns that the new committee should not replicate issues seen with previous joint committees, for example the Welsh Health Specialised Services Committee, where health boards retained too much separate responsibility which limited effectiveness.

	P Roseblade questioned the use of the word "may" in the terms of reference regarding whether health boards were bound by majority decisions, and queried how this affected the committee's authority and the effectiveness of the dispute resolution processes. In response, G Watts explained that whilst the intention was to achieve consensus among the three health boards, the terms of reference included provisions for scenarios where there was disagreement. G Watts clarified that the dispute resolution process outlined escalation steps to reach a conclusion, added that the Regional Joint Committee does not replace the statutory responsibilities of individual health boards and emphasised that the RJC's authority was limited by the need to respect each board's statutory duties, which is why the word "may" is used. C Thompson added that the process was about building trust and committing to a new way of working and not repeating past approaches and emphasised that starting from a position of organisational compromise before relationships were developed could set the wrong tone, and that all parties needed to move forward together. C Thompson highlighted the importance of not appearing as if any one party was acting independently and reinforced the need for collective action. H Proctor sought clarity as to where decisions made by the Regional Joint Committee would be reported. C Thompson clarified that made by the RJC would be reported functionally similarly to other committees and then brought back to the board as appropriate. The Chair stated that this new arrangement presented a opportunity for the three health boards to think more ambitiously about the types of services they could deliver together, given their combined financial resources and the defined geographical area of South-East Wales. The Chair noted that the region's transportation links, and population dynamics support collaborative service delivery, and that people often live, work, and socialise across different health board areas, making joint service planning logical. The Chair suggested that this collaborative approach could help determine the location, style, and size of services to better serve the population. G Hughes expressed strong support for the establishment of the Regional Joint Committee, highlighting that the health board was already working more collaboratively with Aneurin Bevan and Cardiff and Vale health boards across various areas, and emphasised that having a formal governance arrangement around this collaboration was welcome and necessary. G Hughes noted the importance of building on successful collaborative areas, such as the single cataract delivery model, and stressed that the underlying organisational development (OD) principles and trust between organisations were crucial for the committee's success. G Hughes also pointed out the opportunity to use resources differently and expand services for the benefit of the population, while acknowledging potential pitfalls and the need to build the committee properly. D Jouvenat agreed that the Regional Joint Committee is important for the health board and added that she acknowledged the significant work put into the

	supporting papers to ensure proper arrangements. D Jouvenat advised that whilst she recognised the rationale, she felt concerned regarding the governance support for the committee, specifically questioning whether rotating governance support annually among the health boards would work effectively, given that this could disrupt relationship and process continuity. The Chair acknowledged the concern raised as a valuable point and explained that, as the process starts, the appointed chair of the regional joint committee would likely chair for the first 18 months to provide continuity and stated that as the committee progresses, a reassessment could be undertaken of how governance support is resourced and whether changes were required, noting that initially, current teams would support the process. The Chair emphasised that while the additional responsibilities were significant, the work is valuable, and the approach could be adjusted as the committee develops. N Mesher suggested thinking more holistically about the benefits and opportunities of the Regional Joint Committee, beyond just the Llantrisant Health Park (LHP) and orthopaedics and highlighted that Wales was underperforming in research and suggested that the committee could represent a population of 1.5 million to facilitate research opportunities. N Mesher added that there were other areas, such as sustainability, where collaborative work could be beneficial. H Daniel echoed the comments made by N Mesher and stated that whilst Organisational Development (OD) was often seen as a solution to everything, this needed to be reframed as a leadership challenge, noting that OD enables leadership, which was essential for success across the three organisations. Members noted that a positive first meeting of regional partners had already taken place to begin designing what leadership work should look like. D Hurford expressed his support for the regional collaboration and emphasised the need to balance working separately and together, and specifically highlighted the importance of research, noting that national efforts had not progressed and suggested a more flexible regional approach. D Hurford added that individual health boards were not large enough to handle certain issues alone, hence the need for regional structures, particularly for clinical challenges like vascular services, but stressed the need for clear governance structures to support such work. C Donoghue advised that whilst she was supportive of the establishment of the Regional Joint Committee, she cautioned against duplicating efforts regionally if national solutions were not working, advocating for stopping ineffective national work rather than running parallel regional initiatives. The Chair agreed that sometimes when things were not working well enough locally, there was a tendency to look for a regional solution, as seen with the regional partnership boards and also cautioned that just because something wasn't working individually does not necessarily mean a collective regional response will solve the problem. The Chair emphasised the need to be cautious

	and to distinguish between issues that genuinely require a larger footprint and those that simply need more local effort to resolve. P Mears stated that having the Regional Joint Committee in place would have provided greater clarity and direction and more streamlined and effective decision-making in regard to projects such as the Llantrisant Health Park and suggested that the absence of such a structure highlighted the need for more formal governance arrangements to support regional working, given that informal arrangements had their limitations. P Mears acknowledged that while there were many areas that would benefit from regional collaboration, the main challenge would be having the capacity to deliver this work and emphasised that the real test would be how conflicts and difficult positions were handled between the organisations. The Chair advised that similar collaborative structures had already been working in local government for several years, including the Cardiff Capital Region, and suggested this demonstrated that public bodies could work together effectively. The Chair extended his thanks to C Thompson and G Watts for the work they have undertaken on this matter.
Resolution:	The board resolved to: APPROVE the establishment of the South-East Wales Regional Joint Committee (RJC) and its associated terms of reference and operating arrangements as attached; NOTE the RJC will appoint a Chair from its membership followed by a rotating period of appointment. Governance support will be provided by the Health Board of the Chair appointed as RJC Chair; DETERMINE membership from each respective health board to join the RJC, in-line with the membership requirements; NOTE the wider determinants for the RJCs long term sustainable success and; APPROVE the development of a regional OD programme for the RJC and its partners.
6.	BOARD GOVERNANCE ARRANGEMENTS
6.1	Action Log
	The Chair presented the action log.
Resolution:	The Action Log was NOTED.
6.2	Matters Arising not Contained within the Action Log
	There were no matters arising
6.3	Board Assurance Framework
	G Watts presented the report and advised that since the July meeting, a key change was the update and escalation of strategic risk 9, which related to the failure to plan and manage revenue resources within the limits set by Welsh Government. Members noted there were no other substantive changes to new risks or the scoring of strategic risks and were reminded that the framework was

	underpinned by the organisational risk register, which is scrutinised by the Committees of the Board. P Roseblade commented that whilst she found the addition of strategic risk 9 appropriate, she queried that since the Board had already agreed the plan, the issue was not a failure to plan but rather the implementation or delivery of that plan and suggested the risk wording should be adapted to reflect this focus on delivery. Following discussion, G Watts agreed to work with Board members to find a suitable form of words to describe this risk, for example, Failure to Deliver the plan.
Resolution:	The Board resolved to: • APPROVE the escalation of Strategic Risk 9 subject to amendment of wording of this risk • APPROVE amendments made to the existing risks and CONFIRM that the updates provide adequate assurance and reflect recent discussions.
Action:	Review to be undertaken of the wording of Strategic Risk 9 so that it better reflects the focus on delivery.
6.4	Board Committee and Advisory Group Highlight Reports
6.4.1	Quality, Safety & Experience Committee Highlight Report 22 July 2025
	Prior to presenting the report, C Donoghue reflected on the need to focus more on patient experience within the Committee's agenda, noting that while it was addressed, there may be room for greater emphasis. C Donoghue also praised the improved quality and succinctness of papers and reports being presented to the Committee, which had helped with effective management of the agenda. In presenting the report, the following key matters were highlighted: The Committee noted significant progress on the paediatric general dental anaesthetic list, with reinstatement of the theatre list and improved service delivery; The Committee acknowledged the Welsh Government assessment of maternity services and the Committee's ongoing involvement with its implications; The continuing oversight of stroke services, with the Committee recognising that while some metrics remain poor, substantial work and progress had been made to improve services, which would continue to be closely monitored; The Research and Development Strategy and the Annual Duty of Quality report were endorsed for Board approval. In relation to the current waiting list position for paediatric general anaesthetic dental lists, G Hughes confirmed that this will be reduced to 26 weeks by Christmas, and by the end of March 2026, it was expected to return to a two to three-week window for surgery for patients.
Resolution:	The report was NOTED.
6.4.2	Operational Delivery Committee Highlight Report 29 May 2025
	In presenting the report, P Roseblade highlighted the positive escalation in ambulance handover performance, noting that improvements had continued

	through the summer with no reported negative impact on the emergency department. P Roseblade also drew attention to financial performance, specifically that forecast savings were significantly below target. R Hughes provided assurance to the Board that enhanced monitoring was in place to ensure that improved ambulance handover performance did not create unintended consequences within the Emergency Department or wards and added that collaboration with local authorities was helping to improve patient discharge processes. The Chair advised that during his recent accountability meeting with the Cabinet Secretary, he was asked about plans to sustain the improved ambulance handover performance and advised that he discussed the team's ongoing internal monitoring to ensure sustained performance and to check for any unintended consequences within the emergency department and wards. The Chair also highlighted the importance of system-wide effectiveness, mentioning close collaboration with local authority partners to support timely patient discharge, especially for those with social care needs. G Dix provided an update on boarding of patients, stating that boarding was still occurring at Prince Charles Hospital, with triple boarding also being experienced in some areas. Members noted that whilst the wards were large and patients did not feel as cramped as in other sites, this was still not a pleasant experience for patients and noted that, despite boarding, no safety issues had been reported through the governance system.
Resolution:	The report was NOTED.
6.4.3	Mental Health Act Monitoring Committee 20 August 2025
	K Palmer presented the report which highlighted the ongoing staffing vacancies, particularly the fragility around clinical medical cover and highlighted a positive unannounced Healthcare Inspectorate Wales visit to Ward 7 at Ysbyty Cwm Cynon Hospital. G Dix advised members that A Llewellyn, Care Group Nurse Director, would be retiring in November and expressed his thanks for her leadership over the Health Board over last few years. Members noted that a discussion had recently been held in relation to Mental Health Services at an Executive Team meeting where the ongoing national and UK wide shortage of Consultant Psychiatrists and the impact this was having on medical staffing within Mental Health was acknowledged. D Hurford advised that an interim appointment had now been made into the Medical Director post within Mental Health whilst recruitment was being undertaken for the substantive post. Members noted that the Mental Health Team were in the process of developing a Mental Health Strategy which focussed on moving to an operating model that uses the available workforce more effectively and prioritises care delivery and noted that this transformative work would be presented to the Board in due course.

	H Daniel advised that the Health Board had recently secured funding from Welsh Government to recruit two Specialty Doctors and one Consultant Psychiatrist, which should help to improve the staffing position and added that work was being undertaken to broaden recruitment strategies, which included improved creativity regarding branding in order to attract candidates. P Daniels advised that Welsh Government had recently published the Mental Health & Wellbeing Strategy and the Suicide and Self Harm Strategy and added that the Public Health Team were concluding a healthcare needs assessment for mental health and wellbeing, following which a work plan would be developed. Members noted the aim of this piece of work was to ensure people have appropriate access to mental health and wellbeing support.
Resolution:	The report was NOTED.
7.	DELIVERING OUR PLAN
7.1	Strategic Clinical Services Plan
	C Thompson introduced the item and explained that the update responds to a request from Board for the timelines around the Strategic Clinical Services Plan and provided an opportunity to discuss the foundational work needed for significant strategic change across several areas, including primary and community care, integration of health and social care, and mental health transformation. C Thompson emphasised the importance of ensuring the right foundations were in place for these interlinked transformation programmes and added that a more detailed update would be presented to the Strategic Development Committee in October. C Thompson also highlighted the need to link this work with the Regional Joint Committee, referencing ongoing collaboration with colleagues. Following the introduction, A Ali shared the presentation with members. P Roseblade advised that whilst she appreciated the presentation, which was exactly what would be expected in planning documentation in terms of graphics and terminology, she felt concerned that the plan could be generic and might apply to any context, rather than being specifically politically led or tailored to the organisation's unique needs, which she felt to have been the case since the plan's conception. C Thompson responded by emphasising the importance of having foundational evidence before moving to a more dynamic stage of planning and made reference to discussions held with the Executive Medical Director about how to engage clinical leadership around the future ambition. C Thompson also referenced ongoing work in primary care as an example of how clinical leadership was being manifested in that stream of work and highlighted the need to bring together the portfolio of transformation programs and the necessity of transforming community services alongside clinical services, stressing the importance of having a basis for clinical staff to engage with these changes.

A Ali clarified that the current stage was foundational, and added once workstreams were set up, they would be led by clinical leads and involve clinical staff, given they were best positioned to design services. A Ali emphasised that clinicians would be provided with the necessary tools, such as health assessments and information on challenges and new models, to help develop several options for public consultation.

C Donoghue made reference to the delivery timeline, noting that the presentation stated that the Health Board was currently in phase 0, scoping and preparation, and added that it felt like the organisation had been in this phase for some time, given the previous work undertaken on the Acute Clinical Services Plan. C Donoghue advised that it would be helpful if clarity could be provided in relation to clear start and end points for phases which would help in setting the expectations for the Board and its stakeholders as to when tangible changes would occur.

P Mears advised that some consolidation and moves of services had already taken place, some of which had been driven by clinical teams and others by necessity, enabling rapid clinical changes that had been difficult to implement previously, and suggested it would be useful to describe these existing changes within the plan to highlight the progress already made. P Mears advised that the consultation process would be affected by upcoming electoral events, noting that with elections approaching, public focus on health services would increase and make consultations more challenging and suggested that timelines should reflect that the Health Board may not be able to proceed with consultations until after the next election.

D Hurford advised that clinicians often have fantastic ideas and were eager to drive change, highlighted the challenges around harnessing that enthusiasm and noted that there was sometimes a lack of consideration for the broader impact of changes on other service areas, which needed to be considered in the next phase of developing the new framework.

K Palmer noted the distinction between public consultation and ongoing engagement, stressing that engagement can continue even when formal consultation is not possible and expressed interest in seeing the case for change. K Palmer also agreed on the need to be realistic about what is achievable given current capacity, referencing the significant effort required for engagement and the challenges of making changes in the local context. Members noted that even one small change in one community hospital had required a significant amount of external engagement with stakeholders and noted that the time and effort required to manage changes could not be underestimated.

In response to a query raised by A Brown as to whether the clinical services plan was a framework for every clinical service to run their IMTP through or if it was focused on a smaller set of areas or pathways, C Thompson advised that the clinical services plan was intended to deliver the overall strategy of the Health Board, which would result in every element of every service needing to change

	over time to keep pace. C Thomspon added that alongside this transformation, the Health Board must continue to run its IMTP and business on a daily basis. In response to queries raised by N Mesher as to whether the plan was about improving the next 12 months or reshaping over five years, C Thompson advised that she acknowledged the importance of having a clear vision and foundational elements to support the long-term strategy and added that she would be presenting the foundational products to the Strategic Development Committee in October, prior to updates being presented back to Board. P Mears highlighted the need to consider digital and data approaches, in addition to technology, within the foundation piece of work and noted the challenges in relation to predicting what technology would look like given its rapid pace of change. P Mears expressed the importance of using opportunities, such as the Llantrisant Health Park, to act as a test bed for new systems, applications and infrastructure. S Morris agreed with the comments made and advised that recent engagement had been held with Clinicians in relation to the Llantrisant Health Park where discussions were held in regard to foundational principles as well as digital systems. The Chair suggested that over the next 12 months, the organisation should engage with staff to identify which services may require the most immediate attention, referencing the organisational risk profile to prioritise areas most challenged. The Chair suggested that it would be beneficial to return to this subject in future board updates or briefing/development sessions, to ensure the Board remains engaged as the thinking around the topic is refined. The Chair reiterated the need to articulate what the next five years would look like for the Health Board, focusing on describing the future estate and referenced the ambition for the organisation to be a provider of community-based healthcare services, not just hospital-based care. A Ali reinforced the approach of rethinking service delivery by focusing on what care can be provided safely at home, at a cluster or health centre level, and emphasised not being constrained by traditional hospital-based models, citing global examples of successful community-based care. The Chair concluded the item by advising that consideration would now be given as to how the Board could be updated on progress over the next 12 months.
Resolution:	The report was NOTED.
Action:	Consideration to be given be given as to how the Board could be updated on progress over the next 12 months.
7.2	Community Based Healthcare Plan - Presentation
	G Hughes shared a presentation and highlighted the key matters. K Palmer expressed how impressed she was by the Primary Care Transformation Board meeting she recently attended and highlighted the strong engagement and progress made and the value of hearing the GP voice directly. Members noted the involvement of the three GP cluster leads and the intention to do

	further engagement with all GPs across CTM and noted the importance of aligning the local work with the national programme to ensure integration between the clinical services strategic plan and community engagement, which would be picked up by the Strategic Development Committee. Members also noted the need to bring together physical services and mental health services within community health, which would be a key focus moving forward. The Chair echoed the comments made by K Palmer and agreed with the positive feedback shared about GPs engaging in shaping and designing the future model. P Mears highlighted that GPs were independent contractors, with no single way of working and each practice working differently, and the challenges that would be faced moving forwards to move towards a standardised way of working which would require a different approach compared to acute service. P Mears emphasised the need for peer support leaders within the GP community to help drive change and referenced the importance of building trust, especially by addressing day-to-day issues that affect GPs. The Board noted the national shift in focus toward primary and community care, noting the Chief Medical Officer and Cabinet Secretary's support for this agenda and the expectation for health boards to demonstrate resource allocation toward these priorities. Members noted that getting primary and community care right was fundamental to the success of the broader clinical services strategy, including hospital service redesign. S Morris emphasised the need to clearly distinguish between having a single system and having a single record, especially in the context of integrating mental health services and cautioned that focusing solely on a single system could be prohibitive, highlighting the importance of data sharing between primary and secondary care. N Mesher referred to the potential role of community pharmacy, particularly in managing long-term conditions and monitoring patients, and referenced opportunities for community pharmacy to contribute to diagnostic testing and integrating diagnostic data into medical records for ongoing patient management. Members noted that the Health Board already had a good relationship with community pharmacists and were working with them on several service provisions. Members recognised the need to address paper documentation and the challenge of integrating this data into electronic records and also noted that patient-held data and wearable technology would become increasingly important, with consideration being given to how these developments could be used in future service design. G Hughes advised that work was progressing at pace on delivery plans, with 'plans on a page' being reviewed at the next Transformation Board meeting for each focus area. Members noted these plans would clarify the delivery of immediate actions as well as medium and longer-term objectives.

	In response to a query raised by the Chair as to how the vision and ambition for the next five years could be articulated externally, P Mears highlighted the need to translate this ambition into an easy-to-understand description for the public, making it clear how services will be reoriented and what that will mean for patients. Members noted that engaging and having conversations with the public about this vision was essential, given that the cultural shift required would be significant and overwhelming. K Mason highlighted the importance of having a shared record that was understandable to all stakeholders, including patients and stated she would like to see something much more upfront and explicit in relation to shared information management in the plans that were being developed. H Proctor raised concerns about the socio-economic profile of patients, noting that many people do not have access to digital resources to enable them to receive information via text or email, and questioned how accessibility would be ensured for everyone. P Mears acknowledged the concerns raised and referenced solutions used in maternity services, such as providing SIM cards to those without access to digital devices. P Mears emphasised the need to design solutions that fit the majority who can use digital, while also ensuring alternative options for those without digital access. P Daniels commented that regional working needs to be recognised, especially regarding the flow of information and noted that whilst a national solution may be on the horizon, interim solutions would be necessary to meet ambitions and timelines. The Chair emphasised that it was the statutory duty of the Health Board to drive forward the interim solutions. D Hurford stated that other sectors, such as local authorities and libraries, had addressed digital access by providing computers for public use and suggested that this could be a possible approach that could be taken by community pharmacies for remote consultations for example. Following a query raised by the Chair, members noted that the next steps included taking the overall five-year plan through the Strategic Development Committee and presenting the deliverables through the Operational Delivery Committee. Members noted that updates would also be provided through board briefings, and actions for the upcoming year's planning and ambitions would be incorporated into the Integrated Medium Term Plan ambitions for next year.
Resolution:	The presentation was NOTED.
7.3	Integrated Performance Report (Quality, People & Operational Performance)
	C Thompson introduced the report and highlighted the key matters for members attention in terms of the key performance metrics, before handing over to Executive leads to provide updates against their performance areas.

In relation to the staff survey, the Chair encouraged board members to support the staff survey by being present on sites over the next couple of weeks to help publicise and promote the initiative.

P Roseblade referred to Ophthalmology which had consistently been at the bottom of the Follow-Up Not Booked metrics during the last five years, despite seeing many plans and processes to address the issue and queried when the situation would improve. G Hughes advised that whilst the numbers of patients waiting had stabilised, he would seek an update on timelines for further improvement outside the meeting and agreed to share with Members once obtained.

In response to a query raised by P Roseblade as to the approach being taken this year by the Health Board in relation to staff vaccines, H Daniel advised that a combination of methods would be used which included clinics for booking or walk-ins, peer vaccinators in clinical settings and roaming vaccinators to reach staff within their areas of work. P Daniels added that there was also an option for staff to visit community vaccination centres and added that staff incentives were also being offered to encourage staff uptake. H Proctor welcomed the process taken this year which she found to be much easier and accessible.

K Palmer queried whether there were other metrics, such as weight management, that were particularly important for CTM that should be included within the performance dashboard and queried when the Board would begin to consider or introduce new or draft metrics related to primary and community care. C Thompson responded to advise that this formed part of the strategy deployment item that would be discussed at the Strategic Development Committee and advised that there was an intention to ensure the metrics reflect the Health Board's priorities.

D Jouvenat queried how much of the increase in staff sickness, particularly stress, was related to changes in working patterns due to the incident at the Princess of Wales Hospital and ongoing consultation about shift patterns and queried whether the data is analysed in enough detail to link stress increases to specific areas or changes. H Daniel explained that while detailed local analysis was done within care groups, at the broader level it was not clear if there is a direct link. Members noted that the well-being and OD teams use a heat mapping process to identify and target areas of concern and noted that spikes in sickness had been observed following service changes, such as in maternity, and that there was ongoing work to reframe conversations about sickness and expectations post-COVID.

H Proctor highlighted to Board Members that Allied Health Professionals would be celebrating AHP month on the 14 October.

The Chair welcomed the improvement in Emergency Department handover times, noting the significant work undertaken and highlighted that while handover targets were being met, the Health Board was still relatively low

	compared to other health boards in red, amber, and purple ambulance call response times, and suggested ongoing monitoring and possible further discussions with the Welsh Ambulance Services Trust if data does not improve. The Chair also mentioned the importance of considering the geography of the Health Board region and ambulance positioning, cautioning that improved handover times do not necessarily mean ambulances were reaching patients faster. G Dix shared that staff at Prince Charles Hospital (PCH) questioned the impact of improved 45-minute ambulance handover times, noting that while the target was nearly achieved, staff still feel crowded in the Emergency Department and wards, and expressed they would like to see tangible benefits from these changes. G Hughes advised that he had met with the Welsh Ambulance Service NHS Trust to discuss the possibility of them presenting the impact of these changes on WAST performance within CTM.
Resolution:	The Board NOTED the Integrated Performance Dashboard.
Action:	Update on timelines for further improvement in relation to Ophthalmology Follow-Up Not Booked metrics to be shared with Members outside the meeting
7.4	Month 5 Financial Performance Report
	A Jones presented the update and highlighted the following key matters for members attention: The month 5 financial position had improved, with a small deficit reported and the year-to-date deficit remaining stable. New savings had been identified, but there was still a gap compared to the planned savings target. Additional funds had been released from reserves and accounting policies to help offset shortfalls. The break-even forecast was still achievable, but there are risks from lower-than-expected government allocations and unresolved national pay issues. The capital programme was progressing well, and no major cash flow risks are anticipated. The Chair sought clarity in relation to the difference in understanding between the health board's required pay settlement for 2024/25 and what Welsh Government saw as their obligation, specifically referencing the Band 2 and 3 pay issue. A Jones explained that Welsh Government received insufficient funding for National Insurance across the public sector and, although they added some local funding, the recurrent position was worse than the in-year position. Members noted that the interim settlement for the current year was non-recurrent and that the shortfall would continue into next year unless resolved. Members also noted that Welsh Government did not recognise variable and non-contractual pay (like agency and bank staff) in the pay settlement, which were real costs for the health board which would increase with inflation. In response to the query raised by the Chair regarding the Band 2 and Band 3 issues, H Daniel explained that the Band 2 and 3 issue stemmed from changes

made in 2021 to Healthcare Support Worker job profiles set by the Workforce Staff Council at UK level, moving some duties from Band 2 to Band 3. Members noted that there was a campaign, led by one union, to up-band healthcare assistants from Band 2 to Band 3, with Swansea Bay as the initial pilot site. H Daniel advised that whilst a national framework exists to manage this process, Welsh Government had not yet clarified how this would be funded. Members noted that the health board had received its first grievance related to this issue, and noted the potential financial risk could be around £8 million, which made funding confirmation from Welsh Government crucial.

P Roseblade congratulated the organisation and finance team for reducing the monthly deficit, which she felt was a significant achievement for such a large organisation. P Roseblade advised she presumed that the funding for 2024/25 was non-recurrent meaning that the shortfall experienced this year would continue into the recurring position. A Jones confirmed this to be the case and advised that this had been factored into the current assessment. In relation to the National Insurance position, members noted this would deteriorate recurrently given that only a non-recurrent allocation had been given to support the national programme and had also been incorporated into the recurring deficit.

P Roseblade expressed her disappointment with the Audit Wales media release stating all seven health boards failed to meet their targets. P Mears clarified that technically the Health Board had failed to meet their targets in the context of the three-year financial rule that had been set by Welsh Government.

P Mears emphasised that whilst the current financial position was a significant achievement, he highlighted the need to maintain close oversight over the next six months due to ongoing internal and external risks, especially given the challenging environment for Welsh Government funding. Members noted that that Welsh Government expected all boards to deliver their plans, given there was no additional funding available.

K Palmer acknowledged the improved monthly deficit, recognised the risks outlined in the finance update and queried about the ability to invest in key service areas this year and at what point those investments could be made. P Mears explained that whilst investment was already being made in some key areas, the profile of spend may differ from initial expectations and advised that some areas were behind schedule. A Jones confirmed that the discrete investment was still in the plan, with funding available, and that some investments were already being incurred, some of which were happening at a slower rate, with some yet to commence. Members noted that whilst the £1.7 million released was related to anticipated cost pressures that had not materialised as expected, allowing some funds to be reallocated, this had not stopped planned investments.

Members agreed that it would be helpful if future reports could include information on discretionary spend and progress against the original plan which

	would provide the board with confidence that resources were being released for key priorities. The Chair extended his thanks to A Jones for presenting the report.
Resolution:	The report was NOTED.
Action:	Future reports to include information on discretionary spend and progress against the original plan to provide the board with confidence that resources were being released for key priorities.
8.	STRATEGIC PLANNING
8.1	Outline Business Case - Llantrisant Health Park
	G Hughes and R Cavill presented the report and highlighted the key matters for Members attention. The Chair expressed strong appreciation for the work undertaken by R Cavill and her team, highlighting the significant amount of detailed analysis and the significance of delivering the first regional diagnostic and treatment centre in Wales. The Chair also recognised the support and energy from Rhondda Cynon Taff Local Authority, specifically mentioning Councillor Andrew Morgan and colleagues for their enthusiasm and help in expediting planning approval. The Chair emphasised the project's importance as a fantastic resource for South East Wales. In response to a question raised by P Roseblade as to whether there had been a good level of response to the managed service contract procurement, P Mears advised that there had been a lot of interest from suppliers and that the procurement process was nearly complete. Members noted that the supplier selection process involved all three health boards in the South East Wales region. In response to a question raised by P Roseblade whether there had been any informal feedback on the technical aspects of the Outline Business Case (OBC), R Cavill advised that the technical aspects of the OBC had already been reviewed twice by specialist estate services, with feedback incorporated, and added that whilst no written feedback had been received to date, a face-to-face meeting was scheduled to finalise any outstanding issues. In response to a query raised by N Mesher as to whether the managed service provider could bring forward and invest in the additional (future) capacity themselves, possibly for private patients or other business at risk, and whether the contract would allow for this, R Cavill advised that this possibility would require contractual negotiation with the preferred provider and would also need to consider Welsh Government's position, given that they were funding the building. G Hughes added that various options were being evaluated, including examples from England, and that further discussions could take place once the supplier was identified. A Jones added that whilst most suppliers had asked about this option, the priority was delivering the core service specification first.

	K Palmer noted that regional engagement was listed as a top risk for the programme and queried whether this would be addressed by the South East Wales regional forum as a top priority. P Mears stated that regional support for the programme had improved significantly, with recent regional calls showing strong endorsement from partners, and added he anticipated that the risk score for regional engagement would decrease. In response to a query raised by K Palmer as to how the risks of this programme would feed into the organisational risk register, P Mears suggested adopting a similar approach to risk management as was used with the Prince Charles Hospital ground and first floor project, where programme risks were managed at the project level and any significantly escalated risks being treated accordingly. Members noted that whilst this proposal was being presented to this Board for approval, the proposal had also been presented to Aneurin Bevan and Cardiff & Vale Health Boards for endorsement, given that this was a regional solution.
Resolution:	The board DISCUSSED and NOTED the LHP OBC and APPROVED the submission of the OBC to the Welsh Government.
9.	CONSENT AGENDA
9.1	FOR APPROVAL
9.1.1	Unconfirmed Minutes of the meeting held on 31 July 2025
Resolution:	The minutes were APPROVED.
9.1.2	Board Committee Annual Reports
Resolution:	The Committee Annual Reports were APPROVED.
9.1.3	Putting Things Right Annual Report
Resolution:	The report was APPROVED.
9.1.4	Interim Amendments to the Model Standing Financial Instructions Chapter 11 for Local Health Boards/Annual Review of Standing Orders
Resolution:	The board APPROVED the amendments to Chapter 11 of the Health Board's SFIs.
9.1.5	Annual Duty of Quality Report
Resolution:	The report was APPROVED.
9.2	FOR NOTING
9.2.1	Non-Routine Board Business (Forward Plan)
Resolution:	The Non-Routine Board Business (Forward Plan) was NOTED.
9.2.2	Annual Cycle of Business
Resolution:	The Annual Cycle of Business was NOTED.
9.2.3	Board Committee and Advisory Group Highlight Reports
Resolution:	The report was NOTED.
9.2.4	Annual Unpaid Carer's Report
Resolution:	The report was NOTED.
9.2.5	Infection Prevention & Control Annual Report
Resolution:	The report was NOTED.
9.2.6	Confirmed Minutes of the NHS Wales Joint Commissioning Committee Meeting held in public on Tuesday 15 July 2025
Resolution:	The minutes were NOTED.

10.	CLOSE OUT BUSINESS
10.1	Any Other Business
	There was no other business to report.
10.2	Meeting Feedback
	The Chair requested feedback on this meeting within the next two weeks.
11.	Private / In Committee Session
	Members noted that the following items would be received in the In Committee session: Full Business Case - PCH Ground & First Floor Phase 3 South East Wales Regional Orthopaedic Plan Joint Controller Agreement Verbal Update Mental Health Electronic Patient Record Business Case Verbal Update Unconfirmed Minutes of the In Committee Board held on 31 July 2025
12.	DATE AND TIME OF NEXT MEETING The next meeting will be held on Thursday 27 November 2025 at 10:00am
13.	Close of Meeting

DRAFT

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Agenda Item	

Unapproved Minutes of the In Committee Board

Date and Time of Meeting	Thursday 25th September 2025 14:00
Venue	In Person, The Hub, Royal Glamorgan Hospital, Llantrisant

Members Present	Jonathan Morgan	Board Chair
	Kath Palmer	Board Vice Chair
	Paul Mears	Chief Executive Officer
	Dilys Jouvenat	Independent Member – Third Sector
	Carolyn Donoghue	Independent Member – University
	Hayley Proctor	Independent Member – Trade Union
	Patsy Roseblade	Independent Member – Finance
	Neil Mesher	Independent Member – Commercial Business
	Kathy Mason	Independent Member – Digital
	Greg Dix	Executive Director of Nursing, Midwifery and Patient Care/Deputy CEO
	Dom Hurford	Executive Medical Director
	Gethin Hughes	Chief Operating Officer
	Hywel Daniel	Executive Director of People
	Claire Thompson	Executive Director of Strategy & Transformation
	Philip Daniels	Executive Director of Public Health
	Paul Deenik	Associate Board Member
	Alex Brown	Associate Board Member (Virtually)
In Attendance	Gareth Watts	Director of Corporate Governance/Board Secretary
	Stuart Morris	Director of Digital
	Richard Hughes	Deputy Executive Director of Nursing
	Andrew Jones	Assistant Director of Finance
	Jeremy Holifield	Responsible Officer PCH Construction Programme (In part)

	Caroyn Blockley	Capital Finance Manager (In part)
	Emma Walters	Head of Corporate Governance & Board Business
Meeting Observers	Becky Gammon	Head of Corporate Nursing

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	The Chair welcomed everyone to the meeting.
1.2	Apologies for Absence
	Apologies for absence were received from: • Helen Lentle, Independent Member - Legal • Rachel Rowlands, Independent Member – Community • Sally May, Executive Director of Finance Simon Blackburn, Director of Communications, Engagement & Fundraising
1.3	Declarations of Interest
	None identified.

2.	MAIN AGENDA
2.1	Prince Charles Hospital Refurbishment Project Phase 3 Draft Full Business Case and for the purchase of Units 2 & 3 at PCH
	C Blockley shared the report and outlined the key matters for members attention. In discussing the report, the following key points were noted: The retaining of Blocks 2 and 3 would enable the ground floor of the Rhymney Block to be used as flexible space in the longer term and would assist with future proofing of the hospital; The continuation of improving fire safety at Prince Charles Hospital was supported, alongside fire safety improvements across other hospital sites, which would make sites safer for patients and staff; Staff had not expressed any concerns about remaining in Blocks 2 and 3 if these were retained pending approval; Assurance was provided that there would be enough facilities for patients, carers and families on the site, with the WRVS opening soon by the main entrance with extended opening hours, in addition to the restaurant and coffee shop. Further consideration would be given to suggestions for introducing a 'quiet space' facility; Confirmation was provided that the provision of staff changing facilities would be addressed in phase 3 of the works.

Resolution:	Following discussion, the Board RESOLVED to: AGREE the submission of the draft FBC to WG to support technical scrutiny. APPROVE the case in SBAR format for the acquisition of Units 2 & 3 for onward submission to WG once planning permissions are confirmed. NOTE financial elements of the draft FBC are continuing
2.2	South East Wales Regional Orthopaedic Plan
	C Thompson presented the report and highlighted the key matters for members attention. Members noted that this supports the Llantrisant Health Park Full Business Case and noted that this type of report would be presented to the South East Wales Regional Joint Committee in future. Members also noted that future discussions would need to be held on other specialty areas within Orthopaedics that were not included within this plan at present.
Resolution:	Following discussion the Board RESOLVED to: NOTE the content of the developing regional plan. ENDORSE the demand and capacity analysis and requirement for additional capacity provided through the LHP. NOTE the risks to delivery as a region and CTMUHB-specific issues and risks set out in the cover report.
2.3	Joint Controller Agreement Update – Verbal Update
	S Morris provided members with a verbal update on the position. Members noted that this related to the sharing of information and the role of Digital Healthcare Wales in relation to this. Members noted that all Health Boards had been asked to sign the agreement and noted that a suggestion would be made by the Health Board that the position should be reviewed in 6 months to monitor its effectiveness, and that any data was not shared until approved by the organisation. In response to a query raised by K Palmer as to who would be responsible for addressing data breaches or cyber-attacks, S Morris confirmed that the Health Board would still be accountable for addressing this. In response to a query raised by C Donoghue as to where national programme risks were being captured, S Morris agreed to discuss this further with G Watts.
Resolution:	The Board RESOLVED to NOTE the update.
Action:	Further discussions to be held outside the meeting in relation to the capturing of national programme risks.
2.4	Mental Health Electronic Patient Record Business Case – Verbal Update
	S Morris provided a verbal update on this matter. Members noted that discussions were ongoing, and an update would be presented to Board once discussions had concluded.
Resolution:	The verbal update was NOTED.
3.	CONSENT AGENDA
3.1	Unconfirmed Minutes of the In Committee Board held on 31st July 2025
Resolution:	The In Committee minutes were APPROVED.

4.	CLOSE OUT BUSINESS
4.1	Any Other Business
	There was no other business to report.
5.	DATE AND TIME OF NEXT MEETING
	The next In Committee Board meeting would be held on Thursday 27th November 2025 at 8.30am

Agenda Item	8.1.3

Approved Minutes of the In-Committee Board

Date and Time of Meeting	Thursday 31 July 2025 at 13:30pm
Venue	The Hub, Royal Glamorgan Hospital, Llantrisant

Members Present	Jonathan Morgan	Health Board Chair
	Greg Dix	Executive Director of Nursing/Deputy CEO
	Kath Palmer	Vice Chair
	Hayley Proctor	Independent Member
	Helen Lentle	Independent Member
	Patsy Roseblade	Independent Member
	Kathy Mason	Independent Member
	Paul Deenik	Associate Board Member – Chair of the Stakeholder Reference Group
	Claire Thompson	Executive Director of Strategy & Transformation
	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
	Philip Daniels	Executive Director of Public Health
	Sally May	Executive Director of Finance
In Attendance	Gareth Watts	Director of Corporate Governance/Board Secretary
	Stuart Morris	Director of Digital
	Cally Hamblyn	Assistant Director of Governance & Risk (Meeting Secretariat)
Meeting Observers	Not applicable.	

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	The Chair welcomed everyone to the meeting.
1.2	Apologies for Absence
	Apologies for absence were received from:

	Paul Mears, Chief Executive Dilys Jouvenat, Independent Member Carolyn Donoghue, Independent Member Geraint Hopkins, Independent Member Neil Mesher, Independent Member Rachel Rowlands, Independent Member Lisa Curtis-Jones, Associate Member Sally Bolt, Associate Member Simon Blackburn, Director of Communications & Engagement
1.3	Declarations of Interest
	None identified.
2.	MAIN AGENDA
2.1	Transforming Access to Medicines (TrAMS) South East Wales: Outline Business Case (OBC)
	The Board were advised that the recommendation to endorse the OBC for TrAMS is based on the significant quality benefits of product safety and integrity, and the ability to meet future demand for systemic anticancer therapy for the increasing number of these patients in south-east Wales. It was also noted that Board approval would enable the progression of the TrAMs service model to preparation and submission of a Final Business Case (FBC). D Hurford further explained that the FBC is expected to follow in the next 12 months and provided assurance that NHS Wales Shared Services Partnership have confirmed that the FBC will address the issues that were highlighted by Health Board Officers within the OBC.
Resolution:	The Board APPROVED the Outline Business Case on the proviso that the issues identified in the OBC are addressed in the FBC that will follow in due course.
Action:	No actions were identified outside those noted in 'Next Steps' within the report.
2.2	Radiology Centralisation of Nuclear Medicine Service Provision
	G Hughes presented the item which outlined the proposal to permanently centralise the Nuclear Medicine Service. He explained that the currently the Nuclear Medicine Service operates from two sites, Princess of Wales Hospital (PoWH) and Royal Glamorgan Hospital (RGH). It was noted that an Organisational Change Process will commence, including discussion with Llais regarding the impact of the permanent change in this service area.
Resolution:	The Board NOTED the proposal of the permanent change to centralise the Nuclear Medicine Provision at POW.
Action:	No actions were identified outside those noted in 'Next Steps' within the report.
2.3	Ysbyty George Thomas Community Hospital Consultation
	G Hughes summarised the report which recommends that Ward 19 at the Princess of Wales Hospital (PoWH) be permanently relocated to Ysbyty George Thomas (YGT) Community Hospital. This move, which was initially temporary due to construction work at PoWH, has proven to have a positive impact on patient experience and staff working conditions.

	To allow the proposal to proceed to formal consultation it was noted that Board approval is required.
Resolution:	The Board ENDORSED and APPROVED the proposed permanent service change i.e. that Ward 19 at the PoWH be permanently relocated to YGT Community Hospital.
Action:	No actions were identified outside those noted in 'Next Steps' within the report.
2.4	National Outpatient Plan (WLI/Insourcing)
	G Hughes set the scene for this item by reiterating the Welsh Government commitment to reducing the number of patients waiting for a new outpatient appointment across Wales by 200,000 by the end of March 2026, with a specific focus on outpatients and diagnostics. The Board were advised that Welsh Government launched a central procurement for insourced outpatient capacity, with Health Boards as contract holders with funding provided by Welsh Government in arrears.
Resolution:	The Board resolved the following: APPROVED the Welsh Government Insourcing contract with HBSUK to be delivered via CTMUHB and acknowledge risks associated with the plan both financially and operationally APPROVED the Part 2 internal CTMUHB internal WLI plan SUPPORTED that as part of governance and scrutiny against this programme, reporting is made via the PIT programme.
Action:	No actions were identified outside those noted in 'Next Steps' within the report.
3.	ANY OTHER BUSINESS
3.1	Any other Business
	No further items were identified.
4.	DATE AND TIME OF NEXT MEETING
	25 September 2025

Agenda Item
8.1.4

CTM Health Board

All Wales IPFR Policy (2025)

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Claire Tynan-Preece, Commissioning Manager
Cyflwynydd yr Adroddiad / Report Presenter	Sallie Davies, Deputy Medical Director (TBC)
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
All Wales IPFR Policy Implementation Group – includes representation of all Health boards and AWTTC, QAG, Medical Directors, Board Secretaries and Velindre NHS Trust	November 2022 – July 2025	Supported
Head of Commissioning	08/09/2025	Supported
Assistant Director of Transformation	11/09/2025	Supported
Executive Director of Public Health	12/09/2025	Supported

Quality, Safety & Experience Committee	23/09/2025	Endorsed for Board Approval

Acronyms / Glossary of Terms	
AWTTC	All Wales Toxicology and Therapeutic Committee
CTMUHB	Cwm Taf Morgannwg University Health Board
IPFR PIG	Individual Patient Funding Request Policy Implementation Group
IPFR QAG	Individual Patient Funding Request Quality Assurance Group
NWJCC	New Wales Joint Commissioning Committee
QC	Queens Council
VUNT	Velindre University Health Trust
WHSSC	Welsh Health Specialised Services Committee
AWMSG	All Wales Medicines Strategy Group

1. Situation /Background

1.1 An Individual Patient Funding Request (IPFR) is defined as a *request to a Health Board or NWJCC to fund NHS healthcare for individual patients who fall outside the range of services and treatments that a Health Board has arranged to routinely provide, or commission*. This can include a request for any type of healthcare including a specific service, treatment, medicine, device, or piece of equipment.

1.2 The current version of the All Wales Individual Patient Funding Request policy was last reviewed 2017. In July 2022, the Welsh Government tasked the NWJCC (formally WHSSC) with undertaking a *'di minimis'* review of the policy and terms of reference. This was following a Judicial Review NWJCC (formally WHSSC) was subject to in 2021, and where a series of recommendations were made by the QC.

1.3 Following an extended period of engagement and consultation with key stakeholders including AWTTC, IPFR QAG, Medical Directors and Board Secretaries of each Health Board and Velindre University NHS Trust (VUNHST). This engagement was predominantly managed via the All Wales IPFR Policy Implementation Group (PIG) (which includes representation from all health boards, NWJCC and AWTTC), this group has been instrumental in ensuring the revised policy is fit for purpose. In August 2025, the final version of the revised policy was agreed by Health boards and the NWJCC (appendix 1).

1.4 This paper will provide a high level summary of the key changes within the updated IPFR policy.

1.5 Each health board is now required to obtain formal approval to endorse and implement the revised policy.

2. Specific Matters for Consideration

2.1 Outcome of Judicial Review

In December 2021 a judgment was handed down in a judicial review concerning MW – v- (1) WHSSC & (2) Aneurin Bevan UHB (ABUHB), which overturned a decision of the WHSSC (now NWJCC) IPFR panel to decline funding for treatment. This was largely because the court's interpretation of the NHS Wales Policy for Making Decisions on IPFR's was significantly different to that of the IPFR panel and indeed the original and intended meaning of the policy. Subsequent legal advice from a QC indicated that the policy would need to be revised if its original and intended meaning was to be reinstated.

3. All Wales IPFR Policy update

3.1 The NHS Wales IPFR PIG brings together representatives from Health Boards, the Joint Commissioning Committee, AWTTC, and Health Technology Wales to ensure the fair and consistent application of the Individual Patient Funding Request (IPFR) Policy across Wales. The group supports decision-making for treatments not routinely provided, promotes best practice, and helps shape national policy. It also works to improve understanding of the IPFR process, enhance data quality, and inform future commissioning. Through collaboration and stakeholder engagement, the PIG fosters a transparent, inclusive, and patient-focused approach to funding decisions.

3.2 The NHS Wales IPFR Policy has been updated collaboratively, following a robust development project. The proposed version is accepted by the All Wales IPFR PIG as being fit for purpose. This follows discussion and agreement at a meeting of the IPFR Chairs (or their representatives) in September 2024.

The main changes to note are:

Revisions to the section explaining how IPFR decisions are made, with more explanation of the criteria to be considered, with particular reference to IPFR applications made under section 9B:

- Primary criteria relate to whether available guidelines (e.g from NICE or AWMSG) recommend NOT to use an intervention; or if the intervention has NOT been appraised hence no guidelines are in place.
- Further criteria require the objective assessment of the clinical circumstances of the patient; the potential for significant clinical

benefit; and whether the value for money of the intervention is likely to be reasonable (please refer to table 1).

The 'decision making guide' has been retained, however is now an appendix rather than embedded with the core Policy, and is considered an 'aide' to assist panel discussion.
Updated Terms of Reference for the NWJCC IPFR Panel to strengthen clinical representation.
Inclusion of the Terms of Reference for the IPFR PIG.
Removal of surplus, convoluted, passages referring to legal challenge.
Simplification of references to Health Board complaints processes and referrals to Public Services Ombudsman for support.

Table 1, Revision of criteria for IPFR applications considered under section 9B:

Old IPFR policy (2017)	New IPFR policy (2025)
Is the clinical presentation of the patient's condition significantly different in characteristics to other members of that population? *and* Does this presentation mean that the patient will derive a greater clinical benefit from the treatment than other patients with the same condition at the same stage? IPFR panel to: Consider the evidence supplied in the application that describes the specific clinical circumstances of the IPFR: What is the clinical presentation of this patient? Is evidence supplied to explain why the clinical presentation of this patient is significantly different to that expected for this disease and this stage of the disease? Is evidence supplied to explain why the clinical presentation means that the patient will gain a significantly greater clinical benefit from the treatment than another patient with the same disease at the same stage?	Does the presentation of the patient's condition mean they are likely to gain significant clinical benefit from the intervention requested? IPFR Panel to: Consider the evidence submitted in the application that describes the specific clinical circumstances of the IPFR: What is the clinical presentation of this patient? Does the evidence provided explain why this patient is likely to gain a significant clinical benefit when compared to next best alternative for this patient, which may in some cases be best supportive care?

3.3 With the oversight of the IPFR QAG, the application and adherence to the new All Wales IPFR policy will be monitored and any concerns regarding non-compliance with the new criteria will be reported to Health boards and NWJCC via their quarterly quality assurance audits.

4 Key Risks / Matters for Escalation

Following robust discussions with key stakeholders, there are no key risks or matters that require escalation.

5 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	Choose an item. If more than one applies please list below: This policy spans all strategic areas
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality (*Duty of Quality Statutory Guidance (gov.wales)*)	Whole-systems Perspective If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality (*Duty of Quality Statutory Guidance (gov.wales)*)	Person Centred If more than one applies please list below: Policy spans all quality domains

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: All Wales policy
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): NEUTRAL Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below:
Cyfreithiol / Legal	Yes (Include further detail below)	
	Changes to the All Wales IPFR policy are recommended following a Judicial Review for which NWJCC was involved.	
Enw da / Reputational	Yes (Include further detail below)	
	The is risk of reputational harm if the policy is not approved and endorsed for use in CTM UHB.	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

6 Recommendation

The Board is asked to Approve the revised All Wales IPFR Policy (2025) and approve its implementation within CTMUHB.

7 Next Steps

The date on which the new IPFR policy will be implemented will be co-ordinated across NHS Wales, once all Health Boards and JCC have approved the policy for endorsement via formal governance channels. This is likely to be a date in October 2025.

NHS WALES POLICY
MAKING DECISIONS ON INDIVIDUAL PATIENT FUNDING REQUESTS (IPFR)

Reference Number	Policy Reference (as per individual Health Board)	Version Number	FINAL July 2025
Linked Documents	Health Board Policies on Interventions Not Normally Undertaken (INNU)		

Classification of Document:	Clinical Policy
Area for Circulation:	Health Boards and Primary Care providers across Wales NHS Wales Joint Commissioning Committee (JCC) Public Health Wales (PHW) Public Domain via Internet Sites
Policy Development:	All Wales IPFR Policy Implementation Group NHS Wales Joint Commissioning Committee
Consultation:	Legal Advice from Welsh Health Legal & Risk Services NHS Wales Medical Directors Stakeholder groups
Approved:	July 2025
Date of Publication:	TBC
Date of Next Review	July 2028
Lead Health Board Contact:	Contact details as per individual Health Board

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1 INTRODUCTION

1.1 Background

In 2010, the Director General, Health and Social Services, Chief Executive, NHS Wales requested that Health Boards would work together with the Welsh Health Specialised Services Committee (WHSSC) and Public Health Wales (PHW) to develop an All-Wales policy and standard documentation for dealing with individual patient funding requests (IPFR) for treatment. This policy has been in place since September 2011.

1.1.1 In October 2013, The Minister for Health and Social Services announced a review of the IPFR process in Wales. An independent review group was established to explore how the current process could be strengthened.

1.1.2 In April 2014, the "Review of the IPFR process" report was published. The report concluded that the IPFR process in Wales is comprehensive and supports rational, evidence-based decision making for medicine and non-medicine technologies which are not routinely available in Wales. The review group also made a number of recommendations to strengthen the IPFR process.

1.1.3 In September 2016, following the 2014 review and implementation of its recommendations, the Cabinet Secretary for Health, Well-being, and Sport agreed the time was right for a new, independent review of the IPFR process. The panel would be independent of the Welsh Government and encompass a range of expertise and knowledge.

The "Independent Review of the Individual Patient Funding Requests Process in Wales" report was published in January 2017.

1.1.4 Following a Judicial Review in December 2021, the Welsh Government in July 2022 agreed that a specific and limited review would be undertaken to put beyond doubt how the policy should be interpreted. In 2024 the commissioning responsibilities of WHSSC were transferred to the NHS Wales Joint Commissioning Committee (JCC).

1.2 Purpose of this Policy

1.2.1 To ensure an open, transparent, fair, clearly understood and easily accessible process is followed, the NHS in Wales has introduced this Policy on decision making for IPFR's. It describes both the principles underpinning how decisions are made to approve or decline individual patient requests for funding and the process for making them.

1.2.2 Continuing advances in technology, changing populations, better information and increasing public and professional expectations all mean that NHS Health Boards have to agree their service priorities for the application of their financial and human resources. Agreeing these priorities is a complex activity based on sound research evidence where available, sometimes coupled with value judgments. It is therefore important to be open and clear about the availability of healthcare treatments on the NHS and how decisions on what should be funded by the NHS are made.

1.2.3 A comprehensive range of NHS healthcare services are routinely provided

locally by primary care services and hospitals across Wales. In addition, the JCC, working on behalf of all the Health Boards in Wales, commissions a number of more specialist and highly specialist services at a national level. However, each year, requests are received for healthcare that fall outside this agreed range of services. We refer to these as Individual Patient Funding Requests (IPFR).

1.2.4 Each Health Board in Wales has a separate Policy called 'Interventions Not Normally Undertaken' (INNU) setting out a list of healthcare treatments that are not normally available on the NHS in Wales. This is because:

There is currently insufficient evidence of clinical and/or cost effectiveness; and/or
The intervention has not been reviewed for the indication under consideration by the National Institute for Health and Care Excellence (NICE) or the All-Wales Medicines Strategy Group (AWMSG); and/or One Wales Medicines process or Health Technology Wales.
The intervention is considered to be of relatively low priority for NHS resources.

1.2.5 The INNU policy should be read together with this policy on making decisions

1.2.6 The challenge for all Health Boards and JCC is to strike the right balance between providing services that meet the needs of the majority of the population in the geographical area for which it is then given responsibility, whilst having in place arrangements that enable it to accommodate people's individual needs. Key to this is having in place a comprehensive range of policies and schedule of services that the Health Board and/or JCC has decided to fund to meet local need within the resource available. To manage this aspect of the Health Board and JCC's responsibilities, there will always need to be in place a robust process for considering requests for individual patient funding within the overall priority setting framework. Demand for NHS services is always likely to exceed the resources available and, as a result, making decisions on IPFR are some of the most difficult a Health Board or JCC will have to make.

1.2.7 In line with the requirements of the Equality Act 2010 and the Welsh Government guidance 'Inclusive Policy Making' issued in May 2010, a detailed equality impact assessment has been completed to assess the relationship between this policy and the duties of the Act.

1.3 Explaining Individual Patient Funding Requests (IPFR)

1.3.1 IPFRs are defined as requests to a Health Board or JCC to fund NHS healthcare for individual patients who fall outside the range of services and treatments that a Health Board or JCC has arranged to routinely provide, or commission. This can include a request for any type of healthcare including a specific service, treatment, medicine, device or piece of equipment.

Such a request will normally be within one of the three following categories.

a patient and NHS clinician have agreed together that they would like treatment that is either new, novel, developing or unproven and is not within the Health Board's routine schedule of services and treatments for example, a request to use a cancer drug that has yet to be approved by the Health Board for use in that particular condition).

a patient and NHS clinician have agreed together that they would like treatment that is provided by the Health Board in certain clinical circumstances but is not eligible in accordance with the clinical policy criteria for that treatment (for example, a request for treatment for varicose veins for cosmetic reasons alone).

a patient has a rare or specialist condition that falls within the service remit of the JCC but is not eligible in accordance with the clinical policy criteria for treatment (for example, a request for plastic surgery where the indication is personal preference rather than medical need).

1.3.2 IPFRs should not be confused with requests for packages of care for patients with complex continuing healthcare needs – these are covered by separate Continuing Healthcare arrangements. Further information can be obtained from the Health Board's Nursing Department.

1.3.3 IPFRs should also not be confused with treatments that have already been provided or administered outside of NHS funded care. Requests will not be considered for retrospective funding.

1.3.4 If the clinical circumstances for the specific individual patient have changed, an IPFR application form describing / explaining / justifying:

i. why the patient is likely to gain significant clinical benefit from the proposed intervention; and
ii. demonstrating that the value for money of the intervention for that particular patient is likely to be reasonable,

then a case may be submitted to the Health Board or JCC for consideration for further prospective funding. For example, if a patient funds a treatment themselves and their clinician believes they can demonstrate that the patient has gained significantly more clinical benefit from the intervention than would normally be expected for that treatment, an IPFR can be submitted for consideration.

1.3.5 The three categories of treatment described in 1.3.1 will only potentially be funded in specific clinical circumstances. It is important to note that the NHS in Wales does not operate a blanket ban for any element of NHS healthcare but equally the granting of funding in one case does not mean that funding will be provided for the same treatment for other patients. We will consider each IPFR on its individual merits and in accordance with the arrangements set out in this policy. We will determine if the patient should receive funding based on the significant clinical benefit expected from the treatment and whether the cost of the treatment is in balance with the expected clinical benefits.

1.3.6 In this policy, the words "significantly different to the general population of patients" means that the patient's condition does not have substantially the same characteristics as other members of that population. For a patient to be significantly different, their particular clinical presentation is unlikely to have been considered as being part of the population for which the policy was made.

1.3.7 In practice, it is not always practical to determine the "benefit" of an intervention in numerical terms in the same way, for example as NICE or the AWMSG. In these situations, a description of the benefit should be used to

enable IPFR panels to compare the description of the incremental clinical benefit likely to be obtained.

In general, the clinician should compare the benefits of the intervention being requested with what he or she considers to be the next best alternative, which may in some cases be best supportive care.

1.3.8 Whether an intervention provides "value for money" is assessed conceptually in terms of the incremental cost per incremental quality-adjusted life year (QALY) of benefit. Whilst "reasonable" value for money is to be interpreted in the same way that "cost-effective" is used in the Health Technology Appraisal (HTA) process operated by NICE, AWMSG and HTW.

1.3.9 Recognising that it can never be possible to anticipate all unusual or unexpected circumstances, this policy aims to establish a clear guide to making decisions on IPFRs to determine whether the evidence that the patient is likely to gain a significant clinical benefit, and the value for money of the intervention for that particular patient is likely to be reasonable, has been presented.

Please refer to the decision-making factors in Appendix one. These are factors the panel may consider when looking at the significant clinical benefit expected by the treatment, and whether the cost of the treatment is in balance with the expected benefits.

2 THE LEGAL CONTEXT OF THIS POLICY

2.1 Health Boards exercise functions delegated to them by the Welsh Ministers under various statutes and in particular under the National Health Service (Wales) Act 2006 and under secondary legislation made under that Act.

2.2 In addition to specific statutory obligations, Health Boards are public bodies, which are required to comply with their legal obligations to act in accordance with the rights of individuals under the European Convention of Human Rights as defined in the Human Rights Act 1998 and under common law.

2.3 Health Boards must therefore be able to demonstrate that their decisions are within their powers and comply with their legal obligations. In terms of the exercise of their powers, they must show that they have considered all relevant issues in the decision-making process, giving them appropriate weight and that those decisions are rational, logical, lawful and proportionate.

Careful consideration needs to be given in relation to all decisions; particular care may need to be given in the following circumstances:

- when evidence is not clear or conclusive.
- when the issue is controversial and may not have the support of NICE, AWMSG or HTW.
- when life or death decisions are involved.
- when limiting access to specific services or treatments.
- when setting priorities.
- when other Health Boards or JCC may have used their discretion to make a different decision on a specific topic.

2.4 It is lawful for JCC and Health Boards to adopt policies about which treatments will, and which will not, be routinely funded. It is also lawful for JCC and Health Boards to adopt this policy to define the circumstances in which a decision can be made to fund an intervention for a patient where the patients are lawfully

2.5 denied funding for the same intervention as a result of policies or as a result of an absence of a policy approving funding for that intervention.

2.6 Consistency in policy and approach, together with clarity about clinical criteria for treatment and a consistent approach to dealing with IPFR requests should reduce the need for patients to go through a review or appeal process at any level. This should be the desirable outcome as far as it is possible.

3 PRINICIPLES UNDERPINNING THIS POLICY

The principles underpinning this policy and the decision making of the Health Board are divided into five areas - the NHS Core Values, the Prudent Healthcare Principles, Evidence-based Considerations, Ethical Considerations and Economic Considerations.

3.1 NHS Core Values are set out by the Welsh Government as;

Putting quality and safety above all else: providing high value evidence-based care for our patients at all times.

Integrating improvement into everyday work and eliminating harm, variation and waste.

Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales.

Working in true partnerships with partner organisations and with our staff

Investing in our staff through training and development, enabling them to influence decisions and providing them with tools, systems, and environment to work safely and effectively.

3.2 Prudent Healthcare Principles

Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production.

Care for those with the greatest needs first, making the most effective use of all skills and resources.

Do only what is needed, no more, no less; and do not harm.

Reduce inappropriate variation using evidence-based practices consistently and transparently.

3.3 Evidence-Based Considerations

3.3.1 Evidence-based practice is about making decisions using quality information, where possible, and recognising areas where evidence is weak. It involves a systematic approach to searching for and critically appraising that evidence.

3.3.2 The purpose of taking an evidence-based approach is to ensure that the best possible care is available to provide interventions that are sufficiently clinically effective to justify their cost and to reduce inappropriate variation using evidence-based practices consistently and transparently.

NICE issue Technology Appraisals and the All-Wales Medicines Strategy Group and Health Technology Wales issue guidance which Health Boards and JCC are required to follow.

3.3.3 Additionally, a central repository for evidence-based appraisals is available which provides support for clinicians making an application. This is located on the shared database. Users are able to upload and access the information

available which will continue to be developed over time as evidence /new reports are produced.

3.3.4 It is also important to acknowledge that in decision making there is not always an automatic "right" answer that can be scientifically reached. A "reasonable" answer or decision therefore has to be reached, though there may be a range of potentially reasonable decisions. This decision is a compromise based on a balance between different value judgements and scientific (evidence-based) input. Those vested with executive authority have to be able to justify, defend and corporately "live with" such decisions.

3.4 Ethical Considerations

3.4.1 Health Boards and JCC are faced with the ethical challenge of meeting the needs of individuals within the resources available and meeting their responsibility to ensure justice in the allocation of these resources ('distributive justice'). They are expected to respect each individual as a person in his or her own right.

3.4.2 Resources available for healthcare interventions are finite, so there is a limit to what Health Boards and JCC can routinely fund. That limitation is reasonable providing it is fair, and not arbitrary. It must be based on the evidence both about the effectiveness of those interventions and their cost. A cost-effective intervention is one that confers a great enough benefit to justify its cost. That means policies must be based on research, but research is carried out in populations of patients, rather than individual patients. That leaves open the possibility that what is true for patients in general is not true about a specific individual patient. Fairness therefore also requires that there must be a mechanism for recognising when an individual patient will benefit from a particular intervention more than the general population of patients would. Identifying such patients is the purpose of the IPFR process.

3.4.3 Welsh Government communications set out six ethical principles for NHS organisations and these underpin this policy. They are:

treating populations and particular people with respect.
minimising the harm that an illness or health condition could cause.
fairness.
working together.
keeping things in proportion; and
flexibility

3.5 Economic Considerations

3.5.1 It is a matter for Health Boards and JCC to use its discretion to decide how it should best allocate its resources. Such resources are finite and difficult

balancing decisions have to be made. Health Boards and JCC must prioritise the services that can be provided whilst delivering high-quality, cost-effective services that actively avoid ineffective, harmful, or wasteful care that is of limited benefit. The opportunity cost associated with each decision has also to be acknowledged i.e., the alternative uses to which resources could be put.

4 MAKING DECISIONS ON IPFR

4.1 In line with the principles set out earlier in this document, Welsh Government communications set out the key factors for 'good decision making'. These are:

openness and transparency.
inclusiveness.
accountability.
reasonableness.
effectiveness and efficiency.
exercising duty of care.
lawful decision making; and
the right to challenge and appeal

This policy aims to ensure that the Health Board and JCC has a clear and open mechanism for making decisions that are fair, open, and transparent. It enables those responsible for decision making to demonstrate that they have followed due process, considered the above factors, and have been both rigorous and fair in arriving at their decisions. It also provides a clear process for challenge and appeal.

4.2 In accordance with Welsh Government communications, NICE definitions, and the criteria set out in this policy, Health Boards and JCC should make decisions on IPFRs based on; the evidence presented to demonstrate the expected significant clinical benefit, and the evidence presented outlining the patient's individual clinical circumstances. Decisions should be undertaken whilst taking into reasonable account the evidence base, and the economic and ethical factors below:

- evidence-based considerations – clinical and cost effectiveness; service and policy implications.
- economic considerations – opportunity cost; resources available; and
- ethical considerations – population and individual impact; values and principles; ethical issues.

Non-clinical factors (such as employment status) will not be considered when making decisions on IPFR.

This Policy does not cover healthcare travel costs. Information on patients' eligibility for healthcare travel costs to receive NHS treatment under the care of a consultant can be found on the Welsh Governments' healthcare costs website.

4.3 The following criteria must be used by all Health Board and JCC IPFR Panels when making IPFR decisions. It is the responsibility of the referring clinician to ensure that sufficient information is placed before the panel to allow the panel to be able to determine whether the criteria are satisfied.

A patient will only be entitled to NHS funding for the requested intervention or drug if the panel conclude that the criteria under either (a) or (b) below are satisfied:
(a) If guidelines (e.g. from NICE or AWMSG) recommend NOT using the intervention/drug, or the clinical access criteria of an applicable policy are not met: I. The clinician must demonstrate that the patient's clinical circumstances are significantly different to other patients for whom the recommendation is not to use the intervention. II. The clinician can demonstrate that the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected from patients for whom the recommendation is not to use the intervention, and III. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable.
(b) If the intervention has NOT been appraised (e.g. in the case of medicines, by AWMSG or NICE), and there is no applicable policy in place: I. The clinician can demonstrate that the patient is likely to gain significant clinical benefit, and II. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable.

4.4 An IPFR panel is required to decide whether the application fulfils Part A or Part B and then consider the application against the relevant criteria. A panel may only approve applications which meet all of the applicable criteria above. It is however the responsibility of the requesting clinician to demonstrate the clinical case for the patient in respect of the criteria outlined.

4.5 Considerations under Part A

4.5.1 Where a recommendation has been made not to use an intervention, the panel is required to consider whether the patients' clinical circumstances are significantly different to other patients for whom the recommendation is made not to use the intervention'. That process will usually require a comparison between the patient for whom treatment is being requested, and other patients with the same medical condition who could have been offered the requested intervention if the relevant guidance and/or applicable policy allowed.

4.5.2 The panel next should consider whether there is a significant difference between the clinical circumstances of the patient for whom funding is being requested, and the comparator group, and whether the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected for patients for whom the recommendation has been made not to use the intervention. If, but only if, both of these criteria are

met on the facts of an individual Part A case, the panel will then consider whether the intervention is deemed value for money as described at paragraph 4.7 below.

4.6 Considerations under Part B

4.6.1 In the absence of any appraisal or applicable policy, the panel need to consider whether the referring clinician has provided sufficient evidence to conclude that the patient is likely to gain significant clinical benefit from the intervention requested. If this criterion is met on the facts of an individual Part B case, the panel will then consider whether the intervention is deemed value for money as described below.

4.7 Value for money

4.7.1 The assessment as to whether the intervention provides "value for money" is a matter of judgement for the panel. The panel should reach a decision exercising its broad discretion to decide whether the value for money of an intervention for a particular patient is likely to be reasonable.

4.7.2 The panel should consider the likely overall costs to the NHS of the requested intervention compared with the next best alternative treatment that is routinely funded on the NHS. The panel should in a similar way consider the overall benefit (effectiveness) of the intervention compared with the next best alternative treatment that is routinely funded on the NHS. If the requested intervention is estimated to be more effective and less costly (than the alternative treatment) then it is likely to represent value for money. If the treatment is less effective and more expensive, then it is unlikely to be deemed value for money. If the treatment is more effective and more costly or less effective and less costly then the panel will need to make a judgement as to whether the treatment is likely to represent value for money. For any scenario, other factors may affect treatment choice, and these should be documented as part of the discussion.

4.7.3 Where presented as part of the evidence, an incremental cost effectiveness ratio ("ICER") and quality- adjusted life year (QALY) may be considered by the panel provided this is relevant to the individual case and there is appropriate expertise by the group to do so. When assessing this evidence, the panel should consider relevant thresholds in relation to NICE and AWMSG when considering if the intervention is a cost-effective option.

4.8 When making decisions, the panel are entitled to have regard to the factors set out at Appendix 1 to this policy, if the panel consider that addressing those issues may assist the panel in coming to decisions on the criteria set out at paragraph 4.3 above. The panel is not obliged to consider all the factors set out Appendix 1 to this policy and may consider that some of the factors are not relevant to the facts of an individual case or do not assist the panel in coming to its decision on those criteria.

5 HOW TO MAKE A REQUEST FOR FUNDING UNDER THIS POLICY

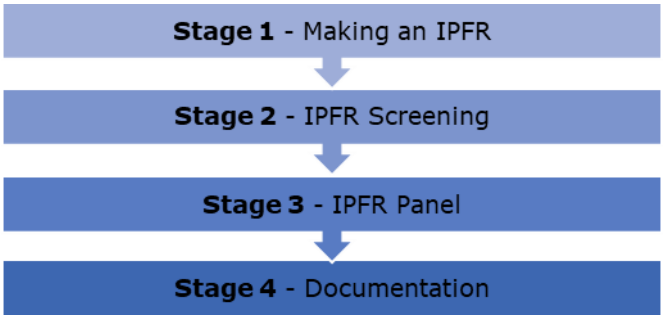
5.1 Information on how to make an IPFR

A patient leaflet is available explaining how an individual patient funding request (IPFR) can be made. These can be downloaded from the Health

Board, JCC or AWTTC website. Further information can be obtained from the IPFR Coordinator.

Copies of this policy and the IPFR application forms can also be obtained via the website, or by contacting the IPFR Coordinator.

5.2 Summary of the IPFR Process



5.3 Stage 1 Making an IPFR

The patient and their NHS clinician (agree together that a request should be made). The IPFR application form is completed by the clinician on the patient's behalf. This will ensure that adequate clinical information is provided to aid the decision-making process.

The requesting clinician must sign the application form to indicate that the patient is aware and agrees with the submission of the request. In doing so, the clinician is providing confirmation that the patient is fully informed of the treatment request and all its associated implications.

Ideally, applications for specialised and tertiary services should be completed by the patient's secondary care clinician, unless extenuating circumstances dictate otherwise. This is to ensure that all pertinent information is included in the form thereby avoiding the delay that will arise from the need to request further information before the application can be processed. All IPFR applications should demonstrate support from the relevant clinical lead, head of department or multi-disciplinary team (MDT). Where relevant, advice may also be sought from the internal clinical team.

It is necessary for clinicians to provide their contact details as there may be times when additional clinical information is required during a panel meeting to aid a decision.

The application form is sent to the IPFR Coordinator electronically or in hard copy so that the authorised consent of the clinician is recorded.

The IPFR application form must be completed in full to enable the IPFR Panel to reach a fully informed decision.

Should the IPFR Coordinator receive an application form which has not been completed sufficiently enough to determine whether or not the request can be screened out or taken to the IPFR Panel, or if the incorrect form is completed, the form should be returned to the requesting clinician within three working days.

The requesting clinician is responsible for completing and re-submitting the application form within ten working days. Should this time elapse, a chaser letter will be sent providing a further ten working days to make a submission.

Where the information has still not been provided in the time set, the case shall be closed, and the requesting clinician notified accordingly.

5.4 Stage 2 Screening of the IPFR

The IPFR application will be considered by the IPFR Senior Officer to determine whether the application needs to be screened out because:

a) The request meets pre-agreed criteria for a service already commissioned/provided and can automatically be funded
b) an alternative and satisfactory clinical solution is found
c) The request represents a service development which needs to be passed to the relevant Division or Directorate for action.

The IPFR Senior Officer should then communicate the outcome of the screening stage to the requesting clinician using a standard letter, within five working days of the decision being made. This letter will also include reasons for the decision and information on any further courses of action required.

5.5 Stage 3 Considerations by the IPFR Panel

Requests that are not screened out will be considered at a meeting of the IPFR Panel. The IPFR Coordinator will ensure that the panel has all of the information needed to reach a decision and will ensure that each case is anonymised before each meeting.

Panels will convene at least once per month in order to ensure that applications are dealt with in a timely manner. The volume and urgency of applications may require panels to meet more frequently as and when required.

The panel will consider each IPFR on its own merits, using the criteria set out in paragraph 4.3 of the Policy. Where possible, they should set out their assessment of the likely incremental clinical benefit and their broad estimate of the likely incremental cost so that their judgements on value for money are clear and transparent. The IPFR Coordinator or Senior Officer will complete a record of the panel's discussion on each IPFR, including the decision and a detailed explanation for the reason for that decision.

A standard decision letter should be prepared to communicate the decision to the requesting clinician. Correspondence will also be sent to the patient to inform them that a decision has been made, and their clinician will contact them within 5 working days to discuss. If this has not happened, patients are encouraged to contact their clinician.

These letters will be sent within five working days of the panel's decision and will also include information on how to request a review of the process where a decision has been made to decline the request.

5.6 Who will sit on the IPFR Panel?

The Health Board will appoint core members of the IPFR Panel which will comprise:

Executive Public Health Director (or deputy – Public Health Consultant)
Executive Medical Director (or deputy - Associate/Assistant Medical Director)
Executive Director of Nursing (or deputy – Assistant Director of Nursing)
Director of Therapies & Clinical Science (or deputy - Assistant Director of Therapies)
Director of Pharmacy and / or Chief Pharmacist or deputy; and
Two lay representatives.

The Chair of the Panel will be selected from the group of core members and must have a clinical background (with the exception of JCC – see Terms of Reference at Appendix 3).

Each organisation may also wish to appoint up to a further two Panel members at the discretion of the Chair of the Panel, for example a member of the Ethics Committee, Primary Care Director, or Director of Planning.

Please refer to the Terms of Reference at Appendix 2 and 3 for details of the Health Board and JCC IPFR Panel.

5.7 What about clinically urgent cases?

The IPFR Policy and process allows for clinically urgent cases, as deemed by the requesting clinician, to be considered outside of the normal screening and panel processes. In these circumstances, the Chair or Vice Chair of the IPFR panel is authorised to make a decision outside of a full meeting of the panel, within their delegated financial limits. Any such decisions will be made in line with the principles of this policy, considering the clinical urgency of the request outlined in the application form by the clinician. Those marked urgent will be considered within 24-48 hours (working days only) as per the application form.

5.8 Can patients and clinicians attend the IPFR Panel?

Patients are not permitted to attend IPFR Panels. The reasons are that it would make the process less fair because it would draw to the attention of panel members characteristics of the individual patient that should not influence their decision-making. The IPFR process is anonymous therefore allowing patients to attend would jeopardise this level of scrutiny. The IPFR Panel will normally reach its decision on the basis of all of the written evidence provided, including the IPFR application form and other documentary evidence which is provided in support. Patients and clinicians are able to supply any written statements they feel should be considered by the Panel. Any information provided which relates to non-clinical factors will not be considered. Local Llais teams are able to support patients in making such statements if required.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on specific issues and/or request independent expert clinical advice for consideration by the panel at a future date. The Chair of the IPFR Panel, may also contact the referring clinician to get more clarification in respect of an individual referral.

The provision of appropriate evidence to the IPFR Panel will be entirely at the Chair of the IPFR Panels discretion.

5.9 Documentation

The IPFR Coordinator will maintain a confidential electronic record of all requests. A separate, confidential hard copy file may also be maintained. This information will be held securely in compliance with Data Protection requirements and with Caldicott Guidance.

The IPFR Administration Team retains a record of the IPFR application and subsequent decision and any outcome data that is provided by the clinician. Data will be retained to help inform future planning requirements by identifying patient cohorts both at a local and national level. Data will also be used for the production of an annual report on IPFR's every year as required by the Welsh Government. This will not include any identifiable data and will use aggregated data.

In addition, a central repository for clinical evidence will be available and will develop over time as and when new evidence reports are produced / become available.

Any information will be held in line with the NHS Information Governance Retention Policy

6 HOW TO REQUEST A REVIEW OF THE PROCESS

If an IPFR is declined by the panel, a patient and their NHS clinician have the right to request information about how the decision was reached. If they are unhappy with the decision the NHS clinician on behalf of the patient can either:

Resubmit an IPFR application, but only if there is either significant new clinical information or a significant change in clinical circumstances, or

If the patient and their NHS clinician feel the process has not been followed in accordance with the IPFR policy, a review hearing can be requested (see below).

The review process for an application for funding under the IPFR policy does not conflict with a patient's ability to make a complaint about the care that has been arranged in relation to a IPFR funding decision. This is best achieved through the Health Boards or JCC's Putting Things Right process which can be found at

https://www.gov.wales/nhs-wales-complaints-and-concerns-putting-things-right (see section 9).

6.1 The 'review period'

There will be a period of 25 working days from the date of the decision letter during which they may request a review by the review panel ('the review period").

The letter from the Health Board or JCC that accompanies the original

decision will state the deadline for any review request. In calculating the deadline, Saturdays, Sundays, and public holidays in Wales will not be counted.

6.2 Who can request a review?

A review can be requested either (a) by the original requesting clinician on the patient's behalf or (b) by the patient with the original requesting clinician's support. The review request form must be completed by the clinician. Both the patient and their clinician must keep each other informed of progress. This ensures the patient is kept informed at all times, that the clinician/patient relationship is maintained, and review requests are clinically supported. Patients are able to access advocacy support at any stage during this process.

6.3 What is the scope of a review?

It does not constitute a review of the merits of the original decision. It has the restricted role of hearing review requests that fall into one or more of three strictly limited grounds. A review request on any other ground will not be considered.

The 3 grounds are:

Ground One: *The Health Board or JCC has failed to act fairly and in accordance with the All Wales Policy on Making Decisions on Individual Patient Funding Requests (IPFR).*

Health Boards and JCC are committed to following a fair and equitable procedure throughout the process. A patient who believes they have not been treated fairly by the Health Board or JCC may request a review on this ground. This ground relates to the procedure followed and not directly to the decision and it should be noted that the decision with which the patient does not agree is not necessarily unfair.

Ground Two: *The Health Board or JCC has prepared a decision which is irrational in the light of the evidence submitted*

The review panel will not normally entertain a review request against the merits of the decision reached by the Health Board or JCC. However, a patient may request a review where the decision is considered to be irrational or so unreasonable that no reasonable Health Board or JCC could have reached that conclusion. A claim that a decision is irrational contends that those making the decision considered irrelevant factors, excluding relevant ones, or gave unreasonable weight to particular factors.

Ground Three: *The Health Board or JCC has not exercised its powers correctly.*

Health Boards and JCC are public bodies which carry out its duties in accordance with the Statutory Instruments under which it was established. A patient may request a review on the grounds that the Health Board or JCC has acted outside its remit or has acted unlawfully in any other way.

6.4 How is a review request lodged?

A review request form should be completed and logged with the IPFR Coordinator of the Health Board or JCC within the review period. The review request form must include the following information:

The aspect(s) of the decision under challenge and
The detailed ground(s) of the review request

The review request form should be sent to the IPFR Coordinator so that the signatures of both the patient and their clinician are recorded. A scanned version sent electronically will also be acceptable as long as signatures are present.

If the patient signature cannot be obtained in a timely manner or at all, the requesting clinician can sign to indicate that the patient is aware and agrees with the submission of the request. In doing so, the clinician is providing confirmation that the patient is fully informed of the treatment request and all its associated implications.

6.5 Initial scrutiny by the IPFR Senior Officer

The review documents lodged will be scrutinised by the IPFR Senior Officer who will look to see that they contain the necessary information. If the review request does not contain the necessary information or if the review does not appear to the IPFR Senior officer to fall under any one or more grounds of review, they will contact the referrer (patient or their clinician) to request further information or clarification.

A review will only be referred to the review panel if, after giving the patient and their clinician an opportunity to elaborate or clarify the grounds of the review, the Chair of the review panel is satisfied that it falls under one or more of the grounds upon which the review panel can hear the review.

The Chair of the review panel may refuse to consider a review that does not include all of the above information.

6.6 What is the timescale for a review to be heard?

The review panel will endeavor to hear a review within 25 working days of the request being lodged with the Health Board. The date for hearing any review will be confirmed to the patient and their clinician in a letter.

This review process allows for clinically urgent cases, as deemed by the referring/supporting clinician, to be considered outside of the panel process by the Health Board's Chair together with a clinical member of the review panel. Any such decisions will be made in line with the principles of this policy.

6.7 Who will sit on the Review Panel?

The Health Board will appoint members of the review panel. The panel will comprise (see Terms of Reference at Appendix 4 for full details);

Health Board Independent Board Member – Lay (Chair of the Review Panel)
Health Board Independent Board Member (with a clinical background)
Health Board Executive Director, or deputy (with a clinical background)

Representative from Llais
Chair of the Local Medical Committee, or deputy
JCC Representative at Director level (where applicable)

The Health Board will intend to inform the patient and their clinician of the membership of the review panel as soon as possible after a review request has been lodged. None of the members of the review panel will have had any prior involvement in the original submission.

In appointing the members of the review panel, the Health Board will endeavor to ensure that no member has any interest that may give rise to a real danger of bias. Once appointed, the review panel will act impartially and independently.

6.8 Can new data be submitted to the review panel?

No, because should new or additional data become available then the IPFR application should be considered again by the original panel in order to maintain a patient's right to review at a later stage.

6.9 Can patients attend review panel hearings?

At the discretion of the panel, patients and/or their unpaid representative may attend review panel hearings as observers but will not be able to participate. This is because the purpose of a review hearing is to consider the process that has been followed and not to hear new or different evidence.

If new or different evidence becomes available, the case will automatically be scheduled for reconsideration by the IPFR Panel. Patients and/or their unpaid representatives are able to make their written representations to this IPFR Panel in order for their views to be considered.

It is important for all parties to recognise that review panel hearings may have to discuss complex, difficult and sensitive information in detail and this may be distressing for some or all of those present. Patients and/or their unpaid representatives should be aware that they will be asked to retire at the end of the review panel discussion in order for the panel to make their decision.

6.10 The decision of the review panel hearing

The IPFR Senior Officer will complete a record of the review panel's discussion including the decision and a detailed explanation for the reason for the decision. They will also prepare a standard decision letter to communicate the decisions of the panel to the patient and referring/supporting clinician. The review panel can either;

uphold the grounds of the review and ask the original IPFR Panel to reconsider the request; or
not uphold the grounds of the review and allow the decision of the original IPFR Panel to stand.

There is no right to further review unless new and relevant circumstances emerge. Should a patient be dissatisfied with the way in which the review panel carried out its functions, they are able to make a complaint to the Public Services Ombudsman for Wales.

6.11 After the review hearing

The Chair of the review panel will notify patients and their clinicians of the review panel's decision in writing. This letter should be sent within five working days of the panel and will also include information on how to make a complaint to the Public Services Ombudsman for Wales www.ombudsman-wales.org.uk.

6.12 How will JCC undertake a review?

As the JCC is a collaborative committee arrangement to support all Health Boards in Wales, it will not be able to constitute a review panel. JCC will therefore refer any requests it receives for a review of its decisions to the Health Board in which the patient resides. A JCC representative who was not involved in the original panel will become a member of the review panel on these occasions.

The Health Boards IPFR Senior Officer will be present at these review hearings to advise on proceedings as per their governance role. In the interests of transparency, and not to confuse the applicant, the JCC Senior IPFR Officer will be responsible for circulating the review documentation to review panel members, clerking the hearing, and preparing the standard decision letter to communicate the decision of the review panel to the patient and clinician.

7 QUALITY ASSURANCE

The IPFR Quality Assurance Advisory Group was established in 2017 to monitor and support all IPFR panels to promote quality in decision making and consistency across Wales. The Group meets quarterly to assess anonymised random sample IPFR reports in relation to their completeness, timeliness, and efficiency of communication in line with the NHS Wales IPFR policy process.

8 REVIEW OF THIS POLICY

8.1 This Policy should be reviewed every 3 years or as required to reflect changes in legislation or guidance. The review will be undertaken by the All-Wales IPFR Policy Implementation Group. Any changes made will be undertaken in line with the groups Terms of Reference (see appendix 5) and authorised by the responsible Health Board and JCC Committee. Any delay in conducting a review will not prevent JCC or a Health Board from being able to rely on this policy.

8.2 Any of the following circumstances will trigger an immediate review of the linked INNU Policy:

an exemption from a treatment policy criterion has been agreed.
new scientific evidence of effectiveness is published for all patients or sub- groups.
old scientific evidence has been re-analysed and published suggesting previous opinion on effectiveness is incorrect.
evidence of increased cost effectiveness is produced.

NHS treatment would be provided in all (or almost all) other parts of the UK.
a National Service Framework recommends care.

9 MAKING A COMPLAINT

9.1 Making an IPFR does not conflict with a patient's ability to make a complaint through the Health Boards or JCC's Putting Things Right process, details of which can be found at https://www.gov.wales/nhs-wales-complaints-and-concerns-putting-things-right

9.2 If it is not possible to resolve a concern through local resolution the person raising the concern can refer the matter to the Public Services Ombudsman for

Wales (PSOW). Further information is available on the Ombudsman's website www.ombudsman-wales.org.uk.

Patients are able to access advocacy support at any stage during this process.

APPENDIX 1: DECISION MAKING FACTORS

Panels may find it useful to consider these factors, but they are not required to look at every factor set out in the table. Furthermore, there may be factors in the table that are not relevant to the individual case. The factors in the table are optional and cannot change the meaning of the criteria under paragraph 4.3 of the Policy.

IPFR Panel Decision-Making Factors	IPFR Panel Evidence for Consideration in Decision-Making
PART 9A - SIGNIFICANTLY DIFFERENT AND SIGNIFICANT CLINICAL BENEFIT	
Is the clinical presentation of the patient's condition significantly different in characteristics to other members of that population for whom the recommendation is not use the intervention? Does this presentation mean that the patient will derive a greater clinical benefit from the treatment than other patients with the same condition at the same stage and for whom the recommendation is not to use the intervention?	Consider the evidence supplied in the application that describes the specific clinical circumstances of the IPFR: What is the clinical presentation of this patient? Is evidence supplied to explain why the clinical presentation of this patient is significantly different to that expected for this disease and this stage of the disease? This is in context of the population for whom the treatment is not recommended. Is evidence supplied to explain why the clinical presentation means that the patient will gain a significantly greater clinical benefit from the treatment than another patient with the same disease at the same stage? This is in context of the population for whom the treatment is not recommended.
PART 9B - SIGNIFICANT CLINICAL BENEFIT	
Does the presentation of the patient's condition mean they are likely to gain significant clinical benefit from the intervention requested?	Consider the evidence submitted in the application that describes the specific clinical circumstances of the IPFR: What is the clinical presentation of this patient? Does the evidence provided explain why this patient is likely to gain a significant clinical benefit when compared to next best alternative for this patient, which may in some cases be best supportive care?
EVIDENCE BASED CONSIDERATIONS	
Does the treatment work? What is the evidence base for clinical and cost effectiveness?	Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel: What does NICE recommend or advise? What does the AWMSG recommend or advise? What does the Scottish Medicines Consortium recommend or advise? What does Public Health Wales advise? Is there advice available from the One Wales Medicines process or Health Technology Wales? Is there peer reviewed clinical journal publications available? What information does the locally produced evidence summary provide? Is there evidence from clinical practice or local clinical consensus? Has the rarity of the disease been considered in terms of the ability for there to be comprehensive evidence base available? Does the decision indicate a need to consider policy or service change? If so, refer to service change processes.
ECONOMIC CONSIDERATIONS	
Is it a reasonable cost? What is the cost of the treatment and is the cost of the treatment likely to be reasonable? Is the cost of the treatment in balance with the expected clinical benefits?	Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel: What is the specific cost of the treatment for this patient? What is the cost of this treatment when compared to the alternative treatment they will receive if the IPFR is declined? Has the concept of proportionality been considered? (Striking a balance between the rights of the individual and the impact on the wider community), in line with Prudent Healthcare Principles. Is the treatment reasonable value for money?

ETHICAL CONSIDERATIONS	
How has the decision been reached? Is the decision a compromise based on a balance between the evidence-based input and a value judgement?	Having considered the evidence base and the cost of the treatment requested, are there any ethical considerations that have not been raised in the discussions? Is the evidence base sufficient to support a decision? Is the evidence and analysis of the cost sufficient to support a decision? Will the decision be made on the basis of limited evidence and a value judgement? If so, have you considered the values and principles and the ethical framework set out in the policy? Have non-clinical factors been excluded from the decision? Has a reasonable answer been reached based on the evidence and a value judgement after considering the values and principles that underpin NHS care?

APPENDIX 2

TERMS OF REFERENCE – INDIVIDUAL PATIENT FUNDING REQUEST PANEL (Health Board)

PURPOSE

The Health Boards IPFR Panel is constituted to act as a Committee of the Health Board and holds delegated Health Board authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The IPFR Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support of the application.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE
The IPFR Panel cannot make policy/commissioning decisions for the Health Board. Any policy proposals arising from the panels considerations and decision will ultimately be reported to the Health Board's Quality & Patient Safety Committee for ratification. Financial authorisation is as follows: - The Panel's authorisation limit will be set at the delegated financial limit as per the individual Health Board structure. - Any decisions resulting in a financial cost in excess of this must be reported to the Health Board Chief Executive for budget authorisation.	Executive Public Health Director or deputy Executive Medical Director or deputy Executive Director of Therapies and Health Science or deputy Director of Pharmacy and/or Chief Pharmacist or deputy Executive Director of Nursing or deputy Two Lay Representatives A further two panel members may be appointed at the discretion of the panel Chair, for example a member of the Ethics Committee, Primary Care Director, or Director of Planning. In Attendance: IPFR Coordinator Finance Advisor (if required) Senior Pharmacist (if required)

PROCEDURAL ARRANGEMENTS

Quorum: Chair or Vice Chair plus 2 panel members with a clinical background.

Meetings: The IPFR Panel will normally be at least once per month, either virtually, face to face or a combination of both.

Urgent Cases: Provision will be made for occasions where decisions may need to be made urgently. In these circumstances, the Chair or Vice Chair

of the IPFR Panel is authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits.

Recording: The IPFR Coordinator will document the meetings to ensure panel discussions and decisions are appropriately recorded.

Training: All Panel members will receive a local induction.

Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.

Panel Interest: At the start of the meeting members must declare any personal or prejudicial interests relating to the discussions of the panel.

Consensus: IPFR panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision

APPENDIX 3

TERMS OF REFERENCE – INDIVIDUAL PATIENT FUNDING REQUEST PANEL (JCC)

PURPOSE

The NHS Wales Joint Commissioning Committee's IPFR Panel is managed by NHS Wales Joint Commissioning Committee and holds delegated authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The IPFR Panel will act at all times in accordance with the All-Wales IPFR Policy taking into account the appropriate funding policies agreed by JCC.

The IPFR Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support of the application.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE
The IPFR Panel cannot make policy/commissioning decisions for the Health Boards. Any policy proposals arising from the Panel's considerations and decisions will be reported to the JCC for ratification. Financial authorisation is as follows: Individual Patient Packages The JCC scheme of delegation states that financial approval is required for individual NHS patient treatment charges outside of LTS's and SLA's concerning one off treatment costs exceeding £750,000. Therefore, any approved IPFR treatment exceeding £750,000 needs to be reported to the Joint Committee. Lifetime costs The JCC scheme of delegation states that financial approval is	Independent Chair (from open recruitment) 2 Lay representatives** Health Board nominated clinician or clinician deputy. 2 Vice Chairs (appointed from within the panel membership) JCC Medical Director or nominated deputy. JCC Director of Nursing or nominated deputy. A further two panel members from the NHS in Wales may be appointed at the discretion of the Chair of the Panel in conjunction with the JCC Medical and/or Director of Nursing, for example a member of an ethics committee. In attendance from JCC IPFR Coordinator Finance Advisor (if required) Governance Advisor (if required) Other JCC staff as and when required to clarify on policy/commissioning arrangements/evidence evaluation For particularly complex cases the IPFR Panel may invite other individuals with clinical, pharmacy or commissioning expertise and skills, unconnected with the requesting provider to support decision making.

required for individual NHS patient treatment charges outside of LTS's and SLA's for lifetime costs exceeding £100,000,000. Therefore, any approved IPFR exceeding £1,000,000 needs to be reported to the Joint Committee. Any decisions resulting in a financial cost in excess of these limits must be reported to the Chief Commissioner for authorisation and the relevant Health Board for information and if over £1 million to the Joint Committee for approval or ratification (if a Chairs action was undertaken).	

** Definition: Not registered as a healthcare professional, either lay (not currently healthcare worker) or lay plus (no healthcare experience ever) (Health Research Authority 2014) will be eligible.

PROCEDURAL ARRANGEMENTS

Quorum:	The Panel will be quorate with 4 of the 7 Health Boards representatives, 1 JCC Clinical Director or deputy and the Chair or Vice Chair.
Meetings:	The IPFR panel will normally be held as a minimum once per month, either virtually, face to face or a combination of both.
Urgent Cases:	Provision will be made for occasions where decisions may need to be made urgently. Where possible, a virtual panel will be held to consider urgent cases. If this is not possible due to the urgency of the request, or availability of panel members, then the Chief Commissioner with either the Medical Director or Director of Nursing and Quality and the Chair of the JCC Panel (or a vice chair) are authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits, on behalf of the Panel.

	Urgent cases will be reported at the next scheduled IPFR panel. An electronic National IPFR database of all cases will be maintained by AWTTC.
Recording:	The IPFR Coordinator will document the meetings to ensure panel discussions and decisions are appropriately recorded.
Training:	All Panel members will receive a local induction programme. Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.
Members Interest:	At the start of the meeting members must declare any personal or prejudicial interests relating to the discussions of the panel.
Consensus:	IPFR Panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision.
Reporting:	The IPFR Chair shall: Report formally, regularly and on a timely basis to the Collaborative Commissioning Leadership Group (CCLG) on IPFR activities. Bring to the CCLG's attention any significant matters and ensure appropriate escalation arrangements are in place.
Review of the TOR:	The Terms of Reference of the JCC Panel will be reviewed in line with the All-Wales IPFR Policy.

APPENDIX 4

TERMS OF REFERENCE – REVIEW PANEL

PURPOSE

The IPFR Review Panel are constituted to act as a Committee of the Health Board and holds delegated Health Board authority to review (in line with the review process outlined in this policy) the decision-making processes of the Individual Patient Funding Request (IPFR) Panel.

The Review Panel may uphold the decision of the IPFR Panel or, if it identifies an issue with the decision-making process, it will refer the issue back to the IPFR Panel for reconsideration.

The Review Panel will normally reach its decision on the basis of all of the written evidence which is provided to it and will not receive any new information.

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE
The Review Panel has delegated authority from the Board to undertake reviews, limited to the purpose set out above. In exceptional circumstances, the Review Panel may also wish to make a recommendation for action to the Board. The action can only be progressed following its ratification by the Board (or by its Chief Executive in urgent matters).	Independent Board Member – Lay (Chair of the Review Panel) Independent Board Member (usually with a clinical background) Executive Director or deputy (with a clinical background) Representative from Llais Chairman, Local Medical Committee, or deputy JCC representative at Director level (as required) In Attendance: IPFR Senior Officer (governance advisor) JCC IPFR Senior Officer (as required)

PROCEDURAL ARRANGEMENTS

Quorum: As a minimum, the Review Panel must comprise 3 members (one of whom must have a clinical background, one must be an Independent Board Member, and one must be a Health Board Officer).

Meetings: As required.

Urgent Cases: It is recognised that provision must be made for occasions where reviews need to be heard urgently and before a full panel can be constituted. In these circumstances, the Health Board's Chair can undertake the review together with a clinical member of the Review Panel. This ensures both proper accountability of decision making and clinical input.

Recording: The IPFR Senior Officer will clerk the meetings to ensure a proper record of the review discussion and outcome is made.

See detail under section 6.12 on how JCC will undertake a review.

APPENDIX 5

NHS Wales Individual Patient Funding Request (IPFR) Policy Implementation Group

Terms of reference

1. Purpose of the Group

The purpose of the NHS Wales IPFR Policy Implementation Group (PIG) is to facilitate the commitment made by Health Boards and the Joint Commissioning Committee (JCC) to adhere to the NHS Wales IPFR Policy, providing and developing assurances systems and guidance to aid the decision making process. This includes areas relating to IPFR's, requests for routine treatment out of area, Interventions Not Normally Undertaken (INNU) and requests for treatment in other parts of the European Economic Area (EEA). The group will:

- Provide strategic leadership for the development and implementation of the IPFR policy and supporting documentation across all Health Boards and the JCC.
- Share good practice across all Health Board areas and promote continuous improvement.
- Review all policies that refer to IPFR to ensure that the policies are up to date, consistent and coherent.
- Provide a forum in which to share advice, support and assistance to ensure deliverance of a consistent process across Wales.
- Explore opportunities to ensure the IPFR process is widely understood by patients and clinicians, providing support on the process and application of IPFR's.
- Use best efforts to ensure the quality of data collection is in line with local and national reporting requirements.
- Monitor identified and emerging risks and advise on their prevention, mitigation and management.
- Work with and support the All Wales Therapeutics and Toxicology Centre on the development of the annual report in relation to IPFR's.
- Utilise the IPFR process to help inform key issues relating to possible future regional and / or national commissioning opportunities.
- Ensure active participation of key stakeholders when and where appropriate.

2. Membership of the Group

The IPFR network group will comprise of;

- A senior IPFR co-ordinator or nominated deputy from each Health Board and JCC.
- A senior member or nominated deputy from the AWTC

Other members may be included in the group as and when required.

3. Chair

The group will be chaired by an appointed member of the group.

The Chair will provide direction on the implementation of all decisions made by the group in relation to the development of the All-Wales policy, related guidance and assurance mechanisms.

All activities carried out under the auspices of the IPFR Policy Implementation Group are to be undertaken with prior agreement from the group members.

4. Frequency of Meetings

The group will meet bi-monthly. However, due to the nature of the work, the group may be required to meet more frequently on occasions, with additional work being done between meetings via email whenever possible.

The Terms of Reference will be reviewed periodically and amended accordingly.

5. Quorum

The quorum will be made up of any 5 members of the IPFR Policy Implementation Group.

Agenda Item
8.1.5

CTM Health Board

All Wales Prior Approval Policy (2025)

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Claire Tynan-Preece, Commissioning Manager
Cyflwynydd yr Adroddiad / Report Presenter	Sallie Davies, Deputy Medical Director
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
All Wales IPFR Policy Implementation Group	July 2025	Supported
Head of Commissioning	09/09/2025	Supported
Assistant Director of Transformation	11/09/2025	Supported
Executive Director of Public Health	12/09/2025	Supported
Quality, Safety & Experience Committee	23/09/2025	Endorsed for Board Approval

Acronyms / Glossary of Terms	
AWTTC	All Wales Toxicology and Therapeutic Committee

IPFR	Individual Patient Funding Request
IPFR PIG	Individual Patient Funding Request Policy Implementation Group
IPFR QAG	Individual Patient Funding Request Quality Assurance Group
PAR	Prior Approval Request
NWJCC	New Wales Joint Commissioning Committee
WHSSC	Welsh Health Specialised Services Committee

1. Situation /Background

1.1 The current version of the All Wales Prior Approval (PAR) policy was last reviewed in 2018.

1.2 The responsibility for reviewing the All Wales PAR policy rests with the All Wales IPFR Policy Implementation Group (IPFR PIG). Following discussion in 2024, it was agreed to review the PAR policy alongside the review of the All Wales IPFR policy.

1.3 This paper provides a summary of the key changes within the updated PAR policy.

1.4 Each health board is now required to obtain formal approval to endorse and implement the revised policy.

2. Specific Matters for Consideration

2.1 All Wales Prior Approval policy

A prior approval request (PAR) is normally defined as a request for a patient to receive routine treatment outside of local services or established contractual arrangements. Such a request will normally fall within one of the following categories: -

Second opinion
Lack of local/commissioned service provision/expertise
Clinical continuity of care (considered on a case-by-case basis)
Transfer back to the NHS following self-funding in the private sector
Re-referral following a previous tertiary referral
Students
Veterans

2.2 Governance arrangements

The NHS Wales IPFR Policy Implementation Group (PIG) brings together representatives from Health Boards, the Joint Commissioning Committee, AWTTC, and Health Technology Wales to ensure the fair and consistent

application of the Prior Approval (PAR) policy and IPFR Policy across Wales. The group supports decision-making for treatments not routinely provided, promotes best practice, and helps shape national policy. It also works to improve understanding of the IPFR & PAR process, enhance data quality, and inform future commissioning. Through collaboration and stakeholder engagement, the PIG fosters a transparent, inclusive, and patient-focused approach to funding decisions.

The NHS Wales IPFR PIG has been instrumental in ensuring the revised PAR policy is fit for purpose.

2.3 Revisions to the Prior Approval Request (PAR) Policy

In parallel with the review of the All Wales IPFR Policy, the opportunity was taken for the IPFR PIG to review the All Wales PAR Policy. The proposed version is accepted as being fit for purpose (Appendix 1).

The main changes to note are:

Organisational change from WHSSC to NWJCC
Clarity on exclusions which will not be considered

- retrospective requests;
- requests for healthcare travel costs;
- referrals related to (potential) participation in a clinical trial – these are included in the research costs, or facilitated via Health and Care Research Wales.

The PAR process is an established process and ensures health boards and JCC have a consistent approach to decision making across NHS Wales. The PAR process generally works well and is fully embedded in the day to day function of NHS Wales.

Following robust discussion and agreement at the All Wales IPFR PIG, there are no risks to report and matters for escalation. Should any issues or concerns arise, these will be escalated in the first instance to Commissioning Colleagues within CTM UHB.

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	Choose an item. If more than one applies please list below: This policy spans all strategic areas

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality (*Duty of Quality Statutory Guidance (gov.wales)*)	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality (*Duty of Quality Statutory Guidance (gov.wales)*)	Person Centred
	If more than one applies please list below: Policy spans all quality domains
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: All Wales policy
Cydraddoldeb a'r Gymraeg	Yes: ☒	No: ☐

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Outcome for Equality (delete as appropriate): NEUTRAL Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	The is risk of reputational harm if the policy is not approved and endorsed for use in CTM UHB.	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	Choose an item.	

4 Recommendation

The Board is asked to Approve the revised All Wales PAR Policy (2025) and approve its implementation within Cwm Taf Morgannwg UHB with immediate effect.

5 Next Steps

No further action following approval and endorsement from the Board.

NHS WALES PRIOR APPROVAL POLICY

Reference Number	Policy Reference (as per individual Health Board)	Version Number	FINAL July 2025
Linked Documents	Individual Patient Funding Request (IPFR) Policy Health Board Policies on Interventions Not Normally Undertaken (INNU)		

Classification of Document:	Clinical Policy
Area for Circulation:	Local Health Boards and Primary Care Providers across Wales NHS Wales Joint Commissioning Committee (NWJCC) Public domain via Internet sites
Development Group:	All Wales IPFR Policy Implementation Group
Consultation:	Commissioning / Planning Managers IPFR Panel Members NHS Wales Medical Directors
Date of Publication:	July 2025
Lead Health Board Contact:	Contact details as per individual Health Board
Review Date	July 2028

1.0 INTRODUCTION

1.1 Background

1.1.1 In September 2016, following the 2014 review and implementation of its recommendations, the Cabinet Secretary for Health, Well-being and Sport agreed the time was right for a new, independent review of the Individual Patient Funding Request (IPFR) process. The review panel would be independent of the Welsh Government and encompass a range of expertise and knowledge.

1.1.2 The "Independent Review of the Individual Patient Funding Requests Process in Wales" report was published in January 2017 and made a number of recommendations to support the IPFR process. This includes the development of a clear and consistent national process for dealing with requests to access routine services outside of Local Health Board's existing arrangements (including those of the NHS Wales Joint Commissioning Committee)

1.2. Purpose of this policy

1.2.1 Continuing advances in technology, changing populations, better information and increasing public and professional expectations all mean that NHS Health Boards have to agree their service priorities for the application of their financial and human resources. Agreeing these priorities is a complex activity based on sound research evidence where available, sometimes coupled with value judgments. It is therefore important to be open and clear about the availability of healthcare treatments on the NHS and how decisions on what should be funded by the NHS are made.

1.2.2 Health Board's in Wales have a statutory responsibility to provide healthcare that meets the needs of their local populations in accordance with the NHS (Wales) Act 2006, the Well-being of Future Generations (Wales) Act 2015, Social Services and Wellbeing (Wales) Act 2014 and Cross Border Healthcare Services (April 2013). They achieve this by either directly providing healthcare or by commissioning healthcare from other service providers. In addition, the NHS Wales Joint Commissioning Committee (NWJCC), working on behalf of all Health Board's in Wales, commissions a number of more specialised services at a national level. The use of the term 'Health Board' throughout this policy includes NWJCC unless specified otherwise.

1.2.3 Consequently, patients should not be able to access healthcare services elsewhere unless all treatment options available within locally provided services or those commissioned by Health Boards have been exhausted and it is clinically appropriate to do so.

1.2.4 Each Health Board in Wales has a separate policy setting out a list of healthcare treatments that are not normally available on the NHS in Wales. This is because: -

There is insufficient evidence of clinical and/or cost effectiveness

The intervention has not been reviewed by the National Institute for Health and Care Excellence (NICE) or the All-Wales Medicines Strategy Group (AWMSG)'
The intervention is considered to be of relatively low priority for NHS resources

The relevant policy for the patients' Health Board titled 'Interventions Not Normally Undertaken' (INNU) should be read together with this policy.

1.2.5 For the purpose of this policy, a prior approval is normally defined as a request for a patient to receive routine treatment outside of local services or established contractual arrangements. Such a request will normally fall within one of the following categories: -

Second opinion
Lack of local/commissioned service provision/expertise
Clinical continuity of care (considered on a case-by-case basis)
Transfer back to the NHS following self-funding in the private sector
Re-referral following a previous tertiary referral
Students
Veterans

Further detail is provided in Section 5.

Requests will not be considered for retrospective funding.

1.2.6 This policy sets out to deliver the national context and provide clarity for referring clinicians and patients. Additional policy processes outlining specific commissioning, contractual and additional prior approval requirements may be in place and will vary across each Health Board.

1.2.7 For instances where funding is required for NHS healthcare for individual patients who fall outside the range of services and treatment that a Health Board has arranged to routinely provide, the Individual Patient Funding Request (IPFR) policy should be followed. Such a request would normally fall within one of the following categories: -

A patient requires a treatment which is new, novel, developing or unproven and is not within the Health Board's routine schedule of services and treatment,
A patient requires a treatment which is outside of existing clinical policy criteria,
A treatment is required for a patient with a rare or specialist condition and is not eligible for treatment in accordance with the clinical policy criteria.

2.0 AIMS AND PRINCIPLES

2.1 Health Board's in Wales have a responsibility to secure services for their patients. Patients registered with a GP in Wales who are resident in Wales do not have a statutory right to choose which hospital they are referred to. The Welsh Governments view is that in general, Health Boards can best organise services to meet the needs of their patients when such services

are provided in Wales. This ensures equity in terms of access, convenience, and affords each Health Board the opportunity to strengthen and improve the quality of their local services thus providing a net gain for the whole community.

2.2 However, patients who are registered with a Welsh GP but are resident in England, or patients who are resident in Wales but registered with an English GP (Cross Border Patients) may have a specific right to choose their secondary care provider. The cross-border arrangements are specific to those Health Boards that share a border with England i.e. Betsi Cadwaladr University Health Board, Powys Teaching Local Health Board and Aneurin Bevan University Health Board the detail of which can be found in the Responsible Body Guidance for the NHS in Wales.

2.3 Each Health Board aims to ensure the establishment of simple uniform arrangements based around high quality, sustainable local services for their patients. Where these cannot be provided by the Health Board's own services for reasons such as resource, expertise or capacity, the Health Board will look to plan and secure necessary services with other appropriate NHS providers through its agreed care pathways. Where the service cannot be provided by the Health Board or contracted provider, the Health Board will plan to secure services from other appropriate providers.

The principles underpinning this policy include: -

2.4 NHS Core Values – set out by the Welsh Government as;

Putting quality and safety above all else; providing high value evidence-based care for our patients at all times.
Integrating improvement into everyday working and eliminating harm, variation and waste.
Focusing on prevention, heath improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales.
Working in true partnerships with partner organisations and with our staff; and
Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively.

2.5 Prudent Healthcare Principles

Achieve health and wellbeing with the public, patient and professionals as equal partners through co-production.
Care for those with the greatest needs first, making the most effective use of all skills and resources.
Do only what is needed, no more, no less; and do no harm.
Reduce inappropriate variation using evidence-based practices consistently and transparently.

2.6 Cross Border Healthcare Arrangements

Enable Cross Border patients to exercise their right of choice to a secondary care provider either in England or within the Health Board.

3.0 SCOPE OF THE PRIOR APPROVAL POLICY

3.1 This policy applies to: -

The registered population within the geographical catchment area of the Health Board to whom it has a statutory responsibility for arranging services as outlined in the Local Health Boards (Directed Functions) (Wales) Regulations 2009. (*The Who Pays? Determining Responsibility for payments to providers in August 2013 states that although the Health Board has commissioning responsibility for English resident Welsh registered patients, they are the legal responsibility of the relevant CCG*)
Secondary Care referrals only made by General Practitioners, Consultants and other clinically qualified health professionals with referral rights within the Health Board area.
Tertiary referrals only made by consultants and clinical gatekeepers.

Please note - it is the clinician's responsibility to complete the application form. This ensures that adequate clinical information is provided to aid the decision-making process.

4.0 EXCLUSIONS

4.1 This policy does not apply to the following services: -

Emergency Treatment
Urgent suspected cancer referrals. All referrals for urgent suspected cancer must be referred by e-referral into the appropriate Health Board's respective tumour sites which have been set up in accordance with NICE guidelines. If a Cross Border patient has requested to be referred to a local hospital in England, then the referral will be made.
Community based services such as district nursing.
Looked After Children
Requests for treatment in countries of the European Economic Area.
The specialised services pathways established as part of the arrangements under The National Health Service Joint Commissioning (Wales) Regulation 2024.
Requests which are judged to fall under IPFR or INNU.
Reimbursement for private treatment

4.2 This policy does not apply to the following cohorts of patients: -

Patients diagnosed with HIV/AIDS as outlined in the Welsh Governments HIV Actions Plan for Wales 2023-2026.

4.3 This policy does not apply to the following factors: -

Non-clinical factors (such as employment status) will not be considered when making decisions on prior approval requests.

Waiting time factors will not be considered when considering prior approvals as this will theoretically prioritise some patients over others who are in the same clinical position.
Patient choice. The NHS in Wales does not operate a system of patient choice. However, cross border patients may be able to choose their secondary care provider.

4.4 This policy does not cover healthcare travel costs. Information on patient eligibility for healthcare travel costs to receive NHS treatment under the care of a consultant can be found on the Welsh Government's 'healthcare costs' website.

4.5 Referrals related to participation (or potential participation) in a clinical trial

No Prior Approval, or Individual Patient Referral Funding (IPFR) application is required if the purpose of the referral is clinical trial related i.e. if a patient wishes to participate (or explore potential participation) in an 'interventional' research study outside of Wales i.e. studies where the research protocol includes a treatment or intervention not otherwise available to the patient outside of a trial. There should be no barrier to a patient being seen by the trial site for this purpose, and no funding needs to be exchanged or be provided for the site to accept the referral.

The UK Policy is that costs associated with the referral are a research cost and as such must be met by the trial site (via the study grant for non-commercial studies, or by the commercial Sponsor for industry funded studies). This includes visits to the trial site at pre-screening stages prior to commitment or recruitment to the trial being confirmed, including where referrals that are more speculative for a range of potential trials open at the provider site, and includes the consultation costs and associated travel costs. The referring clinician will need to be assured that the patient at least broadly meets (or has potential through further screening/assessment to meet) the eligibility criteria for one or more trials that are open to recruitment at the provider organisation before a referral is made.

Note: If any support is required to expedite the referral, or if provider site requires more information on the UK Policy position, please escalate to Research-FundingSupport@wales.nhs.uk

5.0 GUIDING PRINCIPLES AND CRITERIA

5.1 Second Opinion

If a second opinion is required for routine treatment out of area, the requesting clinician must demonstrate that the patient has exhausted all local options where possible. The patient should first receive a second opinion from a consultant colleague within the same Health Board and then from a Health Board or English NHS Trust with whom a contractual agreement is held.

Please note; if a second opinion is approved, this does not automatically mean that funding will be provided for additional appointments and/or treatment.

5.2 Lack of local service provision/expertise

The NHS secondary care consultant or other care provider, for example a GP or dentist, with the support of an NHS secondary care consultant where available, needs to demonstrate that all local and locally commissioned service provision has been exhausted in order for an external referral to be considered for an 'expert' opinion. In addition, for reasons due to lack of local expertise, the clinician must demonstrate that the referral being made is to an 'expert' within that specific clinical speciality.

5.3 Clinical continuity of care

Whilst the Health Board understands the importance of continuity, we must endeavour to deliver the patient's care locally. Where comparable services are available locally, the patient will be referred to those services in the first instance. Clinical advice will be sought to ensure local services meet the needs of the patient's clinical condition.

Consideration for a patient to remain with an existing provider will only be given if their specific clinical condition warrants continuity of care and that there are circumstances, which if unaddressed, are likely to have a serious impact on the patient's continuing health and wellbeing.

Before funding on this basis can be considered, a comprehensive report/letter from the existing clinician highlighting the specific clinical reasons why the patient should remain under their care would be required.

If a patient moves into a Health Board's area, they will be expected to access local services. However, in some instances, patients may request to remain with an existing care provider based on 'continuity of care'. As outlined above, clinical information will be required to support the reasons for this.

5.4 Transfer back to the NHS following self-funding in the private sector

If a patient has self-funded their own referral/treatment in the private sector, the Health Board cannot be expected to fund ongoing treatment in the private sector. To ensure equity, all such referrals will be declined and the clinician advised to refer the patient to local or commissioned NHS services.

If, however, there is no local or locally commissioned service provision for the proposed treatment, the request for a referral to an external NHS consultant will be considered, based on the clinical information provided. The patient will be expected to receive all treatment with an NHS provider and should be added to the appropriate waiting list accordingly.

5.5 Re-referral following a previous tertiary referral

If a service is not available locally or within existing commissioned services, the Consultant/Clinical Gatekeeper may wish to refer a patient to a specialist centre for clinical advice and/or potential treatment. Following the assessment/treatment, and when clinically appropriate, the patient should be discharged back to local services.

Patients frequently request to return to the same specialist centre for a 'new episode of care' based on 'clinical continuity'. When comparable

services are available locally, patients will be expected to access the local services.

5.6 Students

Students who register with a GP in Wales where they are receiving further or higher education become the responsibility of the Local Health Board in that area and should be treated in accordance with the principles outlined with the Responsible Body Guidance for the NHS in Wales.

5.7 Veterans

The treatment of veterans should be undertaken in accordance with the principles outlined within WHC (2023) 022 Armed Forces Covenant – Healthcare Priority for Veterans

6.0 PROCESS UNDERTAKEN WHEN CONSIDERING A PRIOR APPROVAL REQUEST

6.1 Prior approval requests can be sent to abb.priorapprovalteam@wales.nhs.uk

6.2 All prior approval requests are considered on their own merits using the guiding principles and criteria outlined in this document. Decisions are based on the clinical circumstances of the individual patient. It is therefore important to ensure that adequate clinical information is provided to aid the decision-making process.

6.3 Where the patient does not meet the guiding principles outlined above, the prior approval request will be declined.

6.4 Should an application be received which has not been completed sufficiently enough to determine whether or not the request meets the guiding principles and criteria, or the incorrect form has been completed, the form will be returned to the requesting clinician within five working days of receipt.

6.5 Prior approval requests made directly by a patient, or a patient representative will not be accepted. If a direct request is received, the patient will be advised to contact their GP or Hospital Consultant. Requests for referrals will not be accepted to private providers. The NHS cannot pay for or subsidise private hospital treatment.

6.6 A formal process will be held on a regular basis to ensure that correctly submitted and completed applications are considered in a timely manner. The volume and urgency of applications may require a decision more frequently as and when required.

6.7 A standard decision letter notifying the requesting clinician of the decision will be sent.

7.0 HOW TO REQUEST A REVIEW OF THE PROCESS

If a prior approval request is declined, a patient and/or their NHS clinician have the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, they can ask for that decision to be reviewed.

8.0 WHAT IS THE SCOPE OF A REVIEW

There will be a period of 25 working days from the date of the decision letter during which a review may be requested.

The request for a review form should be completed clearly outlining the grounds for the review and sent to the Prior Approval team. The review panel will endeavour to meet within one month of the request being logged by the Health Board. Following the review, a decision letter will be issued to notify the patient and their clinician of the review panel's decision.

If new or additional information becomes available, the application will be reconsidered.

9.0 REVIEW PANEL MEMBERSHIP

The review panel should comprise: -

Chair
Senior Clinical Representative
Senior Management Representative

10.0 CONFIDENTIALITY AND INFORMATION GOVERNANCE

In operating the prior approval policy, the Health Board will have due regard to the need to ensure that patient confidentiality is maintained at all times.

Each Health Board must comply with the requirements of the Data Protection Act and Caldicott Principles of Good Practice.

11.0 REVIEW OF THIS POLICY

This policy will be reviewed every 3 years or as required to reflect changes in legislation and guidance.

12.0 MAKING A COMPLAINT

Making a request for a prior approval does not conflict with a patient's ability to make a complaint to the Public Services Ombudsman for Wales. Further information is available on the Ombudsman's website www.ombudsman-wales.

Agenda Item
8.1.6

CTM Health Board

Annual Equality Report 2024-2025

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Alex Grand, EDI Strategic Lead Lisa Whiteman-Pearce, Head of OD and Inclusion
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Hywel Daniel, Executive Director for People
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
Operational Delivery Committee	28/10/2025	Endorsed for Board Approval
Executive Leadership Group	29/09/2025	Approval
Hywel Daniel, Executive Director for People	10/09/2025	Approval
Hayleigh Jones – Deputy Director for People	08/09/2025	Approval subject to amendments

Hannah Williams, Assistant Director of Leadership and Culture	08/08/2025	Approval subject to amendments

Acronyms / Glossary of Terms	
SEP	Strategic Equality Plan
EDI	Equality, Diversity and Inclusion

1. Situation / Background

1.1 The Annual Equality Report is a requirement under the Equality Act (Statutory Duties) (Wales) Regulations 2011, providing a summary of our activity and progress for the given reporting period – April 2024 to March 2025. The deadline for publication is 31 March 2026.

1.2 This year, we have structured the main body of the report under each of the SEP pillars: Services, People, Community and Infrastructure and are pleased to be able to confidently report a breadth of activity and progress under each.

1.3 There is a lot we can be proud of, including work undertaken through the Community Leaders' Network to improve health information, reduce barriers to vaccine uptake and inform this winter's vaccination strategy and the Maternity Databank Initiative, directly supporting pregnant service users experiencing data poverty. We have continued to encourage and support our Staff Networks, with membership increasing this year and them starting to better work together on intersectional opportunities and concerns. We successfully launched the new mandatory Anti-Racism e-learning programme, and are on track to meet the December 2025 deadline of 85% completion.

1.4 As well as, rightly, acknowledging progress we have made, we must address significant challenges within CTMUHB, including our Gender Pay Gap and matters highlighted in the Workforce Race Equality Standard – which continue to include the lower likelihood of successful interview outcomes for Black, Asian and Minority Ethnicity staff and higher likelihood of experiencing formal capability procedures.

1.5 Whilst these, and other challenges, have specific, targeted, actions in the SEP Delivery Plan, we are also addressing them systemically through the People Plan 2025-2030 in which EDI is embedded throughout. Resourcing and structures within the People Directorate have changed to better support EDI priorities and ambitions.

1.6 Albeit outside of the reporting period, we presented a revised governance, assurance and delivery framework to Strategic Development Committee in July 2025. This reflects our need to have a more structured and robust approach to delivering our SEP, including accountable owners and better in-year reporting, and to ensure we appropriately challenge our activity, prioritising work that will make a measurable difference to our people and communities.

1.7 We will continue to encourage and facilitate learning and knowledge sharing, but this will be a separate forum to the new pan-organisation SEP Delivery Group who will, as above, be accountable for planning, delivery, and outcomes measurement.

2. Specific Matters for Consideration

2.1 None.

3. Key Risks / Matters for Escalation

3.1 None.

4. Assessment

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

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a statutory requirement summarising of activity and achievements and does not include decisions or other matters for approval.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below: This is a statutory requirement summarising of activity and achievements and does not include decisions or other matters for approval.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
	This is a statutory requirement, summarising of activity and achievements	
Enw da / Reputational	Yes (Include further detail below)	
	Positive outcomes for staff and a more equitable workplace.	
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 We recommend the Board Approves the Annual Equality Report 2024-2025 ahead of publication.

6. Next Steps

6.1 With approval:

Publishing in Welsh and English - December 2025

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Cwm Taf Morgannwg University Health Board

Annual Equality Report

April 2024 – March 2025

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Foreword – Hywel Daniel, Executive Director for People

I am pleased to present Cwm Taf Morgannwg University Health Board's (CTMUHB) Annual Equality Report for the year 2024-2025. This presents a summary of work undertaken to progress our commitments to being a more diverse and inclusive organisation for both our staff and the people we serve.

This work includes the Maternity Databank Initiative, aimed at supporting pregnant service users experiencing data poverty by providing SIM cards and data packages, and our Public Health team have continued to work with community partners, addressing barriers to vaccination uptake and access to health information. We have started to ensure accessibility and inclusion are fundamental to the design of Llantrisant Health Park, a cutting-edge diagnostic and treatment centre for which construction should start early in 2026. These are just a few examples of us working with our communities to better meet their needs.

For our staff, we have also continued our work to be a more inclusive employer, with increased Staff Network activity and supported colleagues with more education and development. Our Supported Interns, with the support of and leadership from local colleges, continue to thrive in placements across the Health Board and enjoy opportunities that have led to education, volunteering and employment.

This has also been a year of evolving our People priorities and the supporting mechanisms of our Strategic Equality Plan 2024-2028, improving how we resource equality diversity and inclusion and starting to refresh our governance and assurance structures and delivery plans, reflecting our Board and Executive Team's continued commitment to us being a more diverse and inclusive CTMUHB.

Whilst I proudly share these achievements and the progress we've made; I acknowledge we have more work to do. We are an ambitious organisation that understands that we need to adapt how we provide services to meet the changing and increasing needs of our population. Equality, diversity and inclusion must be embedded across everything we do: decisions we make, services we provide and our people's experience in work. You can read more in the conclusion and forward look, but this includes improving our recruitment processes and outcomes, the quantity, quality and use of data.

In coming years, I look forward to showing you the measurable difference that these, and other activities, are making to patients, families, communities and our colleagues, reporting on both actions and impact.

Please do take time to read more about our work, achievements and plans set out in this report, and I continue to invite you get in touch with comments and feedback.

Hywel Daniel - Executive Director for People

Our Legal Duties

The Equality Act 2010 is a comprehensive piece of legislation designed to ensure fairness and prevent discrimination against individuals in the United Kingdom. At its core, the Act mandates that everyone should be treated equitably and with respect. This law protects individuals from being treated less favourably than others due to protected characteristics.

These characteristics include:

Sex	This covers both men and women.
Disability	This encompasses individuals with physical or mental impairments that have a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.
Age	This protects both younger and older individuals from age-based discrimination.
Race	This includes a person's colour, nationality, ethnic or national origins. It also recognises that individuals from different racial groups may speak different languages, and discrimination based on this is also prohibited.
Religion or Belief	This covers individuals who follow any religion, as well as those who would hold no religious beliefs. It also includes philosophical beliefs
Sexual Orientation	This protects individuals who are gay, lesbian or bisexual
Gender Reassignment	This refers to individuals who are taking steps to live in a different gender to the one they were assigned at birth, are undergoing a process of gender reassignment, or have already transitioned.
Marriage and Civil Partnership	This protects individuals who are married or in a civil partnership
Pregnancy and Maternity	This safeguards the rights of women who are pregnant, have recently given birth or are breastfeeding

To ensure we are upholding the principles of the Equality Act 2010 and treating everyone fairly, we are obligated to inform you about how we collect and utilise information. This transparency is crucial for demonstrating that our practices are equitable and non-discriminatory.

Furthermore, our services must be designed and delivered in a way that effectively meets the diverse needs of all the groups of people we serve. We are also committed to ensuring that all individuals are treated fairly and with respect within our workplace.

The Health Board has several legal duties concerning equality and inclusion. These obligations include: developing and implementing a **Strategic Equality Plan 2024 – 2028 (SEP)**, which details our commitment and approach to promoting equality across all functions; ensuring **public engagement in decision-making** by actively seeking and considering the views of diverse communities; maintaining **transparency** through the publication of equality-related workforce and pay data to demonstrate our commitment to equal opportunities; and guaranteeing the **accessibility of our services and information** for all individuals, taking into account the diverse needs of the population we serve in Cwm Taf Morgannwg and the surrounding area.

Our Commitments

Our current **SEP** articulates the specific equality objectives established to underpin and facilitate the achievement of our broader strategic aims. Recognising the importance of continuous improvement, we undertake an annual review to assess our progress against these defined equality objectives, highlighting both successes and areas requiring further development.

Services:	Improve the experience and health outcomes for our patients, ensuring that every patient has equity of access to the services that they need.
People:	Improved staff engagement and experience, attracting and retaining diverse talent and creating an inclusive environment in which all colleagues can thrive.
Community:	Make sure underrepresented groups and seldom-heard voices are involved at the outset of design and delivery.
Infrastructure:	Make sure equality diversity and inclusion are essential to the way that we operate.

Our People and Population

We provide primary, community, hospital and mental health services to the 450,000 people living in three County Boroughs: Bridgend, Merthyr Tydfil and Rhondda Cynon Taf.

Our population groups aged 65 – 84 and 85+ are projected to have the largest increase by 2036 when an estimated one in four people in Wales will be aged 65 and over. These projections will have significant implications for the way in which we design and provide our increasingly integrated health and social care services, so that we can help the people living in our communities to live long and healthy lives, free from the limiting effects of multiple chronic conditions.
We employ 11,501.30[1] whole-time equivalent (WTE) staff as of 31 March 2025, with a headcount of 13,192. Approximately 80% of our workforce live within the Health Board's footprint with a gender split of 79.58% female: and 20.42% male. Around 40% of our workforce works part-time. Out of the total female workforce, 46.69% work part-time compared with 18.51% of the male workforce. At CTMUHB, providing great health care to our community is our number one priority.

[1] Data from 31/03/25

Workforce Data Updates: 2024-2025

There has been an increase of our ethnic minority workforce from 7.1% to 7.8% in 2024/25

We have seen a small reduction in the number of disabled staff in post from last year's figures to 4.56%

Our average Gender Pay Gap hasn't changed significantly for the past few years, now at 27.52%[2], with a slight increase in the proportion of men in our highest banded roles

Our Gender Pay Gap (GPG) is significantly above the NHS Wales average and is an area for targeted improvement. This is largely due the distribution of men across the organisation, with few men spread across roles banded lower than Agenda for Change Band 7. Upcoming work on inclusive recruitment will support both our distribution on men in lower banded roles, and recruitment of women into our senior roles. In the past year, the Commitment Awards, the main bonus pay award, has begun to be incorporated into pay scales and has the potential to improve the GPG slightly once fully embedded.

This year, the Workforce Race Equality Standard (WRES) was published for the first time. The primary areas of development for us were:

Likelihood of ethnic minority staff being appointed after shortlisting.

Absence of ethnic minority board membership.

Progression of ethnic minority staff to middle and senior grades.

Poor levels of declaration of ethnicity.

Inequitable likelihood of ethnic minority staff being put through disciplinary and capability processes.

Some of these concerns will be addressed through specific actions, such as targeted sessions to the Board on ethnic minority staff and promotions of the importance of declaring ethnicity. Others are part of the improvement process in inclusive recruitment and broader leadership training and development. We will continue to improve the quality and quantity of data, helping us target improvements for our ethnic minority staff.

[2] Data from 31/03/25

Vision and Values

Our CTM2030: Our Health, Our Future strategy sets the vision and provides the framework for decision-making and priorities within the Health Board, setting the strategic direction for all areas of our work.

This year, we started to develop a specific People Plan in support of CTM2030. We acknowledged that there was a need for us to be clear about how we need to prepare, enable and evolve our workforce to deliver on the changing needs of the population, including digitising services, bringing care closer to home and focusing on prevention.

The SEP will enable and work alongside this People Plan and, while its focus remains on delivering our obligations under the Equalities Act (2010), we know that equality diversity and inclusion (EDI) is threaded through all of our work.

For example, our values and behaviours help guide the decisions we make and how we treat each other. They help us work better together; improve service user and patient care and outcomes, serve our communities and build a culture we can be proud of.

With every colleague in CTMUHB living our values and behaviours at every opportunity, we can achieve the following:

> We won't just know the values and behaviours; we'll feel supported and empowered by them.
> We'll inspire change in everyone's hearts, minds, and actions; and
> We'll make things better for our colleagues, our organisation, our patients and service users and our community.

Our Staff Networks

This year, we celebrated Staff Network Week with an awareness, education and engagement session on anti-racism, pronouns, and gender inequality, leading inclusively and reasonable adjustments. Since that week, we have seen an increase in engagement and attendance at inclusion events. Our staff networks are:

ACCESS (Disability Network) is an acronym that stands for: Access Considerate Care Experience Services Support. We welcome staff with a range of accessibility needs: Neurological; sensory; physical and anyone with a special interest in others with these protected characteristics and our network has been established to a positive and safe culture where everyone can thrive.

WEN, the **Women's Equality Network,** supports the organisation in gaining a greater understanding of gender equality issues through members' lived experiences. These may intersect with people who share protected characteristics and backgrounds – an intersectional disadvantage.

The **Race Equality Network** (REN) supports Cwm Taf Morgannwg University Health Board's ambition to develop a positive and safe culture where all colleagues in CTMUHB can flourish and thrive and where everyone can be at their best.

Ffrindiau LGBTQ+ Network (Ffrindiau means 'Friends' in Welsh) was originally founded in 2017 and represents the lesbian, gay, bisexual, trans, and minority sexual orientations, gender identities, expressions, and sex characteristics both within Cwm Taf Morgannwg University Health Board and our hosted organisations.

Over 2024/25, our network activities and achievements included:

- Membership and mailing list increased for our Networks
- Contributed to the CTMUHB response to the Gender Pay Gap and Equality Reports
- Hosted discussions that include women's health, gender pay gap and career development, intersectionality, and leadership
- Launched a WEN book club exploring diverse fiction and non-fiction works
- Celebrating and highlighting issues of Racial Inequality through Race Equality Week 2024
- Fortnightly meetings with CTMUHB communications team and corporate nursing to ensure inclusivity in educational opportunities and internal and external communications
- Drop-in sessions for face-to-face discussion at each of the 3 main hospital sites
- Informal mentoring and buddy scheme

Strategic Equality Plan Achievements

Services

This year, CTMUHB has taken further steps to ensure our services are inclusive, accessible and responsive to the diverse needs of our population.

We have introduced **gender-neutral titles in healthcare records** and developed **easy-read health screening guides** for transgender and non-binary individuals, ensuring our communications and services are inclusive and affirming. During **Transgender Awareness Week**, (13th – 19th November) we delivered training on pronouns, psychological safety, and inclusive recruitment practices to support both staff and patients.

[3]

To address digital exclusion in maternity care, our **Maternity Databank Project** which provides SIM cards and data plans to maternity service users was recognised with a **RCM Quality Improvement Award**. This initiative directly supports the SEP's goal of reducing health inequalities through targeted interventions.

CTMUHB celebrated **Pride Month** with a series of events including **LGBTQ+ awareness training**, **psychological safety workshops**, and a **coffee morning** with our Ffrindiau LGBTQ+ staff network, all aimed at improving patient care through greater understanding and allyship.

In October 2024, we launched a new **e-learning module** to support staff in helping patients quit smoking in secondary care (a more widely used setting), advising on language and wider content to make this meaningful to everyone. We

[3] Photo link - National award for CTMUHB maternity initiative

also released a **film explaining annual health checks** to people with disabilities, encouraging greater participation and understanding.

To further support accessibility, our Organisational Development and Inclusion (ODI) team developed a **resource guide for staff and patients with sensory loss**, including information on ordering equipment, booking interpreters and basic BSL videos to improve direct communication.

We've also prioritised **religious and cultural inclusion** in healthcare. ODI created a **quick guide on religious rites** covering nutrition, treatment restrictions and death rites to support culturally sensitive care. CTMUHB also published resources to help staff support patients during religious festivals such as **Ramadan** and **Pesach**.

Our safeguarding efforts include the implementation of the Female Genital Mutilation (**FGM) Clinical Pathway and Assessment Tool**, **and we continue to support staff with resources like our Health Screening Practical Guide** for Minority Ethnic Communities, aimed at increasing participation in preventative care.

[4]

In response to health inequalities, we launched a **sexual health drop-in clinic** for young people under 25, relaunched our **Men's Health Support Group** and hosted **World Menopause Month** events to support staff and patients with tailored information and resources.

[4] Photo link - New sexual health drop-in clinic for young people - Cwm Taf Morgannwg University Health Board

People

[5]

A standout achievement this year has been the expansion and celebration of our **Project SEARCH supported internship programme**, which empowers young people with learning disabilities and/or autism through education and employment. We welcomed **54 new interns** from **Merthyr Tydfil and Bridgend**, who completed placements across departments such as Pharmacy, IT, Radiology, Facilities and Catering at Prince Charles and Princess of Wales Hospital. **94%** of whom achieved a positive outcome progressing into employment (including at CTMUHB), volunteering or further study demonstrating the programme's real-world impact.

In addition, our **Jobs Growth Wales+** programme continues to support young people not in education or employment, while our **Schools & Early Careers** initiative has engaged over **200 students** through structured placements and career insight days.

[5] Photo link - Project SEARCH interns graduate at Princess of Wales and Prince Charles Hospitals

Complementing this, CTMUHB also celebrated **National Careers Week** (3rd - 8th March). National Careers Week is an annual UK wide event dedicated to empower people by providing them with knowledge, resources and inspiration to make informed career choices.

We've also strengthened our support for neurodivergent colleagues by launching a **Neurodiversity branch** within our ACCESS disability network and appointing a dedicated Neurodiversity chair who also co-chairs the broader ACCESS Network, a **fantastic demonstration of working together**.

To promote inclusive development, we launched **Network75**, a five-year scheme combining part-time study with work placements, currently supporting six students from the University of South Wales.

Training and awareness remain central to our approach. We delivered sessions on **LGBTQ+ inclusion**, **psychological safety**, **transgender awareness** and our **REN staff network** hosted a session on **menopause in minority ethnic women**, with more planned. CTMUHB also celebrated diverse voices through storytelling campaigns during **International Women's Day** and **Science Week.** To support staff development, we enhanced our **SharePoint intranet and resource hub**, doubling page views since 2023/24.

We have hosted three recruitment events for entry-level Facilities roles. Attraction focussed on social media and our careers site, with candidates applying to attend the day via a simplified Microsoft Teams form, roles were advertised with Partner organisations including DWP and Working Wales, to widen access. Candidates were invited to attend a specific timeslot, where they received support, on the day, with their application form, adapting interview questions to capture how people can show our values in their work, as well as exploring their skills and abilities, and candidates were offered guidance with their pre-employment check process. We were able to offer roles to successful candidates the following day.

This process removes barriers that can be associated with our recruitment system, allowing assessment to be based on their responses to our values-based questions, and allows our vacancies to be visible to those who may not otherwise see our roles advertised.

Finally, four teams have completed the **Diverse Cymru Cultural Competency Scheme**, earning two Bronze and two Silver awards and demonstrating their implementation of practices that ensure services are fair and equitable to Black, Asian and Minority Ethnic people in the organisation and across our communities.

As many of the initiatives are recent, we're yet to understand and measure the full impact of them. But there has been positive candidate feedback, particularly for interview preparation support and application support.

Community

Between April 2024 and March 2025, our Public Health Team led several impactful, community-driven initiatives across Bridgend, Rhondda Cynon Taf, and Merthyr Tydfil. On 24 January 2025, community leaders from across the region attended the **CTM2030 Community Leaders' Network** session, resulting in the formation of two working groups, **Vaccination & Health Protection** and **Communications & Engagement,** to address local barriers to vaccine uptake and health information access. Insights from this session directly shaped the **April 2025 Community Leaders Forum**, which informed CTMUHB's winter vaccination strategy, particularly for older adults and underserved groups.

We also progressed the **Healthy Travel Charter**, co-designed with local communities to promote walking, cycling and public transport through school pilots and workplace pledges. Alongside this, our **Healthy Weight programme** engaged residents in shaping food environments, supporting community growing spaces, nutrition education and healthier retail policies.

In **November 2024**, we partnered with our three **Community Voluntary Councils (Interlink RCT**, **BAVO**, and **VAMT)** to host a large-scale engagement event with over **140 women** from **30 voluntary sector organisations**. The session explored what it means to be "At My Best" through the lenses of **physical, emotional and psychological wellbeing**, and the importance of **community spaces and connections** in managing health and wellbeing.

We also collaborated with the **Paul Ridd Foundation**, which hosted awareness stands across hospital sites in **November 2024** to highlight the health profile and needs of people with learning disabilities.

Infrastructure

Our Employee Experience, Organisational Development and Analytics teams have collaborated to develop a pilot **insights tool**, enabling us to identify and directly support teams that may need support. This has been further enhanced by a **data mapping system** that overlays sickness rates, employee relations cases and survey results providing managers with a more holistic view of team culture and enabling targeted interventions.

We've also made progress in strengthening our **Equality and Welsh Language Impact Assessments (EWLIAs)**. We've relaunched the EWLIA process in collaboration with our Welsh Language team and staff networks and appointed a Head of Policy and Compliance who, in part, leads on embedding this approach

across all Health Board policies. To support this, we've provided **coaching and guidance** to teams on writing inclusive policies and conducting robust impact assessments, ensuring that equity is not an afterthought, but a foundation for decision-making.

Our commitment is also reflected in the development of the new **Llantrisant Health Park**, envisioned as a cutting-edge diagnostic and treatment centre, co-designed with regional partners to meet the evolving needs of our CTMUHB catchment population. Our EDI Strategic Lead has worked closely with the Board to ensure the site includes **gender-neutral facilities** and is designed to be welcoming and accessible to all.

We've strengthened our internal governance through **ongoing engagement with trade union partners.** This forum provides a structured space for collaborative dialogue and shared responsibility in shaping workforce and service delivery priorities.

Finally, we have made changes to the governance of our EDI actions and processes. We determined that the current framework no longer provides the best system for monitoring our growing and dynamic EDI work. Our new governance structure will have clear, measurable outcomes, with regular reporting and updates to the Board. These changes will become our way of working next year, with us bringing together people who share responsibility for action and measuring difference.

These initiatives demonstrate our commitment to building inclusive systems, spaces and governance structures ensuring that equality diversity and inclusion are not just values, but operational principles embedded across CTMUHB.

Conclusion and Forward Look

CTMUHB's commitment to equality diversity and inclusion continues in 2025/26 and beyond.

We have now launched our People Plan 2025-2030 which sets out clear priorities, informed directly by our colleagues, in support of our strategy. These are:

Getting the Basics Right
Great Management and Leadership
Building an Inclusive and Healthy Environment
Modern Workforce – Skills for the Future

Equality, diversity and inclusion will be embedded across all activity in the People Plan, from ensuring we are robustly impact-assessing decisions, policies and processes, through to education and support for our managers in creating and sustaining healthy team environments in which everyone feels they belong and valued.

Specifically, we will increase the number and improve the quality of Equality and Welsh Language Impact Assessments we undertake, and work with our Corporate Governance colleagues to ensure these are, as mentioned, fundamental to our decision-making processes.

Having already prioritised Recruitment and Selection within this year's policy workbook, we will address how and where we advertise opportunities, take positive action to support current and prospective colleagues with applications and interview preparation, and reduce bias in the selection process. This should help us improve interview outcomes for everyone, particularly ethnic minority people, people with disabilities, and positively affect representation across our organisational structure, including attracting more men into a broader range of roles.

We will continue to design and deliver learning and other resources for staff, having successfully introduced mandatory Anti-Racism Training in March of 2025 to align with the All-Wales Anti-Racist Action Plan (ARWAP). This programme will be informed, in part, by a new EDI Learning Forum, open to everyone who is curious and keen to learn more and improve their understanding and practise. The learning offer will be both proactive and bespoke responses to emerging needs across our varied teams and functions.

We will launch our new governance and assurance framework for EDI, ensuring we are closely monitoring and reporting on activity and, importantly, making sure we know the difference it is making. This framework brings EDI closer to our leadership team, with quarterly reporting into our Executive Lead and an additional annual summary into our Strategic Development Committee. A new SEP Delivery Group will lead on the monthly reporting of activity and impact measurement, and meet four times a year to review progress against our commitments. This group will be led by our Assistant Director of Leadership and Culture, and include representation from our People Directorate, Estates and Facilities, Nursing, Patient Experience, Communications and Public Health teams,

as well as our Staff Network chairs who will both feed into, and share back, updates.

Whilst we generate, receive and report data throughout the year, we will be better at taking action, including tracking trends, to know what is making a difference and where we may need to prioritise resources. We will be better at sharing that information and using it to have honest, and challenging, conversations and to enable our people and communities to hold us to account for making progress.

Acknowledgements

We would like to acknowledge and thank all of our staff at Cwm Taf Morgannwg University Health Board, including our Staff networks, Communications team, Executive team, Board members, Public Health and Nursing Teams for their hard work and ongoing dedication. We would also like to extend a special thanks to Diverse Cymru, our Trade Union partners and our wider colleagues across NHS Wales for their continued support.

Useful Links

Strategic Equality Plan 2024 – 2028

CTM2030

Anti-Racist Wales Action Plan

People Plan 2025-2030

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GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Agenda Item
8.1.7

CTM Health Board

5-year Diabetes Strategic Plan

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Elle McNeil, Head of Planning & Commissioning
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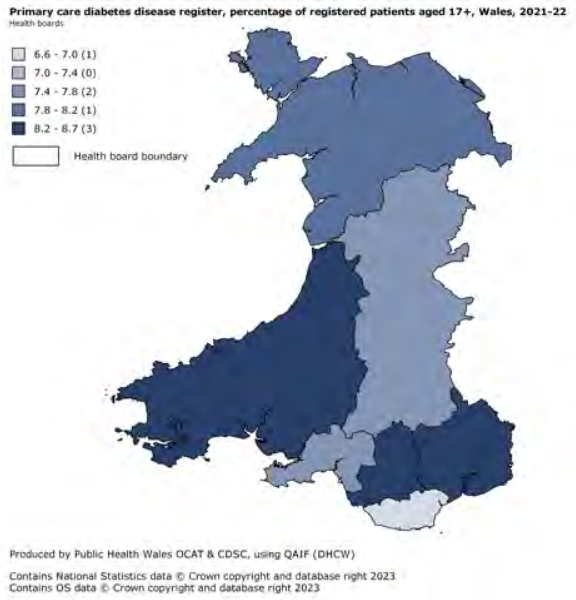
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation
Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
Strategic Development Committee	01/10/2025	Endorsed for Board Approval
Executive Management Board	26/08/2025	Supported with amendments
Diabetes Operational Board	14/05/2025	Supported
Diabetes Strategic Programme Board	05/06/2025	Supported aims/ priorities
Stakeholder Reference Group	16/07/2025	Suggestions and amendments
Cwmbach Diabetes Support Group	13/06/2025	Suggestions and amendments

Acronyms / Glossary of Terms	
T1DM / T2DM	Type 1/ 2 Diabetes
CTM/ CTMUHB	Cwm Taf Morgannwg/ University Health Board

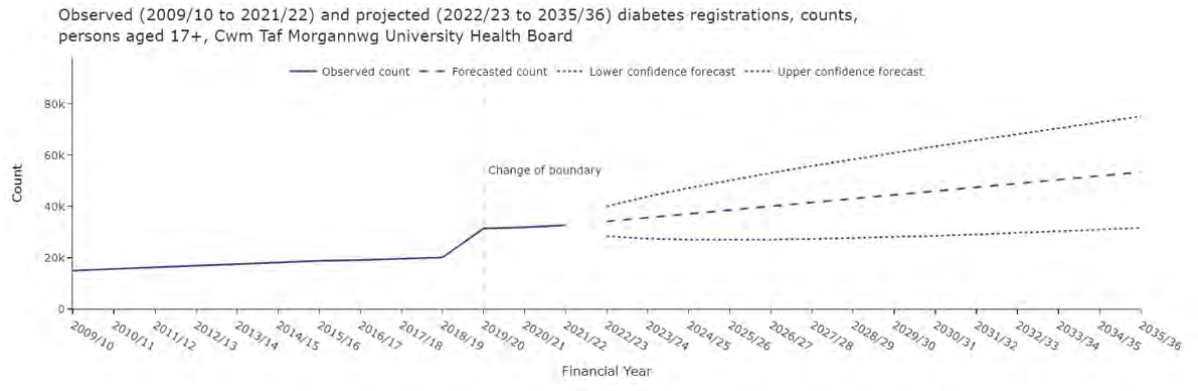
1. Situation /Background

1.1 Cwm Taf Morgannwg UHB (CTMUHB) has the 2nd highest percentage of registered patients with diabetes in Wales (8.59%):



Area	Registered patients with diabetes (% aged 17+)
Aneurin Bevan UHB	8.65
Betsi Cadwaladr UHB	7.87
Cardiff & Vale UHB	6.63
Cwm Taf Morgannwg UHB	8.59
Hywel Dda UHB	8.36
Powys THB	7.81
Swansea Bay UHB	7.75

1.2 Based on the modelled counts, in 2035/36 there will be between 31,000 and 75,000 registered diabetics across our region, 90% of which will be type 2 diabetics (T2DM), a largely preventable disease:



Source: Diabetes HB Outputs Cwm Taf Morgannwg, 07122023, Public Health Wales

1.3 The attached 5 year Diabetes Strategic Plan responds to our rapidly growing prevalence of type 2 diabetes (T2DM), linked to high levels of deprivation, poverty and obesity across the CTM footprint and the need to take a long-term whole-systems approach to preventing, identifying, optimizing and supporting people living with diabetes.

1.4 The Diabetes Strategic Programme Board established in February 2025 provides oversight across the range of CTMUHB services delivering diabetes care and the programme of work required to implement this strategic plan.

2. Specific Matters for Consideration

2.1 The attached strategic plan provides the national policy context, local diabetes service overview with gap analysis and the high-level and specific aims and priorities for diabetes services for the next 5 years. It was coproduced, led by CTM public health with service leads from across primary, community and secondary care and takes an evidence-based approach to the identified priorities and next steps.

2.2 Discussion with our local Cwmbach Diabetes Support group and Stakeholder Reference Group membership about the action plan and key priorities has informed iteration and amendments of the plan. Work is ongoing to develop a Stakeholder Engagement Group and our overarching coproduction, involvement and engagement approach with Cwmbach Diabetes Support group and staff who self-identified when responding to our 'living with diabetes' staff survey during Diabetes Week (9th-13th June 2025).

2.3 The three strategic objectives identified within the plan align with Public Health Wales Tackling Diabetes Together:

Prevent or delay the onset of T2DM in those with modifiable risk factors
Prevent poor outcomes through effective diabetes care
Ensure equitable provision of all aspects of the diabetes pathway in CTMUHB

2.2 The priorities for years 1-3 delivery have been identified as:

Review all diabetes services across CTMUHB to ensure services are high quality, evidence-based, equitable and meet the Welsh Government Quality Statement for diabetes and NICE guidelines.
To deliver service innovation that improves patient outcomes and diabetes management through harnessing new and emerging technologies and modernising diabetes services.
To develop, deliver and evaluate diabetes prevention and remission services in CTMUHB, ensuring core funding is secured from 2026 onwards.
To strengthen co-production and engagement with people living with diabetes across our communities.
To develop a diabetes data dashboard that supports implementation planning and monitoring and meets Welsh Government reporting requirements.

3. Key Risks / Matters for Escalation

3.1 The escalating prevalence of T2DM within the CTMUHB population has associated short, medium and long-term cost implications to the health board. A whole-systems approach with appropriate governance and strategic leadership is required to manage the risks associated with the increasing prevalence. Failure to work effectively and efficiently across the

breadth of CTMUHB services supporting diabetes patients will result in poor maximisation of effort, resources, expertise and learning.

3.2 Current prevention focused activities and services are being delivered through temporary funding arrangements which will end from March 2026 onwards. Securing sustainable funding for delivery is required to help flatten or decrease our rapidly increasing T2DM prevalence protectory.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below: The 5yr Diabetes Strategic plan also aligns with Creating Health and Sustaining our Future through taking a preventative, whole systems and prudent financial approach to the management of diabetes within our communities
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Growing Well
	If more than one applies please list below: Strategy & Transformation input to diabetes sits with the Starting Well and Growing Well portfolios, however good diabetes management goes across the whole life-course
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(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: Taking a whole-systems approach to the strategic management of diabetes aligns with all areas of the Domains of Quality
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below:

Impact Assessment

Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: NA
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: NA A Welsh version of the 5yr plan is imminent (not available at the time of this meeting)
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)	
	There is a potential impact on resources as a number of programmes rely on fixed term funding and there is a need to redesign services to focus on upstream intervention	

5. Recommendation

5.1 The Board are asked to Approve the 5-year Diabetes Strategic plan to enable its progression to publication.

6. Next Steps

6.1 To publish the 5-year Diabetes Strategic plan.

6.2 To work with the Diabetes Strategic Programme Board and Diabetes Operational Management Board to establish effective implementation planning and monitoring.

7. Appendix 1: CTMUHB Draft 5yr Diabetes Strategic Action Plan

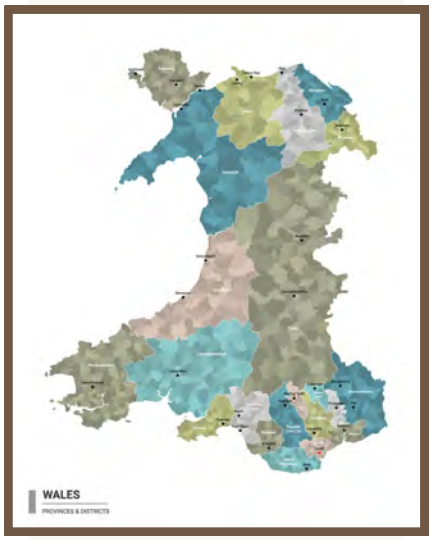
CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD 5-YEAR DIABETES STRATEGIC ACTION PLAN

2025 - 2030

EXECUTIVE SUMMARY

The Cwm Taf Morgannwg University Health Board (CTMUHB) 5-year Diabetes Strategic Action Plan aims to deliver a cohesive, evidence-based approach to diabetes prevention and management across all services and settings and across the life course. This plan addresses the current diabetes landscape in CTMUHB, highlighting service gaps and priorities to improve diabetes care and outcomes.

Diabetes is a significant health issue, affecting over 200,000 people in Wales. Diabetes is associated with severe complications such as sight loss, kidney failure, heart attacks and strokes, and up to 10 years reduced life expectancy. Diabetes is associated with considerable financial cost: in 2011 the management of diabetes was estimated to account for 10% of the annual NHS budget, with 80% of this attributable to the complications of diabetes. This cost has continued to increase since 2011, and is projected to rise to over 17% of the total NHS budget by 2035.



CTMUHB has one of the highest diabetes prevalence in Wales – 8.1% have type 2 diabetes and 0.6% have type 1 diabetes. The prevalence of type 2 diabetes is increasing, driven by obesity and other risk factors, and it is estimated that by 2035/36, 1 in 11 adults in Wales will be living with diabetes.

Diabetes prevention and diabetes care is delivered by a range of different specialties and healthcare professionals across primary, community and secondary care settings in CTMUHB. The new CTMUHB Strategic Diabetes Programme has been developed to facilitate the delivery of a co-ordinated, evidence-based and equitable diabetes service across the whole of CTMUHB.

CTMUHB VISION FOR DIABETES

The diabetes programme in CTMUHB has three strategic objectives:

1. Prevent or delay the onset of T2DM in those with modifiable risk factors
2. Prevent poor outcomes through effective diabetes care
3. Ensure equitable provision of all aspects of the diabetes pathway in CTMUHB

A Diabetes Strategic Programme Board has been established to provide strategic oversight, guidance and challenge. A Diabetes Operation Board will oversee and monitor delivery of this 5-year strategic plan via the co-ordination of 5 workstreams.

GAP ANALYSIS

A gap analysis comparing current provision in CTMUHB with National requirements and gold standard guidelines has been completed and has informed the development of key priorities for diabetes in CTMUHB.

PRIORITIES FOR DIABETES IN CTMUHB

The overarching priorities for years 1-3 are:

1. Review all diabetes services across CTMUHB to ensure services are high quality, evidence-based, equitable and meet the Welsh Government Quality Statement for diabetes and NICE guidelines.
2. To deliver service innovation that improves patient outcomes and diabetes management through harnessing new and emerging technologies and modernising diabetes services.
3. To develop, deliver and evaluate diabetes prevention and remission services in CTMUHB, ensuring core funding is secured from 2026 onwards.
4. To strengthen co-production and engagement with people living with diabetes across our communities.
5. To develop a diabetes data dashboard that supports implementation planning and monitoring and meets Welsh Government reporting requirements.

NEXT STEPS

Workstream leads will develop annual plans outlining key deliverables and metrics mapped against the key priorities. The Diabetes Operational Board will be responsible for collating the overarching plan and reviewing implementation via quarterly progress reports.

Future publication of new or updated National guidance, policies or Welsh Government mandates relating to diabetes may require this strategic plan to be updated within the next 5 years. Any update to this strategic plan will need to be agreed by the CTMUHB Diabetes Operational Board and formally signed off by the CTMUHB Strategic Diabetes Programme Board. During Quarter 3 of year 2, all workstreams and boards will review the priorities and progress made towards achieving these in order to set priorities for year 3-5.

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1. INTRODUCTION

This strategic plan has been developed to ensure that Cwm Taf Morgannwg University Health Board (CTMUHB) delivers a high-quality cohesive, evidence-based approach to diabetes prevention and management across all services and settings, and across the life course.

It outlines the current diabetes picture in CTMUHB, summarises our service provision compared to gold-standard guidance and national recommendations, and highlights key challenges and areas for improvement.It lays out the steps required to tackle these challenges and improve all aspects of diabetes prevention and care at a local level, including how we will work with partners to take forward an all-Wales approach to prevention and optimal management of diabetes.

2. BACKGROUND

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 a major draw on NHS resources and impacts the wider economy through ill-health and unemployment.

More than 200,000 people in Wales are living with diabetes. 9 out of 10 of them have type 2 diabetes (T2DM), 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, limb amputation, heart attacks and stroke alongside a number of other potentially serious acute and chronic complications.

Diabetes is associated with considerable financial cost: in 2011 the management of diabetes was estimated to account for 10% of the annual NHS budget[1],with 80% of this attributable to the complications of diabetes. This cost has continued to increase since 2011, and is projected to rise to over 17% of the total NHS budget by 2035.

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

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 effectively[2]. There are two main types of diabetes:

- **Type 1 diabetes (T1DM)** 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 diabetes[2].

- **Type 2 diabetes (T2DM)** is when 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 +/- insulin[2].

In addition, gestational diabetes (GDM) occurs when the body cannot produce enough insulin to meet extra needs during pregnancy and can cause complications during pregnancy for mother and child. GDM usually resolves at the end of pregnancy, however one third of women who develop GDM will develop Type 2 diabetes within 5 years[3].

'Non-diabetic hyperglycaemia', or 'pre-diabetes', is a condition characterised by higher-than-normal blood glucose levels, but below the current threshold for a diagnosis of diabetes. Individuals with pre-diabetes also develop complications related to raised blood glucose and they are at high risk of developing type 2 diabetes, with between 26% and 50% of people with pre-diabetes developing type 2 diabetes within 5 years[4].

2.1 RISK FACTORS FOR DEVELOPMENT OF DIABETES

There are currently no lifestyle changes or modifiable risk factors known to prevent the development of T1DM, but there are a number of modifiable risk factors associated with development of diabetes-related complications[2]. Whilst significant progress is being made in the prevention and delay of T1DM by immunotherapy treatment, to date there is no National screening programme for T1DM in the UK.

Key risk factors for development of pre-diabetes and T2DM include:

1. Living with overweight or obesity – the main modifiable risk factor
2. Increasing age
3. Certain ethnic groups (South Asian, Black African, African Caribbean)[5]
4. Low levels of physical activity
5. Family history of type 2 diabetes

Living with overweight or obesity (BMI 25+) is the main modifiable risk factor for T2DM[2] with the risk of T2DM increasing alongside increasing BMI. Research shows in individuals with low genetic risk of T2DM, those with obesity had over 6 times the risk of developing T2DM compared to people of a healthy weight[6].

Children and adolescents living with obesity are around five times more likely to have obesity in adulthood than people with a healthy weight[7]. Around 55% of children with obesity continue to have obesity into adolescence; around 80% of adolescents with obesity continue to live with obesity into adulthood and around 70% will have obesity aged over 30 years.

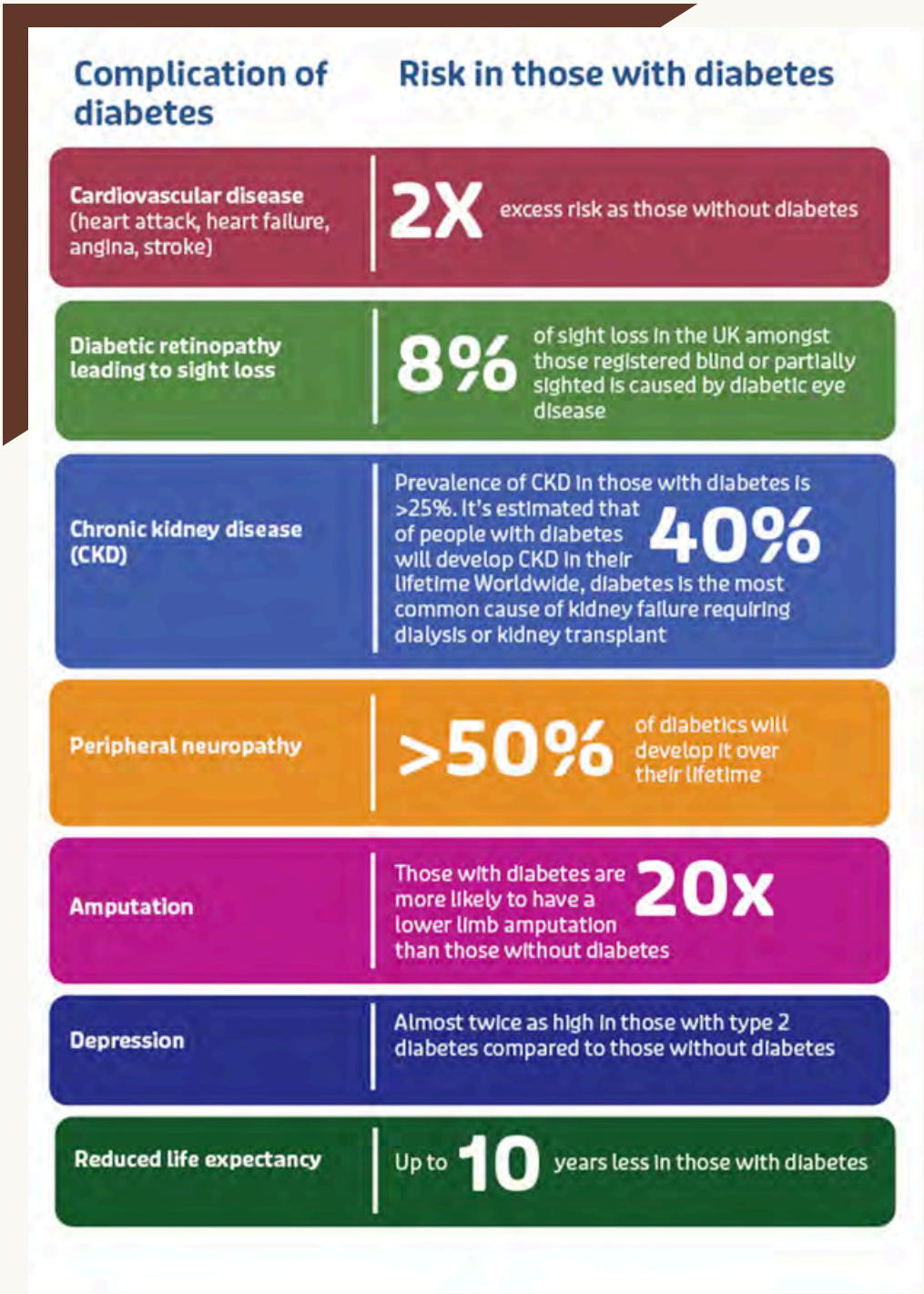
T2DM in children is uncommon, but the causes are the same as in adults, with the main risk factor having overweight or obesity[8].

Women with obesity are 3 to 4 times more likely to develop GDM than those of a normal weight[9]. GDM is also more common in those who've had GDM 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)[10].

2.2 COMPLICATIONS OF DIABETES

Diabetes is associated with a number of potential complications outlined in Figure 1. The risk of such complications is higher in those with difficulty managing their diabetes, those with obesity and those in the most deprived quintiles[2]. Those living with diabetes also have up to 10 years reduced life expectancy compared to those without diabetes[11].

Figure 1: Complications of diabetes[2, 11]



2.3 CURRENT COST OF CARE OF DIABETES IN CTMUHB

Diabetes medication creates a substantial cost to health services. The NHS Executive's Diabetes Insight & Variation Atlas (DIVA) shows that CTMUHB has the highest prescribing costs and number of items prescribed per 10k of the population in Wales, accounting for £5m out of the £33m all-Wales spend on diabetes medication[12]. Further work is required to gain a more detailed understanding of our diabetes costs locally.

3. NATIONAL POLICY CONTEXT

3.1 WELSH GOVERNMENT QUALITY STATEMENT FOR DIABETES

In June 2023 Welsh Government (WG) published a Quality Statement for Diabetes which sets out key planning and expectations for diabetes services[13]. Quality of diabetes care will be monitored through the NHS Value-Based Healthcare diabetes dashboard, the Primary Care Information Portal (PCIP)[14] and the National Diabetes and National Paediatric Diabetes Audits (NPDA)[15].

The Quality Statement for Diabetes sets out 24 actions, 20 of which are the responsibility of health boards to implement. Appendix 1 outlines the 24 quality statements in detail but in summary they aim to ensure that diabetes care is:

- Equitable
- Safe
- Effective
- Efficient
- Person-centred
- Timely[13]

3.2 NATIONAL STRATEGIC OUTCOMES FOR DIABETES

Addressing the significant impact of diabetes has been recognised as a priority at both National and local level. The NHS Leadership Board in December 2023 agreed the following two strategic outcomes:

By December 2028 Wales would:

1. Have more people living well with diabetes (T1DM and T2DM) as measured through a reduction in amputations and other diabetes pathways.
2. Have stopped the prevalence of diabetes increasing, focusing principally on T2DM.

The National Value Based Healthcare Board is developing key all-Wales metrics (see appendix 2) to be reported against which map to their below 5-stage model optimising high impact interventions:

3.3 TACKLING DIABETES TOGETHER PROGRAMME

The 'Tackling Diabetes Together Programme' launched by Public Health Wales (PHW) in 2024 has 6 work streams that will help achieve the two National strategic outcomes[16]. A summary of the priorities of the Tackling Diabetes Together Programme workstreams are outlined in appendix 1.

3.4 NATIONAL STRATEGIC CLINICAL NETWORK FOR DIABETES

The National Strategic Clinical Network for Diabetes forms part of the NHS Wales Executive, and guides the implementation of the national diabetes delivery plan. Their five-year plan sets out 10 areas for action from 2024 to 2028 ranging from preventing T2DM and remission services, to adoption of technology to support people living with T1DM better manage their diabetes. The National Strategic Clinical Network for Diabetes is accountable for leading the Tackling Diabetes Together workstream related to effective diabetes care. A summary of their 5-year and 2025/26 action plans can be found in appendix 1.

3.5 NATIONAL CLINICAL PATHWAYS

NHS Wales Executive have published 7 national diabetes clinical pathways[17] covering the following aspects of diabetes prevention and care that health boards are expected to implement and adhere to:

- T1DM pathway
- T2DM diabetes pathway in primary care
- Transitional and handover care for young adults under 25 years
- Foot care pathway
- Prevention programme pathway
- Diabetes psychology pathway
- Gestational diabetes guideline

3.6 NATIONAL AND INTERNATIONAL GUIDELINES

The National Institute for Health and Care Excellence (NICE) has published guidelines and quality standards regarding the management of T1DM[18, 19], T2DM[20, 21], diabetes in children and young people[22, 23] diabetes in pregnancy[24, 25], and prevention of T2DM[26, 27]. There are also key NICE guidelines relevant to reduction of complications[28, 29].There are a number of other national and international guidelines relevant to diabetes, a summary of these guidelines is outlined in appendix 3 and 4.

4. CURRENT SITUATION IN CTMUHB

4.1 POPULATION DATA: PREVALENCE OF DIABETES AND PRE-DIABETES

At 8.69%, CTMUHB has the second highest prevalence of diabetes of all health boards in Wales. 8.1% of the registered population in CTMUHB have a diagnosis of T2DM or other diabetes, and 0.6% have a diagnosis of T1DM.

Although the prevalence of both T1DM and T2DM is predicted to increase, it is the rise in diagnoses of T2DM that is predominately driving this upward trend. PHW forecast the number of individuals in CTMUHB with T2DM to increase from 31,163 in 2023/24 to 32,564 in 2026, with the estimated prevalence of T2DM increasing to 8.6% in 2026. If current trends continue, it is estimated that by 2035/36 approximately 1 in 11 adults in Wales will be living with diabetes[30].

Of major concern is the anticipated obesity driven rise in the prevalence of T2DM and the fact that T2DM is now being diagnosed at a younger age, even in children and young people. The number of children registered with T2DM and being treated in paediatric diabetes units in England and Wales increased by more than 50% between 2017 and 2022[31]. Early onset of T2DM is associated with more aggressive disease, faster disease progression, and more rapid onset of complications at a younger age, threatening long-term health and quality of life in adulthood[32].

Between April 2023 and March 2024 5.5% of women who gave birth in CTMUHB were recorded as having gestational diabetes. This has increased from 4.1% in 2018/19.

In January 2025, 18,031 adults in CTM (3.95%) were coded as having a diagnosis of pre-diabetes in the Primary Care Information Portal (PCIP)[14], with new cases of pre-diabetes being diagnosed each week. As pre-diabetes usually has no symptoms and detection is dependent on an individual having a HbA1c or blood glucose result in the pre-diabetes range, it is estimated that the true number of people with pre-diabetes in CTMUHB far exceeds this. The true forecast for increase in pre-diabetes prevalence is unknown and likely to be vastly underestimated[33].

4.2 POPULATION DATA: PREVALENCE OF RISK FACTORS FOR DIABETES/PRE-DIABETES

CTMUHB has the highest prevalence of overweight and obesity in Wales and the highest percentage of people with T2DM with a BMI 40+. Around 2 in 3 adults in CTMUHB are living with overweight or obesity, and around 1 in 3 are living with obesity[34]. In December 2024, 53% of pregnant women newly booked with antenatal services in CTMUHB had a BMI 25+ and 29.8% had a BMI 30+.

A major concern is that one in eight 4-5-year-olds in CTMUHB start their school journey with obesity, and more than one in four are overweight[34]. 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.

Healthy weight is strongly linked to deprivation. Children in our poorest communities in CTMUHB 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.

Low levels of physical activity also contribute to obesity and increased risk of T2DM. The National Survey for Wales 2022/23 data indicates that only 53% of our adult population in CTMUHB meet physical activity level recommendations, which is below the Welsh average of 56%[35]

4.3 POPULATION DATA: PREVALENCE OF DIABETES COMPLICATIONS

The Primary Care Information Portal (PCIP) All-Wales Diabetes Module provides an overview of the percentage of those age 17+ with diabetes with different diabetes-related complications as recorded in the GP records[14]. Table 1 summarises this data for key diabetes-related complications in CTMUHB compared with Wales.

Table 1: Percentage of those age 17+ with diabetes in CTMUHB and Wales that had a diagnosis of a diabetes-related complication recorded in their primary care record in January 2025 as recorded in the PCIP[14]

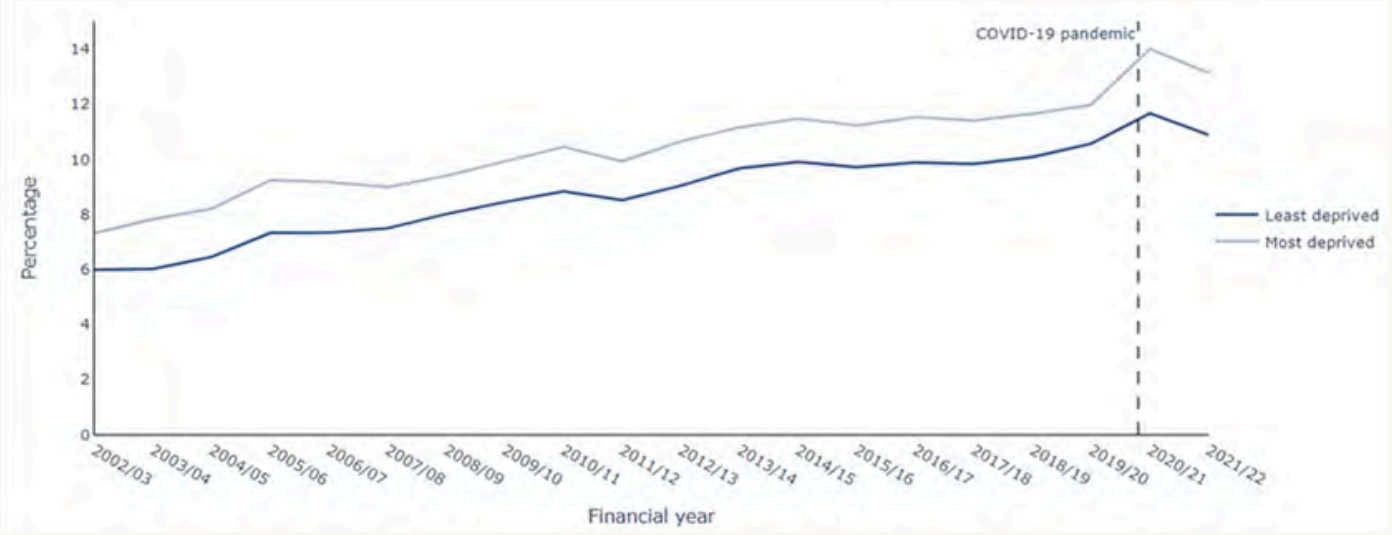
Diabetes-related complication	*CTMUHB*	*Wales*
Any cardiovascular disease (T2DM/other)	27.03%	26.97%
Coronary Heart Disease (T2DM/other)	16.73%	16.15%
MI/acute coronary syndrome (T2DM/other)	8.01%	8.30%
Chronic kidney disease (T2DM/other) Stage 3a	21.30%	22.49%
Heart failure (T2DM/other)	6.19%	7.07%
CVA (T2DM/other)	5.45%	5.38%
TIA (T2DM/other)	4.54%	3.96%
Peripheral arterial disease (T2DM/other)	3.01%	3.44%
Diabetes-related foot condition (T1DM & T2DM)	7.52%	6.48%
Diabetic retinopathy diagnosed in previous 15 month	4.94%	5.43%

The All-Wales Diabetes Insight and Variation Atlas (DIVA) provides further data regarding inpatient admissions for amputation in those with diabetes, for the whole of Wales and at an individual health board level. During 2023/24, 84 adults with diabetes in CTM were admitted to hospital on the amputation pathway, costing £13,000 on average per hospital stay or 'spell'. 58% of these individuals were admitted as an emergency and the average length of stay was 16 days. In 2023/24 15.5% of those admitted through the amputation pathway in CTMUHB died within one year of discharge, compared with 20% across Wales[12].

4.3.1 HOSPITAL ADMISSIONS

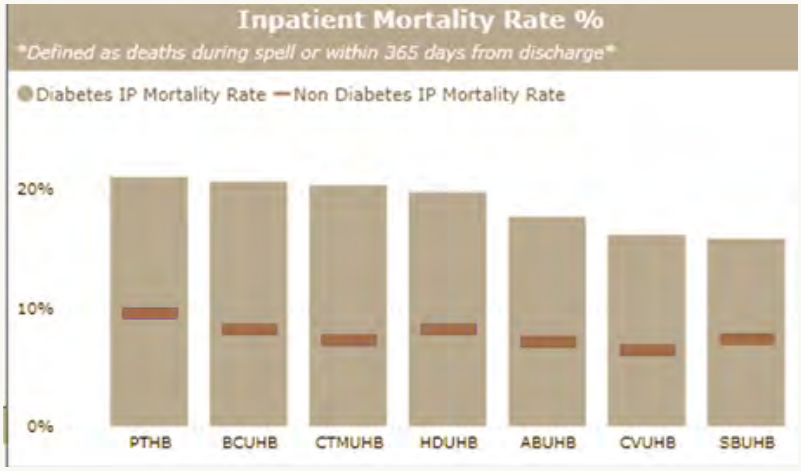
IIn 2021/22 over 20% of all hospital admissions for persons age 65-74 and 75+ in CTMUHB included diabetes as a primary or secondary diagnosis. There has also been a steady rise in hospital admissions including diabetes as a primary or secondary diagnosis for those age 45-64 years since 2002/03. Between 2002/03 and 2021/22 the percentage of all hospital admissions in CTMUHB that include a primary/secondary diabetes diagnosis increased in both the most and the least deprived fifths, but over the past few years the gap between these deprivation fifths has increased – see Figure 2[36].

Figure 2: Percentage of total inpatient admissions with any mention of diabetes by deprivation, persons all ages, Cwm Taf Morgannwg UHB, 2002/03 to 2021/22. Produced by PHW using PEDW (DHCW) & WIMD (Welsh Government)[36]



According to 2023/2024 NPDA data, there were 25 CYP diagnosed with Type 1 diabetes across CTM, 26% of which presented with DKA. This rate of DKA at T1DM diagnosis has remained stable[15]. Local CTM data is being captured to understand the reason for these individuals presenting with DKA in order to inform the development of interventions with the aim of preventing late presentation of T1DM in children and young people.

4.3.2 MORTALITY

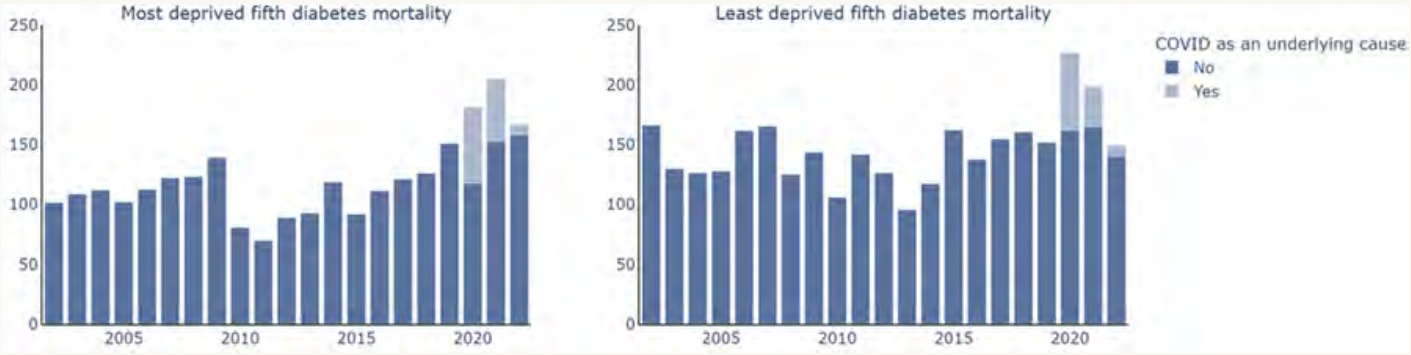


When comparing inpatient mortality for 2022/23 in those with diabetes to those without diabetes, deaths during the hospital spell or in the year following admission are significantly higher in those with diabetes – 20.32% compared to 7.26% of all inpatients – see figure 3[12].

Figure 3: Inpatient Mortality Rates - people with diabetes compared to people without diabetes 2022/23; DIVA[12]

There is little difference in mortality with any mention of diabetes between the most and least deprived deprivation fifths in CTMUHB. Mortality in both deprivation fifths has shown an overall increase since 2002 – see Figure 4[36].

Figure 4: Deaths with any mention of diabetes by deprivation, European Age Standardised Mortality Rate per 100,000, persons all ages, Cwm Taf Morgannwg UHB, 2002 to 2022. Produced by PHW using PEDW (DHCW) & WIMD (Welsh Government)[36]



4.4 EQUITY AND ENGAGEMENT

Two important crosscutting elements of the diabetes programme in CTMUHB are equity and engagement which need to be considered at each step in the diabetes pathway, and within each clinical service and activity.

Welsh Government Diabetes Quality statements 4 and 20 outline the importance of ensuring service delivery is equitable and care is co-produced with people living with diabetes.

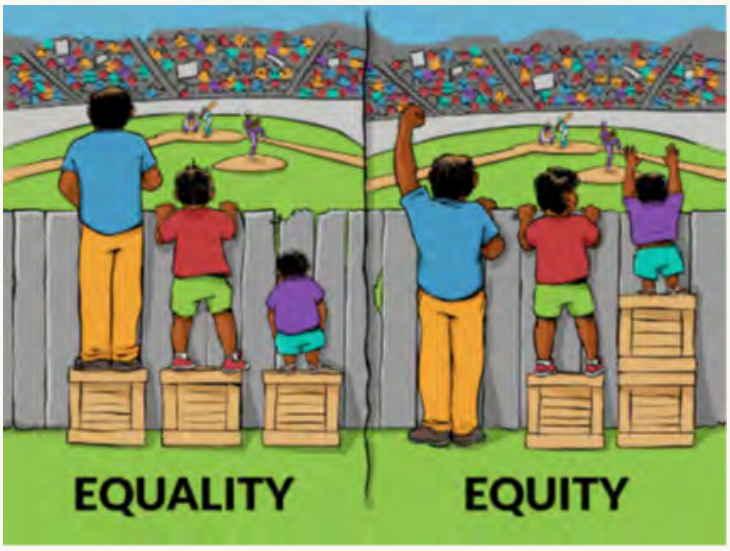
4.4 .1 EQUITY

Health equities refer to those inequalities that are avoidable.
When looking at T2DM through an equity perspective it is evident that there are differences across our population in terms of the prevalence of diabetes and the levels of deprivation, behavioural and clinical

risk factors that contribute to it. There are also many factors that influence how well individuals are motivated and able to manage their diabetes.

Promoting equity isn't just about ensuring everyone has equal service provision. It is recognising the challenges and needs of different groups and trying to accommodate them into service design and delivery.

There is currently no routinely available data to fully assess equity of diabetes prevention and management services, particularly data relating to groups that might be at higher risk of diabetes and its associated complications or those that find difficulty engaging with and/or accessing healthcare services.



4.4.2 ENGAGEMENT

Engagement is increasingly recognised as an integral part of health care and a critical component of patient centred care. There are potentially a number of different activities and aims that come under the engagement banner. Key examples include:

1. Increasing the knowledge and understanding in the wider population about the risks and potential complications associated with diabetes
2. Ensuring individuals with diabetes/pre diabetes and their families are fully informed about their condition and understand their care while promoting a culture of mutual decision making and accountability
3. Developing effective systems for patient feedback, incident reporting and staff reflection and put mechanisms in place to ensure findings influence ongoing service development
4. Develop mechanisms to allow those with diabetes and wider stakeholders the opportunity to contribute to the development and review of services and policies at a system level
5. To ensure all of the above actions take into account the requirements and representation from groups with additional/differing needs

Diabetes structured education programmes across CTMUHB provide individuals with diabetes and their parents/carers information about their diabetes diagnosis and care.

The National Diabetes PROMs for T1DM and T2DM will be digitally implemented across CTMUHB, as well as a locally developed PREM and specific PROM for Diabetes Podiatry. Triangulating these Value-Based Healthcare measures and activity will support triaging, determining urgency of care based on risk, supporting those waiting for review and treatment, and track patient health outcomes and experience for individuals and for the CTMUHB diabetes population cohort.

Diabetes support groups in the CTMUHB footprint regularly provide updates on the barriers that individuals living with diabetes face and potential solutions to improve diabetes care by engaging with their members and the wider community. However, the reach of these groups is limited and their feedback is unlikely to represent the breadth of views of the population of CTMUHB living with diabetes.

4.5 SUMMARY OF CURRENT SERVICE PROVISION IN CTM

- Diabetes prevention and diabetes care are currently delivered by a range of different specialties and healthcare professionals across primary, community and secondary care settings and at HMP Parc.

4.5.1 DIABETES PREVENTION AND CASE FINDING

T2DM prevention is primarily focused on:

- prevention of overweight and obesity
- supporting those with overweight or obesity to eat a healthy diet, increase physical activity, reduce abdominal obesity and to develop and maintain a healthy BMI
- identifying those at higher risk of developing diabetes and testing them for diabetes
- referring those with high risk of developing T2DM (pre-diabetes) to a lifestyle change programme to support them to reduce their risk
-

The All-Wales Adult Weight Management Pathway (2021) has recently been implemented in CTMUHB with the provision of a new level 2 and 3 service for adults[37]. Current capacity of this new level 3 adult service is insufficient to meet the needs of the CTMUHB population and has limited prescribing capacity. There are currently no level 1-3 children and young people weight management services operating equitably across CTMUHB. This weight management pathway is not a diabetes specific pathway and its delivery lies outside the scope of the CTMUHB diabetes programme. However, sufficient capacity of an evidence-based weight management pathway is essential to prevent the development of T2DM and pre-diabetes in the general population, and as an additional intervention for those with overweight or obesity that have been diagnosed with pre-diabetes or diabetes.

Case finding for type 2 diabetes in CTMUHB is mostly undertaken in primary care during annual reviews of patients with established cardiovascular disease and within the CTMUHB health check programme. The health check programme follows the two-stage case finding strategy recommended by NICE, offering eligible individuals three yearly health checks[26]. There is no routinely available data to review the completeness of case-finding in primary care annual reviews. Individuals at high risk of diabetes that fall outside these two main approaches are not routinely offered case finding in CTMUHB. Further work is needed to develop a cohesive evidence-based case finding approach for diabetes in CTMUHB.

The **All-Wales Diabetes Prevention Programme (AWDPP)** is implemented within two GP clusters in CTMUHB and between October 2022 and December 2024 had an uptake of 60% (Wales average 48%). This programme needs to be rolled out across CTMUHB and at HMP Parc and equity of uptake reviewed. There are plans to implement roll out across CTMUHB in 2025-26 but there is only fixed term funding secured until March 2026.

There is no core funded **T2DM remission service** available in CTMUHB as recommended in the Welsh Quality Statement for diabetes[13]. Value Based Healthcare funding has been secured for 2025-27 to establish and evaluate a remission service for adults with T2DM in CTMUHB.

4.5.2 DIABETES EDUCATION AND SUPPORT

Provision of structured diabetes education for adults with type 1 and type 2 diabetes is variable across CTMUHB. Delivery of the SEREN at diagnosis structured diabetes education programme for children is implemented whilst an inpatient over a 5-day period for the majority of CYP newly diagnosed with diabetes in CTMUHB. This model is implemented to ensure that CYP and their families receive a substantial amount of education and opportunity to become familiar with the practical management of diabetes at diagnosis as an inpatient. Uptake of this programme across CTMUHB is higher than the uptake of adult programmes, but due to staff capacity there is no regular provision of SEREN Active+ or SEREN pumps courses at CTMUHB, and uptake of structured education programmes for young people (Moving to year 7 and SEREN Connect) are much lower than those delivered at diagnosis – see appendix 3 for more detail.

Adults with T1DM resident in Merthyr and RCT can access the 5-day structured education course DAFNE which is delivered at PCH and RGH. Due to a lack of dietetic capacity at POW, DAFNE is not available for Bridgend residents with T1DM who are as an alternative offered access to Carbohydrate Counting education group sessions. Adults with T2DM across CTMUHB can access a variety of education options, including the 6-week X-PERT diabetes structured education, X-PERT insulin, a single dietetic assistant led group session (Diabetes Awareness Session – DAS), and individual education.

Further work is needed to ensure the equitable provision of evidence-based structured diabetes education for children, young people and adults with T1 and T2DM in CTMUHB.

There are two patient and parent/guardian support groups for children and young people with diabetes and one support group for adults with diabetes in CTMUHB. These both provide support to individuals/families and engagement opportunities for the UHB to improve and develop diabetes services. Further work is required to engage with individuals living with diabetes in CTM to understand the need to develop additional diabetes support services/groups across CTMUHB.

4.5.3 DIABETES MONITORING AND TREATMENT SERVICES

Care of those with diabetes starts from pre-conception, continues to end of life, and involves a wide range of healthcare professionals across primary, community and secondary care. As a result, the provision of diabetes care can be fragmented and uncoordinated, with health professionals working in silos, patient information recorded on different clinical information systems, and individuals with diabetes trying to navigate through a complex healthcare system. The new CTMUHB Diabetes Programme has been developed to facilitate the delivery of a co-ordinated, equitable, high-quality, evidence-based and adequately resourced diabetes service across the whole of CTMUHB.

Diagnosis and routine monitoring of adults with T1DM and T2DM plus the management of adults with T2DM is primarily undertaken in Primary Care by General Practitioners and Practice Nurses, with support from the Community Diabetes Specialist Nursing Team.

Primary Care has recently identified the need for focused work to improve uptake and completeness of diabetes annual reviews, including monitoring of all 8 essential care processes. As of 1/2/25, 42.11% of adults with diabetes in CTMUHB had all 8 care processes recorded within the previous year. Adults with T1DM had 21.61% uptake compared to 43.69% in those with T2DM, although this uptake is based solely on data extracted from primary care clinical systems. Measurement of Urine ACR and foot surveillance had the lowest uptake[12]. There is significant practice and cluster-level variation in uptake of all 8 care processes across CTMUHB – see appendix 3 for more detail.

There is currently no CTMUHB T2DM pathway – prevention through to glucose management – implemented across Primary Care and, whilst it is assumed, it is unknown whether NICE T2DM management guidelines[20, 21] are being fully implemented at a practice level across the UHB. Further work is thus needed to develop an equitable and sustainable model of care for T2DM within Primary Care.

Management of adults with T1DM, young adults with T2DM, those with complex T2DM, prenatal counselling, management of diabetes in pregnancy, management of complex diabetic foot disease, and care for people with diabetes during their inpatient stay, as well as advice and support to non-specialist healthcare professionals at acute hospital sies and in the community, is delivered by Secondary Care services across CTMUHB. This care is primarily provided by three separate diabetes Multidisciplinary Teams (MDTs) within each local authority area, with care delivery centred around the three District General Hospitals (DGHs) Prince Charles Hospital (PCH), Princess of Wales (POW) and Royal Glamorgan Hospital (RGH).These three diabetes MDTs have different staffing ratios of consultant diabetologists, diabetes specialist nurses, healthcare support workers, podiatrists and specialist diabetes dietitians.

Prevention and management of diabetes complications is also delivered by consultant microbiologists, ophthalmologists, radiologists and trauma and orthopaedic surgeons across the three DGHs in CTMUHB, and by renal physicians and vascular surgeons based at University Hospital of Wales (UHW). It is expected that specialist services implement NICE guidelines in addition to other national/international guidelines as outlined in appendix 3, but there is a need to review current diabetes pathways and policies across the three DGHs to ensure that diabetes care is high quality and evidence-based, and is delivered equitably across CTMUHB.

The care of children and young people (CYP) with T1DM and T2DM across CTMUHB is provided by one multidisciplinary diabetes specialist team. This MDT implements evidence-based national and international guidelines as outlined in appendix 2. Uptake of care processes for children and young people is higher and shows much less variation across the health board than seen in adults – see appendix 3 for more details. Operating as one CYP diabetes MDT means that policies and procedures are implemented across the whole of CTMUHB resulting in less variation in care provision than that demonstrated in adult diabetes services.

However, there is insufficient administrative resource within the CYP diabetes service to meet procurement demands, MDT coordination requirements, support for collation and analysis of NPDA data, clinic management, and support for ongoing quality and service improvement across CTMUHB.

Further work needs to be undertaken to review staff resources and the current service delivery model for CYP diabetes services in CTMUHB.

4.6 SUMMARY OF IDENTIFIED GAPS

A gap analysis comparing current provision in CTMUHB with national requirements and gold standard guidelines has been completed and has identified the following key gaps in service provision.

4.6.1 DIABETES PREVENTION

- Inadequate provision of adult weight management services; no paediatric weight management service[a]
- Lack of comprehensive diabetes case finding approach
- Diabetes prevention programme only implemented in 2 clusters in CTMUHB; funding only available until March 2026, no confirmed funding for AWDPP from April 2026. Pan health board role out 25-26 planned but again with fixed term funding until 26. Sustainable funding required.
- No diabetes remission service; Value-Based Health Care funding secured until March 27, sustainable funding required.

4.6.2 DIABETES EDUCATION

- Low uptake of adult structured education services in CTMUHB
- Low uptake of SEREN Connect; uncertain future funding of SEREN programmes
- Pre-conception advice not routinely covered in SEREN Connect
- No DAFNE structured education course provision for adults with T1DM at POW

4.6.3 DIABETES CARE

- Low uptake of all 8 essential care processes in adults
- Low coverage of diabetes eye screening
- No funding for a designated CTMUHB inpatient podiatry service post March 2027
- No CTMUHB inpatient diabetes pathway – currently in development
- No self-referral pathway to primary/secondary care podiatry services
- Staffing capacity is insufficient for current paediatric diabetes caseload; inequitable transition service due to insufficient adult staffing
- Diabetes speciality nursing and dietetic capacity insufficient across CTMUHB
- No adult diabetes psychology service; insufficient paediatric psychology service (no psychology for 18–25-year-olds)
- No CTMUHB implemented pathways for T1DM, T2DM or GDM
- Inequitable pre-conception service provision across CTMUHB
- National GDM pathway does not include the requirements for annual follow up

[a]Weight management services are beyond the scope of this strategic plan. T2DM prevention includes weight management, however this sits within the Healthy Weight Road Map for CTMUHB.

4.6.4 EQUITY AND ENGAGEMENT

- No routine data to assess equity of diabetes prevention and management services
- No support groups for adults located in Bridgend or Merthyr
- No comprehensive approach to patient engagement re diabetes services in CTMUHB

A summary of the gap analysis is outlined in appendix 3 and 4.

5. WHAT WE WANT TO ACHIEVE IN CTM

Our organisational strategy CTM2030: Our Health, Our Future has four strategic goals:

- Creating Health
- Improving Care
- Inspiring People
- Sustaining our Future

The diabetes programme of work in CTMUHB cuts across all four strategic goals and this strategic plan seeks to embed the overarching CTM2030 vision and priorities within the diabetes programme.

5.1 CTMUHB VISION FOR DIABETES

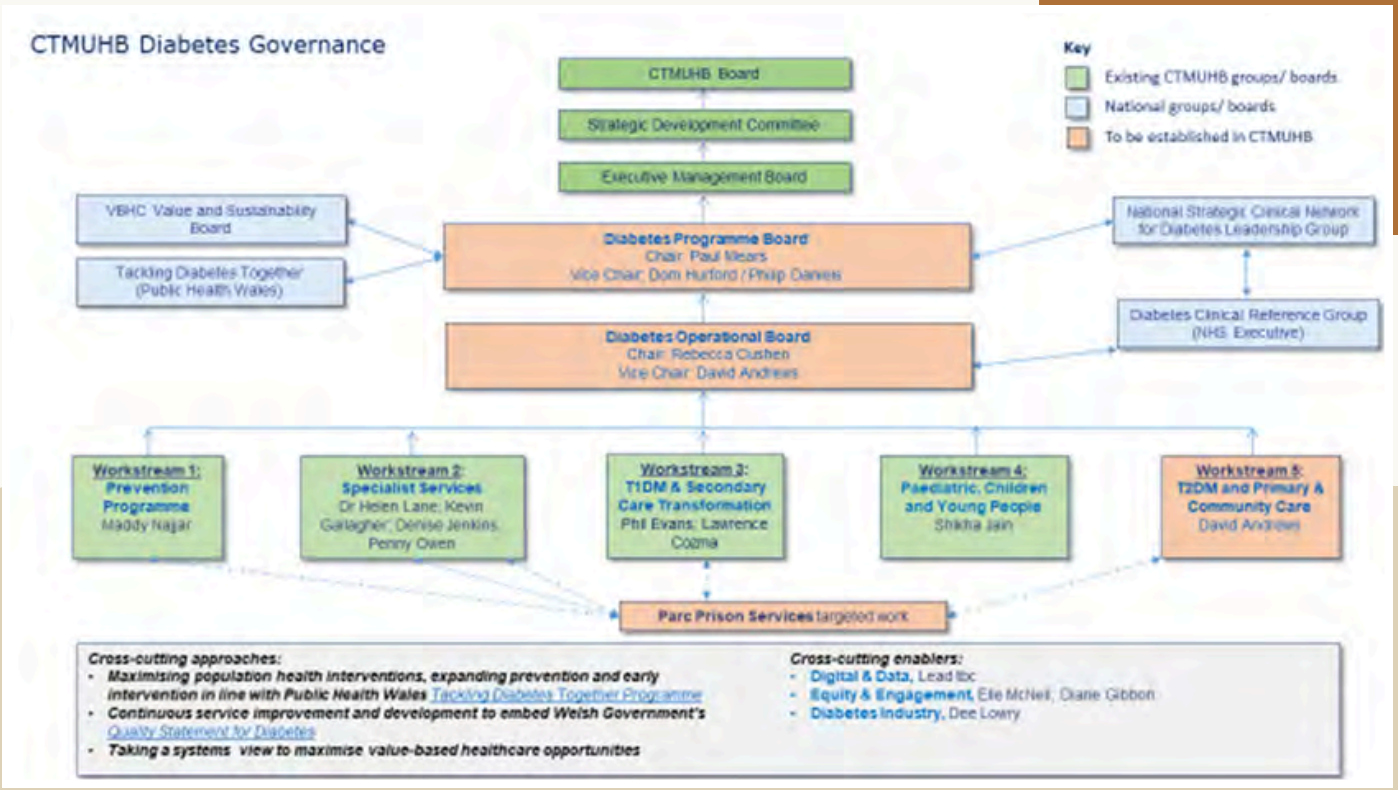
The diabetes programme in CTMUHB has three strategic objectives:

1. Prevent or delay the onset of T2DM in those with modifiable risk factors
2. Prevent poor outcomes through effective diabetes care
3. Ensure equitable provision of all aspects of the diabetes pathway in CTMUHB

5.2 DIABETES GOVERNANCE IN CTM UHB

A Strategic Diabetes Programme Board has been established to provide strategic oversight, guidance and challenge. It will ensure alignment of the workstreams responsible for delivery of this 5- year strategic plan with governance as outlined below:

Figure 5: CTMUHB Diabetes Programme Governance Structure



5.3 OUR DIABETES PRIORITIES

The overarching priorities for years 1-3 are:

1. Review all diabetes services across CTMUHB to ensure services are high quality, evidence-based, equitable and meet the Welsh Government Quality Statement for diabetes and NICE guidelines.
2. To deliver service innovation that improves patient outcomes and diabetes management through harnessing new and emerging technologies and modernising diabetes services.
3. To develop, deliver and evaluate diabetes prevention and remission services in CTMUHB, ensuring core funding is secured from 2026 onwards.
4. To strengthen co-production and engagement with people living with diabetes across our communities.
5. To develop a diabetes data dashboard that supports implementation planning and monitoring and meets Welsh Government reporting requirements.

These priorities and the individual workstream priorities will be supported, guided and monitored via the Operational and Strategic Programme Boards. During Quarter 3 of year 2, all workstreams and the boards will review progress made towards achieving these priorities in order to set priorities for year 3-5. This will enable the diabetes programme to move flexibly, responding to new priorities and developments, inclusive of technological advancements in the management of diabetes. Workstream priorities are outlined in appendix 5 and have been developed with workstream leads following the gap analysis.

6 NEXT STEPS

6.1 OPERATIONAL PLANS

Workstream leads will develop annual plans outlining key deliverables and metrics mapped against the strategic plan's priorities. The Diabetes Operational Board will be responsible for collating the overarching plan and reviewing implementation via quarterly progress reports.

6.2 STRATEGIC PLAN UPDATES

Future publication of new or updated national guidance, policies or Welsh Government mandates relating to diabetes may require this strategic plan to be updated within the next 5 years. Any update to this strategic plan will need to be agreed by the CTMUHB Diabetes Operational Board and formally signed off by the CTMUHB Strategic Diabetes Programme Board. During Quarter 3 of year 2, all workstreams and the boards will review the priorities and progress made towards achieving these in order to set priorities for year 3-5.

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8 GLOSSARY OF TERMS AND ABBREVIATIONS

Abbreviation / Acronym	Descriptor/ Full name
ACR	Albumin Creatinine Ratio
AWDPP	All-Wales Diabetes Prevention Programme
CGM	Continuous Glucose Monitoring
CSI	Continuous Service Improvement
CTMUHB	Cwm Taf Morgannwg University Health Board
CV	Cardiovascular
CVA	Cerebrovascular Accident /'Stroke'
CYP	Children and Young People
DESW	Diabetic Eye Screening Wales
DIVA	Diabetes Insight & Variation Atlas
DKA	Diabetic Ketoacidosis
GDM	Gestational diabetes
HCL	Hybrid Closed loop
LoS	Length of Stay
MDT	Multidisciplinary Team
MI	Myocardial infarction/'Heart attack'
NDA	National Diabetes Audit
NDFA	National Diabetes Footcare Audit
NDISA	National Diabetes Inpatient Safety Audit
NICE	National Institute for Health and Care Excellence
NPDA	National Paediatric Diabetes Audit
NPID	National Pregnancy In Diabetes Audit
PCH	Prince Charles Hospital
PCIP	Primary Care Information Portal
PHW	Public Health Wales
POW	Princess of Wales
PREM	Patient Reported Experience Measure
PROM	Patient Reported Outcomes Measure
RGH	Royal Glamorgan Hospital
T1DM	Type 1 diabetes mellitus
T2DM	Type 2 diabetes mellitus
TDTP	Tackling Diabetes Together Programme
TIA	Transient Ischaemic Attack/'Mini stroke'
UHW	University Hospital of Wales
WG	Welsh Government
WHSCC	Welsh Health Specialised Committee
WISE	Wellness Improvement Service
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda

Agenda Item
8.1.8

CTM Health Board

Amendments to CTMUHB Standing Orders (Schedule 4.1 – Standing Orders for the NHS Wales Joint Commissioning Committee)

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
Audit, Risk & Assurance Committee	13.11.2025	Endorsed for Board Approval

Acronyms / Glossary of Terms	
NHSW JCC	NHS Wales Joint Commissioning Committee
SOs	Standing Orders

1. Situation /Background

1.1 NHS bodies in Wales must agree Standing Orders (SOs). This, together with a set of Standing Financial Instructions (SFIs) and a scheme of decisions reserved to the Board, a scheme of delegations to officers and others, and a range of other framework documents, set out the arrangements within which the Board, it's Committees, Advisory Groups and NHS staff make decisions and carry out their activities.

1.2 SOs and SFIs should be based upon the model determined by the Welsh Government.

1.3 All Health Board members and officers must be aware of the SOs and, where appropriate, should be familiar with their detailed content.

2. Specific Matters for Consideration

2.1 Following correspondence from Welsh Government of the 14 October 2025, attached as Appendix 1, the Health Board is required to make amendments to its SOs in relation to the timing of the publication of public papers for the NHSW JCC meetings (Schedule 4).

2.2 These amendments supersede those issued on 18 March 2024 and as confirmed in Welsh Health Circular WHC/2024/019.

2.3 The NHSW JCC is required to incorporate and adopt this latest review into its SOs which form part of Schedule 4 of the Health Board Model SOs.

2.4 The amendment therefore requested is outlined below and relates to Section 7 of the NHSW JCC SO's:

Amend the following paragraph, from:

"7.12 - Except for meetings called in accordance with SOs, at least 10 calendar days before each meeting of the Joint Committee, a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh) as follows:

> *Each LHBs website shall link to the JCC website, where the papers supporting the public part of the agenda will be available; as well as*
> *Through other methods of communication as set out in the Joint Committee's communication strategy.*

When providing notification of the forthcoming meeting, each LHB shall set out when and how the agenda and the papers supporting the public part of the agenda may be accessed, in what language and in what format, e.g., as Braille, large print, etc.

To:
"7.12 - Except for meetings called in accordance with SOs, at least 10 calendar days before each meeting of the Joint Committee, a public notice of the time and place of the meeting shall be displayed bilingually (in English and Welsh):

On the JCC's website;
Each LHBs website shall link to the JCC website; as well as
Through other methods of communication as set out in the JCC's communication strategy.

When providing notification of the forthcoming meeting, the committee shall set out when and how the agenda and the papers supporting the public part of the agenda may be accessed, in what language and in what format, e.g., as Braille, large print, etc. The agenda and papers will be made available to the public at least 5 clear days before each meeting of the Committee."

2.5 To avoid increasing the Board Paper Bundle excessively the JCC SOs Schedule 4 is available on the Health Boards website via this link and will be updated with the revised wording following Board approval. Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board

2.6 The Health Boards public facing website has been improved in terms of signposting to the NHSW JCC Committee meetings. Committees - Cwm Taf Morgannwg University Health Board

3. Key Risks / Matters for Escalation

3.1 None identified.

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	Choose an item.
	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	Choose an item.

(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:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Efficient
	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:	N/A this action is a requirement of Welsh Government
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):	If no, please include rationale below: N/a – Welsh version can be made available if 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 APPROVE the amendments to Schedule 4 of the Health Boards SOs as outlined in section 2 of this report.

6. Next Steps

6.1 If approved the Health Boards website will be updated with the amended SOs.

Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA/JMHSC/2472/25

Chair of the NHS Wales Joint Commissioning Committee (JCC)

Copy:
Chairs of Local Health Boards
Chief Executives of Local Health Boards
Committee Secretary and Deputy Director of Corporate Services of the JCC

14 October 2025

Dear Chair,

As you are aware, in January, the Local Health Boards, NHS Trusts and Special Health Authorities (Constitution, Membership and Procedures) (Miscellaneous Amendments) (Wales) Regulations 2024 came into force.

These regulations resulted in revisions to the Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards, NHS Trusts and Special Health Authorities using the Welsh Ministers power of direction in accordance with Section 12(3), Section 19(1) and Section 23(1) of the National Health Service (Wales) Act 2006.

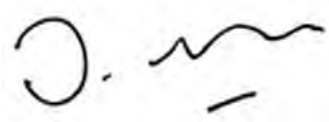
It has been agreed that the NHS Wales Joint Commissioning Committee (JCC) are to adopt same approach in committee proceedings (where appropriate) to ensure consistency across NHS boards.

The proposed amendment to the Standing Orders (SOs) of the JCC relate to the timing of publication of public papers for committee meetings (see Doc 1).

These amendments supersede those issued on 18 March 2024 and as confirmed in Welsh Health Circular WHC2024/019. A new WHC will be published to confirm this.

The JCC is required to incorporate and adopt this latest review into your committee's Standing Orders. The NHS Wales Joint Commissioning Standing Orders form part of Schedule 4 of the Local Health Board Model Standing Orders.

Yours sincerely,



Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400
Gohebiaeth.Jeremy.Miles@llyw.cymru
Correspondence.Jeremy.Miles@gov.wales

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

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

Amendments to the Standing Orders of the NHS Wales Joint Commissioning Committee

Section 7 – Committee Meetings: Notifying the public and others

Amend the highlighted text within the following paragraph, from:

7.12 Except for meetings called in accordance with SOs, at least 10 calendar days before each meeting of the Joint Committee, a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh) as follows:

- Each LHBs website shall link to the JCC website, where the papers supporting the public part of the agenda will be available; as well as

- Through other methods of communication as set out in the Joint Committee's communication strategy.

When providing notification of the forthcoming meeting, each LHB shall set out when and how the agenda and the papers supporting the public part of the agenda may be accessed, in what language and in what format, e.g., as Braille, large print, etc.

To:

7.12 Except for meetings called in accordance with SOs, at least 10 calendar days before each meeting of the Joint Committee, a public notice of the time and place of the meeting shall be displayed bilingually (in English and Welsh):

- On the JCC's website;

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-Through other methods of communication as set out in the JCC's communication strategy.

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END

Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA/JMHSC/2472/25

Cadeirydd Cyd-bwyllgor Comisiynu GIG Cymru (JCC)
Copi:
Cadeiryddion y Byrddau Iechyd Lleol
Prif Weithredwyr y Byrddau Iechyd Lleol
Ysgrifennydd y Pwyllgor a Dirprwy Gyfarwyddwr Gwasanaethau Corfforaethol y JCC

15 Hydref 2025

Annwyl Gadeirydd,

Fel y gwyddoch, ym mis Ionawr, daeth Rheoliadau Byrddau Iechyd Lleol, Ymddiriedolaethau'r GIG ac Awdurdodau Iechyd Arbennig (Cyfansoddiad, Aelodaeth a Gweithdrefnau) (Diwygiadau Amrywiol) (Cymru) 2024 i rym.

O ganlyniad i'r rheoliadau hyn, gwnaed diwygiadau i'r Rheolau Sefydlog Enghreifftiol, Cadw a Dirprwyo Pwerau ar gyfer Byrddau Iechyd Lleol, Ymddiriedolaethau'r GIG ac Awdurdodau Iechyd Arbennig gan ddefnyddio pŵer Gweinidogion Cymru i roi cyfarwyddyd yn unol ag Adran 12(3), Adran 19(1) ac Adran 23(1) o Ddeddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006.

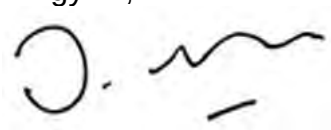
Cytunwyd y bydd Cyd-bwyllgor Comisiynu GIG Cymru (JCC) yn mabwysiadu'r un dull gweithredu mewn trafodion pwyllgor (lle bo hynny'n briodol) er mwyn sicrhau cysondeb ar draws byrddau'r GIG.

Mae'r diwygiad arfaethedig i Reolau Sefydlog y JCC yn ymwneud ag amseriad cyhoeddi papurau cyhoeddus ar gyfer cyfarfodydd pwyllgor (gweler Dogfen 1).

Mae'r diwygiadau hyn yn disodli'r rhai a gyhoeddwyd ar 18 Mawrth 2024 ac fel y'u cadarnhawyd yng Nghylchlythyr Iechyd Cymru WHC2024/019. Bydd Cylchlythyr Iechyd Cymru newydd yn cael ei gyhoeddi i gadarnhau hyn.

Mae'n ofynnol i'r JCC ymgorffori a mabwysiadu'r adolygiad diweddaraf hwn i Reolau Sefydlog eich pwyllgor. Mae Rheolau Sefydlog Cyd-bwyllgor Comisiynu GIG Cymru yn ffurfio rhan o Atodlen 4 o Reolau Sefydlog Enghreifftiol y Bwrdd Iechyd Lleol.

Yn gywir,



Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

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Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Gohebiaeth.Jeremy.Miles@llyw.cymru
Correspondence.Jeremy.Miles@gov.wales

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

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

Diwygiadau i Reolau Sefydlog Cyd-bwyllgor Comisiynu GIG Cymru

Adran 7 – Cyfarfodydd Pwyllgor: Hysbysu'r cyhoedd ac eraill

Diwygio'r testun a amlygwyd yn y paragraff canlynol, o:

7.12 Except for meetings called in accordance with SOs, at least 10 calendar days before each meeting of the Joint Committee, a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh) as follows:

- Each LHBs website shall link to the JCC website, where the papers supporting the public part of the agenda will be available; as well as

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I:

7.12 Except for meetings called in accordance with SOs, at least 10 calendar days before each meeting of the Joint Committee, a public notice of the time and place of the meeting shall be displayed bilingually (in English and Welsh):

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When providing notification of the forthcoming meeting, the committee shall set out when and how the agenda and the papers supporting the public part of the agenda may be accessed, in what language and in what format, e.g., as Braille, large print, etc. The agenda and papers will be made available to the public at least 5 clear days before each meeting of the Committee.

DIWEDD

Agenda Item
8.1.9

CTM Health Board

Safeguarding Annual Report 24/25

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Claire O'Keefe – Head of Safeguarding
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Richard Hughes – Executive Director of Nursing
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Richard Hughes – Executive Director of Nursing

Pwrpas yr Adroddiad / Report Purpose	For Approval	
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
Safeguarding Executive Group	21/07/2025	Approved
Quality, Safety & Experience Committee	18/11/2025	Endorsed for Board Approval
Acronyms / Glossary of Terms		
CTMSB	Cwm Taf Morgannwg Safeguarding Board	

1. Situation /Background

1.1 The Cwm Taf Morgannwg University Health Board (CTMUHB) annual report has been produced to reflect how it has achieved its outcomes against the three year strategic plan and the associated priorities agreed to as in partnership with the Cwm Taf Morgannwg Regional Safeguarding Board (CTMSB). The report also summarises and aims to inform the public and other practitioners of how priorities for the year have been achieved and learning from inspections/reviews integrated into practice.

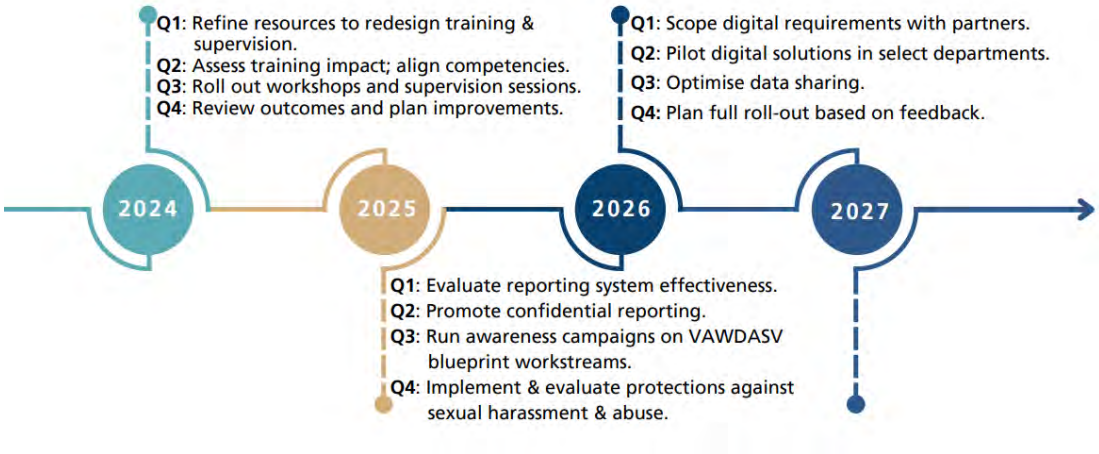
2. Specific Matters for Consideration

2.1 The Health Board's Safeguarding Annual Report (Appendix A – available within the papers for the Quality, Safety and Experience Committee held on 18 November 2025) has been produced to give an overview of the safeguarding activity undertaken throughout the health board in 2024/2025. Reflecting learning and actions taken from Single Unified Safeguarding reviews, incidents and concerns. The report demonstrates the effective leadership, commitment and operational support in all aspects of Safeguarding and Public Protection across Cwm Taf Morgannwg University Health Board and how the Health Board complies with legislation, external standards and good practice guidance.

2.2 The Cwm Taf Morgannwg Safeguarding Board (Appendix B – available within the papers for the Quality, Safety & Experience Committee held on 18 November 2025) has also produced an Annual Report for 2024/2025, this has been produced to reflect multi-agency safeguarding activity across Cwm Taf Morgannwg. All partner agencies have contributed to the board work and worked collaboratively to meet the objectives and priorities of the Boards' strategic plans. This Annual Report presents an overview of the work that the Cwm Taf Morgannwg Safeguarding Board carried out in 2024/2025 in pursuit of the aim to ensure that the people of Cwm Taf Morgannwg are safeguarded from abuse, neglect or other forms of harm.

2.3 In addition to working toward regional priorities, the corporate safeguarding team have also collaborated with the National Safeguarding Service through its implementation groups, to deliver on recommendations set out in the "Strengthening Safeguarding in Health Review" conducted in 2024 & commissioned by Welsh Government.

2.4 The health board's three year safeguarding strategic plan positions the priorities for the next three years. For 2024/2025 the priorities are detailed in the below diagram.



3. Key Risks / Matters for Escalation

3.1 Key areas of work undertaken this year have included the implementation of the all Wales safeguarding supervision policy. This incorporated the development of a CTMUHB policy, supervision request forms and supervision feedback forms to enable quality assurance in respect of advice and support offered to practitioners.

3.2 In collaboration with the School Nursing service, a safeguarding standard operating procedure was developed. Thus ensuring that the health board evidence an appropriate response to the recommendations set out within the Joint Inspection for Child Protection Arrangements (JICPA) and safeguarding rapid review undertaken by Care Inspectorate Wales (CIW) and Health Inspectorate Wales (HIW).

3.3 An annual audit plan was undertaken across multiple services to provide assurance that the health board appropriately respond to safeguarding concerns, can identify opportunities for early intervention and evidence duty to report in line with the Social Services and Well being (Wales) Act 2014

3.4 Data collection and subsequent dashboards have been adapted to align with the agreed national safeguarding metrics required by Welsh Government. This data collection will be further strengthened once all health boards in Wales fully embed the Once for Wales safeguarding module.

3.5 In July this year the safeguarding team restructured to include all Clinical Nurse Specialists for safeguarding from the Children and Families Care Group. This has ensured a coordinated and collaborative approach to safeguarding across services, professional development and quality improvement. This has been successful, demonstrated through a whole team approach. In addition, the re structure ensured opportunity for the appointment of a dedicated practice educator for safeguarding.

3.6 With recurrent funding from Welsh Government, a continued effort has been made to reduce the Deprivation of Liberty Safeguards backlog and Mental Capacity Act awareness throughout the organisation. This funding has also enabled recruitment of a Court of Protection Lead.

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb a'r Gymraeg	Yes: ☐	No: ☒

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	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 are asked to note and approve the safeguarding annual report.

Health Board Meeting – Non Routine Board Business Forward Plan

(1st January 2025 to the 31st December 2025)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
3 January 2024	Request received from the Assistant Director of Governance & Risk for this item to be added to the forward work programme for Board	Assistant Director of Governance & Risk	Agency Reduction Plan and Decision Making Framework for CTM	To be added to Board Forward work programme following receipt of Welsh Health Circular in January 2024 which identified specific actions for Board/Committees	Deputy Director of People	Executive Director for People	To be agreed	In Progress Awaiting confirmation from the Executive Director for People as to whether this item is still applicable for Board
6 June 2024	Request received by email from the Assistant Director of Transformation	Assistant Director of Transformation	Maesteg Community Hospital Development – Outline Business Case	To be presented to the Board for approval	Assistant Director of Transformation	Executive Director of Strategy & Transformation	28 November 2024 27 March 2025 Now 26 March 2026	In Progress Will now be presented to March 2026 Board
	Request received from the Director of Digital asking for this to be added to the Board agenda	Director of Digital	Business Case for Connecting care	To be presented to Board for approval	Director of Digital	Director of Digital	28 November 2024	In progress Awaiting revised date for presentation
15/05/2025	Reference made to this item by the CEO in the Board Development Session held on 15 May 2025	Executive Director of Finance	Strategic Estates Partnership	To be presented to Board for discussion	Executive Director of Finance	Executive Director of Finance	Was 31 July 2025 Was 25 September 2025 Was 27 November 2025 Now 29 January 2026	In progress Will be presented to the January 2026 Board
19/05/2025	Request received by email from the Executive Director of Public Health	Executive Director of Public Health	Healthy Weight Roadmap	To be presented to the Board for approval	Executive Director of Public Health	Executive Director of Public Health	31 July 2025 Was 27 November 2025 Now 26 March 2026	In progress Will be presented to the Board in March 2026
19/05/2025	Reference made to this item at the Briefing session held with Strategic Development Committee Members on 19 May 2025	Chief Operating Officer	Full Business Case – Llantrisant Health Park	To be presented to Board for Approval	Chief Operating Officer	Chief Operating Officer	25 September 2025 Now 27 November 2025	On agenda for the Closed session of the November 2025 Board
29/05/2025	Email request received from the Head of Organisational Development & Inclusion	Executive Director for People	Annual Equality Report 2024/2025	To be presented to Board for Approval	Executive Director for People	Executive Director for People	27 November 2025	On agenda for the November 2025 Board
02/07/2025	Email request from the Assistant Director of Governance & Risk	Executive Director of Finance	Disposal of Pontypridd Cottage Hospital	To be presented to Board for Approval	Executive Director of Finance	Executive Director of Finance	27 November 2025 Now 29 January 2026	In progress
	Email request received from the Director of Digital	Director of Digital	Mental Health Electronic Patient Record Business Case	To be presented to Board for Approval	Director of Digital	Director of Digital	23 October 2025 This has now been deferred to 18 December 2025	In progress Verbal update to be presented to the September 2025 In

								Committee session of the Board. Business Case to be presented to Extra Ordinary Board meeting scheduled for 23 October 2025. This has now been deferred to 18 December 2025
24/09/2025	Email request from the Director of Corporate Governance	Executive Director of Public Health	All Wales Individual Patient Funding Request Policy	To be presented to Board for Approval	Executive Director of Public Health	Executive Director of Public Health	27 November 2025	On agenda for the November 2025 Board
24/09/2025	Email request from the Director of Corporate Governance	Executive Director of Public Health	All Wales Prior Approval Policy	To be presented to Board for Approval	Executive Director of Public Health	Executive Director of Public Health	27 November 2025	On agenda for the November 2025 Board
24/09/2025	Paper received for Strategic Development Committee requesting endorsement for Board approval	Executive Director of Strategy & Transformation	5 Year Diabates Strategic Plan	To be presented to Board for Approval	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	27 November 2025	On agenda for the November 2025 Board
31/07/2025	Captured as an action at the July 2025 Board meeting	Executive Medical Director	Listening & Learning Story – Transition of Care from Paediatrics to Adult Services	Progress update to include the learning from this particular case in addition to some of the learning applied around care co-ordination within the organisation	Executive Medical Director	Executive Medical Director	30 July 2026	In progress
15/10/2025	Suggestion made by Assistant Director of Governance and Risk that this item is added to the agenda	Assistant Director of Governance & Risk	Integrated Care Model Update/Strategy Deployment	To be presented to Board as a progress update following previous discussions held at Board and Strategic Development Committee	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	Was 27 November 2025 Now 29 January 2026	In progress
22/10/2025	Request received from Capital Finance Manager	Capital Finance Manager	Invest to Save Bid – Funding Application for Decarbonisation ReFit Measures	To be presented to Board for Approval	Capital Finance Manager	Executive Director of Finance	27 November 2025	On agenda for Closed Session of the November 2025 Board
Completed Items								
16 April 2025	Request made by the CEO at the agenda planning session held in April 2025 for this to be added to the agenda	Executive Director of Strategy & Transformation	Outline Business Case for Llantrisant Health Park	To be presented to the Board for approval	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	29 May 2025	Completed Presented to the Board meeting held on 25 September 2025
19/05/2025	Reference made within the report to Board in relation to establishment of South East Wales Regional Joint Committee	Director of Corporate Governance/Board Secretary	South East Wales Regional Joint Committee Terms of Reference	To be presented to the Board for approval	Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	25 September 2025	Completed Presented to the Board meeting held on 25 September 2025
08/08/2025	Email request received from Deputy Director of Strategy & Partnerships	Executive Director of Strategy & Transformation	South East Wales Regional Orthopaedic Plan	To be presented to Board for Approval	Deputy Director of Strategy & Partnerships	Executive Director of Strategy & Transformation	25 September 2025	Completed Presented to the In Committee Board

								meeting held on 25 September 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:	Board Vice Chair	Executive Leads for Agenda Planning
Jonathan Morgan, UHB Chair	Kath Palmer, Vice Chair	Gareth Watts, Director of Corporate Governance & Board Business

CTMUHB Board Business:

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Committee Governance Arrangements																
1. Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		⚑ If all actions are complete	⚑ If there are actions in progress / overdue actions
2. Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		⚑	X
3. Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		⚑	X
4. Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑		⚑		⚑		⚑		⚑		⚑		⚑ Except for the annual review in November	⚑ Annual Review only
5. Annual Report (including Performance Report. Accountability Report and Remuneration Report)	Director of Corporate Governance / Board Secretary	Annually						⚑							X	⚑
6. Annual Statutory Accounts	Executive Director of Finance	Annually						⚑							X	⚑

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
7. Board Effectiveness Self-Assessment	Director of Corporate Governance / Board Secretary	Annually													X	
8. Board Assurance Framework	Director of Corporate Governance / Board Secretary	All Regular Meetings													X	
9. Board Committee and Advisory Group Highlight Reports	Director of Corporate Governance/Board Secretary	All Regular Meetings													(where there are no matters to escalate)	(where there are matters to escalate)
10. Board Committee Annual Reports	Director of Corporate Governance & Board Business	Annually														X
11. Annual Review of Standing Orders	Director of Corporate Governance/Board Secretary	Annually									Defer to Jan 2026				X	
12. Amendments to Standing Orders	Director of Corporate Governance/Board Secretary	As and when required														X
13. Joint Committee Annual Update	Director of Corporate Governance/Board Secretary	Annually													X	
14. Audit Wales Structured Assessment and Audit Letter	Audit Wales	Annually													X	
15. Audit Wales Annual Audit Report	Audit Wales	Annually													X	
16. Risk Management Strategy	Director of Corporate Governance/Board Secretary	Annually													X	
17. Charitable Funds Annual Report and Annual Accounts	Executive Director of Finance	Annually													X	
18. Internal Audit Annual Audit Plan	Head of Internal Audit	Annually														X
19. Executive Director of Public Health Annual Report	Executive Director of Public Health	Annually									Defer to Nov Board				X	
20. Welsh Language Standards Annual Report	Executive Director for People	Annually									Defer to Nov Board					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	Interim Executive Director of Nursing	Annually														X
22. Safeguarding Annual Report	Interim Executive Director of Nursing	Annually									Defer to Nov 25					X
23. Carers Annual Report	Interim Executive Director of Nursing	Annually														X
24. Clinical Education Annual Report	Interim Executive Director of Nursing	Annually									Defer to Nov 25					X
25. Infection Prevention & Control Annual Report	Interim Executive Director of Nursing	Annually														X
26. Ombudsman's Annual Letter and Annual Report	Interim Executive Director of Nursing	Annually														X
Staff and Service User Experience																
27. Shared Listening & Learning Story	Interim Executive Director of Nursing	All Regular Meetings													X	
Setting the Scene – Service Delivery																
28. Chairs Report (including Affixing of the Common Seal and Chairs Urgent Action Requests)	Health Board Chair	All Regular Meetings													X	
29. Chief Executives Report (t include updates on Targeted Intervention – Programme of Continuous Improvement in response to Targeted Intervention)	Chief Executive	All Regular Meetings													X	
30. Executive Priorities Update/Ministerial Advisory Group Update	Chief Executive	Quarterly											(next report due March 2026)		X	
Delivering our Plan																
31. Integrated Performance Report (Quality, People & Operational Performance)	Executive Director of Strategy & Transformation	All Regular Meetings													X	
32. Financial Performance Report	Executive Director of Finance	All Regular Meetings													X	

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
33. Annual Plan Quarterly Update	Executive Director of Strategy & Transformation	Quarterly	⚑				⚑		⚑				⚑		⚑	X
34. Capital Update	Executive Director of Finance	Quarterly			⚑ Defer to May Board		⚑		⚑ Defer to Nov Board				⚑		X	⚑
35. Nurse Staffing Levels (Wales) Act Reports	Interim Executive Director of Nursing	Bi-Annually					⚑						⚑		X	⚑
36. Working in Partnerships Updates	Executive Director of Strategy & Transformation	As and When Required													X	⚑
37. Regional Partnerships Board 6 Monthly Report	Executive Director of Strategy & Transformation	Bi-Annually					⚑						⚑		⚑	X
38. Public Services Board 6 Monthly Report	Executive Director of Public Health	Bi-Annually					⚑						⚑		⚑	X
Strategic Planning																
39. Integrated Medium Term Plan Approval	Executive Director of Strategy & Transformation	Annually			⚑										X	⚑
40. Acute Services Clinical Plan Progress Report	Executive Director of Strategy & Transformation	All Regular Meetings	⚑		⚑ Not required for this meeting		⚑ Not required for this meeting		⚑		⚑		⚑ Not required for this meeting		X	⚑
41. Winter Plan Update	Executive Director of Strategy & Transformation/ Chief Operating Officer	Annually											⚑		X	⚑
42. Civil Contingencies & Business Continuity Report	Executive Director of Strategy & Transformation	Annually					⚑ Defer to July 25		⚑						X	⚑
43. Llantrisant Health Park Update	Chief Executive Officer	Bi-Annually					⚑ Deferred to EO meeting in June 2025						⚑		X	⚑

Agenda Item
8.2.3

CTM Health Board

Board Committee and Advisory Group Highlight Reports

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Emma Walters, Head of Corporate Governance & Board Business
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 In line with the Standing Order requirements each Board Committee and Advisory Group is required to submit a Highlight Report setting out its activities at each meeting. This also provides a mechanism for escalating issues to the Board as required.

2. Specific Matters for Consideration

2.1 A number of Committee/Advisory Groups have been held since the Board last met in September 2025.

3. Key Risks / Matters for Escalation

3.1 Key risks and any matters for escalation to the Board are set out in the appended Highlight Reports.

4. Assessment

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

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

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

5. Recommendation

5.1 The Board is being asked to NOTE the following Highlight Reports:

Quality, Safety & Experience Committee 23 September 2025 (On main agenda)
Local Partnerships Forum 30 September 2025 (Appendix 1)
Strategic Development Committee 1 October 2025 (On main agenda)
Stakeholder Reference Group 15 October 2025 (On main agenda)
Remuneration & Terms of Services Committee 23 October 2025 (Appendix 2)
Operational Delivery Committee 28 October 2025 (On main agenda)
Clinical Advisory Group Highlight Report (On main agenda)

Agenda Item
8.2.3 Appendix 1

CTM Health Board

Local Partnership Forum

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Gaynor Jones, Staff Side Representative Hayleigh Jones, Deputy Director for People Nerys Heightley, Business Support Manager
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	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
	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
ESR	Electronic Staff Record
HB	Health Board
HCSW	Health Care Support Worker

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 18th March 2025.

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 are no items requiring escalation to the Board on this occasion
Advise	Trade Union colleagues raised the issue with the health roster and ESR systems not communicating with each other, causing managers to input data twice, leading to errors and inefficiencies. This problem affects the recording of sickness and payroll accuracy. As a result, there have been instances of overpayment, where staff are paid more than they should be, and then required to repay the excess amount. The group were informed that the ESR and health roster teams have created a guide to clarify the recording process for return-to-work data. This interim measure aims to improve clarity and ensure accurate data recording.

	The Staff Survey 2025 launched on the 6th October. The Health Board have set a target of 40% response rate for this. All encouraged to complete the survey by the 1st December. A Speaking up Safely progress update was provided with four diverse Speaking Up Safety Guardians appointed. They will report to Gareth Watts, Director for Corporate Governance. Working one day per week alongside their regular roles. The Guardians are developing a communication and engagement plan for the new IT system, "Work in Confidence," which allows anonymous reporting. The launch is expected in November. Efforts are being made to streamline existing policies and procedures, including aligning with the All-Wales Anti-Sexual Harassment Policy. Additionally, the Speaking Up Safely SharePoint site is being updated and linked with the Work In Confidence platform. An update was provided on the initial consultation period for the Shift Pattern proposals. Over 1100 responses have been received. These responses, along with feedback from the dedicated mailbox, briefing sessions, and trade union representatives, highlighted several key themes, including the need to address inconsistencies in shift patterns and break structures. Concerns were raised about the impact of the proposed shift patterns on staff well-being, caring responsibilities, and work-life balance. Conversations with Trade Union colleagues are continuing and the HB continues to welcome suggestions for alternative proposals that will continue to meet our design principles. In parallel to this work, a task and finish group led by Becky Gammon is examining current break-taking practices to identify areas of best practice and areas for improvement.
Assure	Jonathan Morgan, Chair provided an update to the group on the following topics: Annual Seren Event: the awards ceremony and dinner held on the 25th September, to thank staff for their contributions. JM emphasised the importance of recognising staff efforts, creativity, and innovation, noting that small changes can make significant positive differences. Resignation of Geraint Hopkins: The group were informed of the recent resignation of Geraint Hopkins, the Local Authority Independent Board Member. Primary and Community Care System: JM discussed the substantial work being done to improve the primary and community care system. He emphasised the need to provide

	local services close to people's homes and reduce the reliance on big hospital provisions. Welsh Parliamentary Election: JM addressed the upcoming Welsh parliamentary election, scheduled for May. The success of the @home services was highlighted. The service aims to keep patients at home rather than in hospitals, providing them with the care they need in a more comfortable and familiar environment.
Inform	Workforce Metrics Update A new one-page visual summary has been developed and was shared with LPF for comment. This is a step towards aligning our people metrics with the new people plan and success measures. Currently, the team are reviewing all the data we gather across the People Directorate to determine what we should continue measuring and what new metrics we need. We're also assessing the accuracy and timeliness of our data to ensure it is up-to-date and relevant. The goal is to provide a clear organisational picture, identify key challenges, and celebrate our successes. The key point from the month 5 finance report were discussed, and include: • The M5 YTD overspend of £6.3m includes a £7.0m shortfall in savings. • Following confirmation of lower than anticipated allocations for the 24/25 pay award (£1.7m lower than anticipated), the YTD position has recognised a £0.7m adverse impact. • Following confirmation of lower than anticipated allocations for the 25/26 national insurance changes (£2.1m lower than anticipated), the YTD position has recognised a £0.9m adverse impact. • During M4 the Health Board were made aware of a permanent injury benefit claim which has resulted in a provision of £1m having to be recognised, at M4 the YTD position has recognised £0.4m of this adverse impact. • During M5 the Health Board has confirmed an accountancy gain of £4m which has been recognised. People Plan Update was provided which is closely linked to the staff survey, emphasising that the feedback from last year's survey informed many actions in the current people plan. The plan was launched on June 23rd, and in the past three months, efforts have focused on communication and engagement to ensure staff are aware of the plan and see their feedback reflected in it. Various communication channels have been used, including emails, SharePoint discussions, all-staff Q&A sessions, video blogs, and a new microsite hosting people plan and staff

	survey resources. Managers have been invited to briefing sessions on the people plan, recognising their key role in translating messages and discussing them with their teams. These sessions included members of the executive team, trade unions, care group leadership, and the People Directorate, emphasising the organisational ownership of the plan. The "You Said, Together We Did" initiative was launched to show the link between staff feedback and actions taken. This will be a living item, updated monthly. Early deliverables of the plan include the launch of a people services telephone line, a policy workbook focusing on recruitment and selection, and family-friendly policies. A new line manager design group was created to test ideas and resources, with 60 volunteers already participating. In addition there will be a launch of bite-sized learning and development sessions for line managers, starting with a session on honest and challenging conversations, which is fully subscribed. Progress has been made on the Speaking Up Safety initiative, the Seren Awards, and the development of a sickness absence action plan. The progress and challenges of the lateral moves scheme, which supports workforce flexibility and career development within the health board. An overview of the scheme's development, its alignment with key strategies, and recent improvements made. The scheme has shown positive results, including a 42% increase in complete transfers since July, but faces challenges such as vacancy availability and the need for specialist roles. An action plan is in place to address issues like applicant wait times, which have been significantly reduced. The scheme is currently open to Band 2 HCSW and Band 5 registered nurses and midwives, with plans for expansion. Continuous engagement required with staff and improvements in communication, guidance, and training are emphasised to ensure the scheme meets staff needs and enhances workforce flexibility. The group were informed of the need to increase retail prices due to inflation. It was noted that the HB has absorbed significant inflation over the past few years, including a 2.3% price increase in May 2023. Despite efforts to maintain discounts for staff and absorb costs, the HB must now raise prices to cover increased costs in the retail area. It was emphasised that this is not about generating profit but covering incurred costs and noted that the HB's prices remain reasonable in comparison to external providers.
Appendices	

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Inspiring People If more than one applies please list below: 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:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Culture and Valuing People If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Person Centred If more than one applies please list below: 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: NA

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

5. Recommendation

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

Agenda Item
8.2.3 Appendix 2

CTM Health Board

Highlight Report from the Remuneration & Terms of Service Committee

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Jonathan Morgan, Chair
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
Not applicable.	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
VSM	Very Senior Manager

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 23 October 2025.

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	Appointment and Remuneration of Deputy Chief Executive The Committee endorsed the proposed appointment and remuneration arrangements for the Deputy Chief Executive following the departure of the previous post holder, G Dix.
Assure	Nil
Inform	The Committee Approved the following items: Unconfirmed minutes of the meeting held on the 5 September 2025. Ratification of Chairs Urgent Action The Committee Noted the Committee Cycle of Business
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:
	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)*	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): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: N/A Not required for this type of 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)*	Yes (Include further detail below)
	In terms of the resource impact of each individual case.

6. Recommendation

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

Agenda Item
8.2.4

CTM Health Board

CTM Clinical Learning Academy Annual Report 24/25

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Janet Gilbertson Assistant Director Clinical Education
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	Richard Hughes, Executive Director of Nursing & Midwifery
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Richard Hughes Executive Director of Nursing and Midwifery

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
CTMCLA Strategic Education Council	15/09/2025	Approved
Quality, Safety & Experience Committee	18/11/2025	NOTED

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 The 2024-25 Annual Report for Clinical Education at CTMUHB records a year of significant progress including the delivery of our strategic ambition to become the Cwm Taf Morgannwg Clinical Learning Academy (CTMCLA), which was approved by Board and launched in April 2025, marking a pivotal step in embedding a sustainable, interprofessional learning culture across the health board.

1.2 The CTMCLA Annual report 24/25 is presented in Appendix 1 (available in the papers for the Quality, Safety & Experience Committee held on 18 November 2025) for noting

2. Specific Matters for Consideration

2.1 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 are key and as our workforce is forever changing, this is an ongoing need.

2.2 CTMCLA purpose is to create a collaborative, interprofessional learning environment that supports workforce development and service improvement to improve patient and population health outcomes.

2.3 Education Governance has been strengthened with the establishment of the Strategic Education Council and refreshed governance structures to ensure quality, assurance and alignment with organisational priorities.

2.4 The Advanced Practice Board has been integrated with CTMCLA to strengthen governance around enhanced, advanced and consultant professional practice.

2.5 The Primary Care Academy is now also more formally linked with CTMCLA to ensure alignment for education and training across acute and primary care.

3. Key Risks / Matters for Escalation

3.1 Educational Infrastructure and accommodation constraints;

3.1.1 There is a lack of permanent, accessible dedicated multi-professional education and training facilities across CTMUHB sites which limits capacity for clinical education delivery and interprofessional learning.

3.1.2 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 Workforce Capacity for Placement Delivery;

3.2.1 There are increasing clinical placement demands across all health care professions without proportional growth in educator roles or infrastructure, which is placing a strain on clinical teams and a risk to patient care and placement quality. Strategic workforce planning and

investment in educator roles is needed to support workforce capacity for training.

3.3 Advanced Practice Governance;

3.3.1 More robust assurance is required to support the development of enhanced, advanced and consultant level practice and roles across the health board. There is a risk of variation in job-planning, role clarity and portfolio development, inconsistent development pathways and potential service gaps. Work is underway, to be completed December 2025, to review the progress and position within CTM, identify gaps and recommendations for a way forward.

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 Sustaining our Future
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:
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 Safe Timely Person centred Equitable
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: No policies or services are new or have been withdrawn
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: No policies or services are new or have been withdrawn
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 It is recommended that the Board notes the Clinical Education Annual Report 2024/25 and the contribution quality education and training makes to our services and improving patient care.

6. Next Steps

6.1 This report reflects CTMUHB's commitment to developing a capable, confident and compassionate workforce through excellence in education. The Clinical Learning Academy will continue to drive innovation, collaboration and transformation in education to support the delivery of CTM's 2030 strategy.

Appendix 1:

Agenda Item
8.2.5

CTM Health Board

Regional Partnership (RP) Update September 2025

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Sarah Mills, Head of Regional Commissioning Unit
Cyflwynydd yr Adroddiad / Report Presenter	Claire Thompson, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Claire Thompson, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Strategic Development Committee	01/10/2025	NOTED

Acronyms / Glossary of Terms	
RP	Regional Partnership
CTMUHB	Cwm Taf University Health Board
ECC	Enhanced Community Care
SPoA	Single Point of Access
SDEC	Same Day Emergency Care
ICCS	Integrated Community Care Services
CAC	Community Action Committee
UEC	Urgent and Emergency Care (6 goals)

1. Situation /Background

1.1 Across Wales Regional Partnership Boards were established under Part 9 of the Social Services and Wellbeing Act (2014) requiring local authorities and health boards to secure a strategic planning partnership to support the integration of services for a range of priorities groups.

1.2 The board brings together partners from health, social care, education, housing, third sector and the private sector as well as carers and citizen representatives.

1.3 These partners work together strategically to develop approaches that will create better health, social care and wellbeing services with a clear focus on co-production and engagement to influence strategic plans and population assessment of need.

1.4 The information noted below provides a summary of a key piece of work progressed under the Regional Partnership during 2025 the CTM Comprehensive Performance (delivery) Framework.

2. Specific Matters for Consideration

2.1 The CTM Comprehensive Performance (delivery) Framework was endorsed by the Regional Partnership on the 4th of September Board meeting. The Framework presents a structured, integrated approach to delivering health and social care services across the region, aiming to achieve optimal wellbeing and quality of life for all residents and establishes an integrated strategy for service delivery, outcome measurement and continuous improvement.

2.2 The framework is centred around one overarching outcome and four subsequent strategic outcomes statements:

> Experience good wellbeing: Individuals will access proactive, timely and holistic health and social care services that support their physical, mental and emotional health.
> Live safely and stay connected: Communities will benefit from integrated services promoting safety, inclusion and meaningful social connections.
> Maintain healthy lifestyles: Residents will be empowered with information, education and community programmes encouraging sustained healthy choices.
> Live independently with support: People needing additional care will have tailored services designed to maximise their independence and dignity within their homes and communities.

2.3 To translate these ambitions into measurable impacts, the framework outlines a clearly defined, multi-tiered measurement approach, consisting of strategic outcome metrics, key performance indicators (KPIs), detailed

performance measures and standardised operational input and output measures. This comprehensive model enables robust accountability, transparent evaluation and evidence informed decision making at every level.

2.4 Key service delivery elements, including Enhanced Community Care (ECC Level 3/4), Single Point of Access (SPOA), Acute Front Door Frailty Services and Optimal Hospital Flow and Same Day Emergency Care (SDEC), form consistent regional components designed to improve service effectiveness, responsiveness and patient outcomes, with the potential to be scaled for wider regional or national use.

2.5 Underpinned by principles of integrated collaboration, preventative care, person-centred services, sustainability, quality and safety, continuous learning and transparency, the CTM Framework introduces a structured quarterly monitoring schedule, complemented by six-monthly qualitative narrative reports. Standardised reporting templates will further facilitate consistent, comparable and meaningful analysis across commissioned services.

2.6 The 5-Tiered Framework is outlined below. Note further work is being undertaken to refine the KPIs.

Single overarching outcome for CTM: People living in Cwm Taf Morgannwg can achieve optimal wellbeing and quality of life.			
Outcome statements:			
Experience good wellbeing: Individuals will have access to proactive, preventative and timely health and social care services that support their physical, mental, and emotional wellbeing.	**Live safely and stay connected:** Communities within CTM will be supported by robust, integrated services ensuring safety, social inclusion, and meaningful connections.	**Maintain healthy lifestyles:** Individuals across CTM will be empowered through accessible information, education and community-based programmes to adopt and maintain healthy lifestyle choices.	**Live independently with support:** People requiring additional care will have access to tailored support services designed to promote independence.
Population level outcomes			
Reduction in hospital admissions and Length of Stay (LoS) Improved ambulance handover times and reduced ED waiting times Increased use of community-based alternative interventions	Improved ambulance handover times and reduced ED waiting times Increased use of community-based alternatives	Increased use of community-based alternatives	Reduced Pathways of Care Delays (PoCD) Reduction in hospital admissions and Length of Stay (LoS) Reduction in children known to Childrens Services Increased use of community-based alternatives

Key Performance Indicators			
Improved Emergency Department (ED) turnaround times Same Day Emergency Care (SDEC) utilisation and improved patient flow efficiency Ambulance handover delays reduction Navigation Hub usage and service effectiveness Total ED attendances Total ED admissions Average ED admission rate (%) 4-hour ED performance % Lost hours per ambulance arrival	Ambulance handover delays reduction Improved Emergency Department (ED) turnaround times Navigation Hub usage and service effectiveness Reduction in conveyance rates and emergency admissions for frail and older populations Total number of 999 calls from care home Percentage conveyance rate of care home calls to 999 Lost hours per ambulance arrival	Navigation Hub usage and service effectiveness (promoting proactive community support and preventative care access) Same Day Emergency Care (SDEC) utilisation (preventing unnecessary hospital admissions) Total ED attendances (reflecting preventative care effectiveness) % conveyance rate of care home calls to 999 (reflecting community-based response effectiveness)	Effectiveness of Discharge to Recover and Assess (D2RA) pathways Increased daily acute discharges (from 120.7 to 132.8 per day within 12 months) Reduction of acute hospital Length of Stay (LoS) from 8.2 to 7.7 days Reduction of Pathways of Care Delays (PoCD) by 25% within 6 months Reduction in conveyance rates and emergency admissions for frail and older populations CPR and CLA numbers Total number of acute discharges Total number of community discharges Total number of delays (PoCD) Total number of days delayed (PoCD)
Performance Measures			
Number of people reporting improved mental health and emotional wellbeing (via validated tools or self-assessment). Number of people reporting improved overall wellbeing following service interventions.	Number of people reporting feeling safer at home due to service support (including adaptations, telecare). Number of people reporting reduced isolation and increased social connections (through community activities, groups, and	Number of people supported to adopt healthier lifestyles, (including increased physical activity, improved diet, or reduced harmful behaviours). Number of people successfully accessing community-based	Number of people successfully supported to live independently through tailored community-based support packages, telecare or aids and adaptations. Number of avoided hospital conveyances and effective use of step-up/step-down services.

Number of people actively involved in "what matters" discussions regarding their care.	volunteering opportunities). Number of families/individuals demonstrating increased resilience and reduced reliance on statutory services.	healthy lifestyle initiatives through social prescribing or referrals. Number of individuals reporting increased knowledge and awareness of available local support services.	Number of children and adults successfully maintained in stable, local placements or reunified with their families/carers. Number of people reporting meaningful involvement and influence over decisions affecting their service delivery. Number of people supported to move back home following a stay in hospital. No. of people supported to live independently.

2.7 The introduction of this comprehensive approach will enable CTM to deliver measurable improvements in community wellbeing, effective use of resources and sustainable, high-quality health and social care services over the longer term.

2.8 The Integrated service delivery approach within the CTM Framework represents a coordinated and integrated model of care, strategically designed to meet the evolving health and social care needs of individuals and communities across the region. This approach aligns closely with the overarching strategic outcomes, embedding consistency and clarity across service delivery by coordinating diverse programmes such as the Integrated Community Care Services (ICCS), Community Action Committee (CAC), Regional Integration Fund (RIF), and Welsh Government's Six Goals for Urgent and Emergency Care (UEC).

2.9 This unified approach ensures a seamless continuum of care, bridging gaps between acute, primary, community and social services, enabling individuals to access the right care at the right place and time. By integrating care pathways, enhancing multidisciplinary collaboration and fostering co-produced solutions, the model prioritises preventative interventions, early identification of needs, effective crisis responses and personalised support plans.

2.10 In adopting this approach, health and social care systems in CTM will be better positioned to anticipate, respond to and manage service demand effectively. Clear, measurable priorities have been developed to address core areas such as independent living, community connectivity, safe and

secure housing, informed decision-making, mental health and healthy lifestyles. This promotes a balanced response, focused on reducing hospital admissions, facilitating timely discharges, supporting community resilience and enhancing quality of life outcomes.

2.11 Through this structured and consistent service delivery model, the CTM Framework not only meets immediate community health and social care needs but also establishes a foundation for sustainable, long-term improvement in regional health outcomes and community wellbeing.

2.12 The table below maps the existing frameworks, national strategic areas and regional priorities against the structure of this framework.

Strategic priority	Alignment with ICCS, RIF, CAC & Other Frameworks	UEC goal alignment
Independent living and safe accommodation	Effective discharge practices (D2RA) & accommodation-based support. Robust integrated community infrastructure for intermediate and reablement care. Enhanced Community Care Level 4 (ECC) delivery. Reduction of hospital LoS, PoCD and readmissions Increased Home First pathways. Transition accommodation models (children and LD complex care)	Goal 5 Goal 6
Safe and secure homes	Community-based complex care closer to home (RIF). Telecare, aids and home adaptions. Reduction in emergency admissions and falls risk management.	Goal 3 Goal 6
Community access and prevention	Early intervention and prevention (RIF Core Measures). Increased referrals to community services. Reduction in emergency admissions through enhanced community response (ECC level 4).	Goal 1 Goal 2 Goal 3
Integration and community engagement	Strengthening community resilience and resourcefulness (CAC). Investment in third sector and community assets (Community Hubs). Pan cluster planning and virtual ward models for integrated service delivery.	Goal 1 Goal 2

Enhanced information and signposting	Development and improvement of the NHS 111 Digital Offer and Clinical Support Hubs. Implementation of Single Point of Access (SPoA) across UEC. Accessible, comprehensive Directory of Services supporting accurate signposting and referrals.	Goal 2
Decision-making and participation	Promotion of co-produced care and advanced care planning (ICCS and RIF alignment). Increased patient and community involvement in decisions regarding personal care plans.	Goal 1 Goal 2
Mental health and emotional wellbeing	Crisis cafés and sanctuary services expansion, rapid triage and responsive community mental health services (UEC). Enhanced community pathways and interventions for emotional wellbeing and mental health care (RIF).	Goal 2 Goal 3 Goal 4
Optimal hospital flow and effective discharge	SAFER principles, Red2Green, and D2RA frameworks for optimal discharge practice. Reduction of ambulance handover delays, reduced LoS and improved discharge planning. Implementation of Acute Front Door Frailty Service and integrated frailty assessment units.	Goal 5 Goal 6
Rapid crisis response	Implementation of ECC Level 4 community services. Urgent treatment centres and clinical alternatives to ambulance conveyance. Improved front-door turnaround, rapid triage systems, and timely clinical interventions (ECC Level 4).	Goal 4 Goal 5 Goal 6
Integration and community engagement	Strengthening third sector relationships, co-production with communities and third-sector brokerage models. Enhanced social prescribing and community co-production models aligning with CAC and RIF.	Goal 1 Goal 2

	Enhanced community resilience through community development hubs and isolation/loneliness interventions.	
Workforce development and sustainability	Training for multidisciplinary teams, Optimise Champions, embedding SAFER, Red2Green, and D2RA principles. Continuous professional development (TTT packages, ESR modules) to ensure long-term sustainability and workforce resilience.	Goal 5 Goal 6
Performance monitoring and accountability	Robust integrated data systems, ICCS, checkpoint exemplars, and 50-day challenge metrics informing continuous improvement and accountability. Qualitative and quantitative measures (stories of change, user feedback, PROMs/PREMS, NICE Guidelines, consistent local level performance measures) to continually enhance quality, safety, and effectiveness.	All Goals

2.13 Underpinning principles for successful implementation: The effectiveness and sustainability of the CTM Framework are guided by clearly defined underpinning principles. These principles form the foundation for integrated service delivery, operational consistency and ongoing alignment to local and national standards.

2.14 Integrated collaboration

At the core of the framework is integrated collaboration, strengthening cohesive partnerships across health services, social care providers, third-sector organisations and local communities. By overcoming traditional service boundaries and promoting multidisciplinary teams, the framework promotes joined up, seamless care, reducing fragmentation and enhancing outcomes for people.

2.15 Proactive and preventative care

The framework emphasises proactive and preventative care interventions, aiming to reduce long-term dependency on acute or long-term care. Early identification and timely intervention within community settings are prioritised to manage health risks effectively, maintain independence and

promote long-term wellbeing, consequently preventing unnecessary escalation of care needs.

2.16 Person centred services

Central to the CTM framework is a commitment to person centred care, ensuring services are tailored specifically to the needs, preferences and circumstances of individuals. This principle promotes empowerment, personal choice, dignity and autonomy, creating a care environment that respects individual voices and enables meaningful involvement in decision making processes.

2.17 Sustainability and scalability

Ensuring sustainability and scalability is essential for the long-term success of integrated care. The framework supports clinically effective, financially viable models that can adapt and expand in response to evolving population needs. This principle ensures resources are efficiently utilised, maximising value and allowing innovations to be scaled across the region.

2.18 Quality and safety

The quality and safety of care underpin all service delivery within the framework. Services align closely with NICE guidelines, national discharge standards and other nationally recognised quality indicators. Continuous monitoring and adherence to these standards ensure consistent safe, effective and high-quality care experiences for all.

2.19 Continuous learning and adaptation

The framework incorporates continuous learning and adaptation, embedding ongoing evaluation into its processes. Regular assessment of data, service-user feedback and performance outcomes ensures that services remain responsive and continuously improve. This adaptive approach supports agile responses to changing needs and conditions, leading to improved service effectiveness.

2.20 Transparency and accountability

Transparency and accountability are essential to maintain trust, drive performance and embed continuous improvement within the framework. Regular performance reporting, open communication of outcomes and performance and clear governance mechanisms ensure accountability at all levels. Transparent evaluation supports shared learning, informed decision-making and collective ownership of improvements.

3. Key Risks / Matters for Escalation

3.1 The CTM Framework represents a bold, unified approach to improving the health, wellbeing and independence of people across the region. Through a

clear strategic vision, shared outcomes, standardised performance measures and consistent elements of service delivery, the framework provides a strong foundation for delivering integrated, person-centred care that is preventative, responsive and outcomes focused.

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	Ageing Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Person Centred
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Refine
	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 changes to programme delivered.

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: No changes to programme delivered.
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 That the Board note the work under the RPB in developing CTM Comprehensive Performance (delivery) Framework.

6. Next Steps

6.1 Further refinement of the Key Performance Indicators and develop a plan for role out across CTM.

Agenda Item
8.2.6

CTM Health Board

Public Service Board Update

Dyddiad y Cyfarfod / Date of Meeting	27/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Helen Hamond (CTM PSB)
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	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 /Forum Individuals	Date	Outcome
Strategic Development Committee	27/11/2025	NOTED

Acronyms / Glossary of Terms	
CTM PSB	Cwm Taf Morgannwg Public Services Board
RCTBC	Rhondda Cynon Taf County Borough Council

1. Situation /Background

1.1 The Cwm Taf Morgannwg Public Services Board (CTM PSB) brings together key local partners in the Merthyr Tydfil, Bridgend and Rhondda Cynon Taf local authority areas. Our purpose is to improve the economic, social, environmental and cultural well-being in our area by strengthening joint working. The published assessment of well-being in 2022 is available along with a series of summary reports and published the Well-being Plan for 2023-2028

2. Specific Matters for Consideration

2.1 The new Chair Paul Mee, Chief Executive of RCTCBC, is working with members on governance, leadership and accountability for the CTM PSB feeding back to the next meeting on 16th October 2025.

2.2 The final data dashboard has been completed and will be uploaded to the CTM PSB website shortly.

2.3 The highlight report for October 2025 (Appendix 1) details current activities against its wellbeing plan.

3. Key Risks / Matters for Escalation

3.1 None identified.

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: The work of the PSB relates to all 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: The work of the PSB relates to all goals of the WBFGA
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: Not required- external update
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- external update
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 report.

6. Next Steps

6.1 Continued engagement with the CTM PSB.

Appendix 1

CWM TAF MORGANNWG PUBLIC SERVICES BOARD

PSB Update Date: September 2025

SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES

The annual report sets out progress across all streams in 2024-25. https://www.ctmpublicservicesboard.wales/annual-report the meeting on October 16th will receive the results of the climate risk refection, updates on progress from the new task and finish groups, a focus on the children and young people's network, update from the safeguarding board and the new data dashboard and website and proposals on leadership, governance and accountability.

OVERALL RAG

STATUS UPDATE/ ACTIONS TAKEN by Workstream:

Workstream	Update	RAG
Climate Change Risk Assessment	The PSB has set up three senior manager Task and finish groups on three of the priorities – Climate Resilient Communities, Infrastructure Pinch points and Post Industrial Landscape lead by PSB members who will feedback on progress to each PSB. Each organisation is nominating appropriate senior managers to each of these groups. A self reflection exercise for each organisation on the PSB is bring together current and planning work on climate risk. The existing task group is being refocused to external and inter- and cross-organisation communication. The risk assessment is available via https://www.ctmpublicservicesboard.wales/climate-change-risk-assessment	
Workforce Well-being Sub-board	A google space to connect staff with volunteering opportunities in green spaces has been completed and shared. The Neurodivergence task group have prepared an advice sheet for managers and are working with the regional partnership on an event on Neurodivergence and work.	
Active Travel Charter	The charter was signed launched at the PSB in July. Sustrans is helping organisations complete a review of current work to feedback into the network.	
Young Voices Project	The children and young people's engagement network met for the 3rd time in September. Through an open agenda identified 3 topics for discussion and action - out of area placements for children who are looked after and the impact of new leg and potential shortfall of foster carers, understanding democracy for young people alongside social media and other influences, current forums mapping for children and young people. Work continues on reverse mentoring programme and the website as a portal for sharing engagement plans and results.	
PSB Development	The new chair, Paul Mee, is working with PSB members on governance, leadership and accountability for the PSB feeding back to the next PSB on 16th October	
Data Dashboard and Website	The final dashboard has been completed and will be uploaded onto PSB website shortly. The data task group met with colleagues in Swansea and NPT PSBs to see the new dashboard in August and the new website and data dashboard will be shared with the PSB at the next meeting. .	
Food Resilience sub board	The new sub board established by the PSB is meeting shortly to plan the forward work programme	

KEY METRICS:

A range of metrics will be aligned to each individual work programme building on the data dashboard work.

Risks/Issues	Description & Mitigation	RAG
Having the right officers on the task and finish groups to progress	PSB members asked to nominate the right people and task groups will feed back on progress.	
Having the right focus and leadership	The chair's work will feedback to the PSB and define the forward work programme	
Make better use of links through PSB members to other partnerships and network	Continue to promote the work of the PSB through organisations' sharing links to the annual report https://www.ctmpublicservicesboard.wales/annual-report and updates through partnerships and organisations.	

DECISIONS/ ESCALATIONS TO BOARD:

To increase awareness of the PSB and delivery in the workstreams in their organisations.

Agenda Item
8.2.7

CTM Health Board

Annual presentation of Nurse Staffing Levels

Dyddiad y Cyfarfod / Date of Meeting	27 November 2025
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	Becky Gammon, Deputy Executive Director of Nursing
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Richard Hughes, Executive Director of Nursing, Midwifery and Patient Experience.

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Internal- Planned Care including Executive Nurse Director, Nurse Director and Senior/ Lead Nurses	8/04/2025 & 4/09/2025	Agreed Establishments
Internal- Paediatrics and Neonates- including Executive Nurse Director, Nurse Director and Senior/ Lead Nurses	9/04/2025 & 2/09/2025	Agreed Establishments
Internal- Unscheduled care including Executive Nurse	10/04/2025/ & 2/09/2025	Agreed Establishments

Director, Nurse Director and Senior/ Lead Nurses		
External- All Wales Nurse Staffing Group	07/04/2025 12/05/2025 02/06/2025 07/07/2025 04/08/2025 01/09/2025	All Wales meeting regarding implementation, governance and reporting in relation to the Nurse Staffing Levels (Wales) Act 2016
Quality, Safety & Experience Committee	18/11/2025	NOTED

Acronyms / Glossary of Terms	
25a Wards	All wards providing nursing care including inpatient, community and specialist wards.
25b Wards	Adult acute medical and surgical inpatient wards and paediatric inpatient wards.

1. Situation /Background

The Nurse Staffing Levels (Wales) Act 2016, hereafter referred to as *the Act*, became law on 21 March 2016. The legislation initially applied to all adult acute medical and surgical inpatient wards and came into force in April 2018. An extension of the Act to include paediatric inpatient wards was enacted on 1 October 2021.

Statutory Guidance under the Nurse Staffing Levels (Wales) Act 2016 requires the designated individual—namely, the 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 places a duty on health service bodies to ensure appropriate nurse staffing levels are maintained, enabling nurses to deliver care with sensitivity and compassion.

Under Section 25A, Health Boards are required to have robust workforce plans, recruitment strategies, organisational structures, and operational processes in place to support safe and effective nurse staffing across their services.

Section 25B specifies the inpatient wards where there is a statutory duty to calculate nurse staffing levels using a prescribed methodology. This methodology is well established across the Health Board and is supported by a clear governance framework. Wards falling under Section 25B must conduct a biannual acuity audit, led by ward managers and senior nursing staff. The resulting data is triangulated with professional judgement, patient demographics, staffing levels, and a range of pre-defined patient outcomes considered to be nurse-sensitive indicators—such as incidences of patient falls or hospital-acquired skin damage.

This report provides an overview of compliance with Section 25B of the Nurse Staffing Levels (Wales) Act 2016 and outlines any changes or amendments to ward areas and specialities during the period from 1 October 2023 to 30 September 2024.

2. Specific Matters for Consideration

Statutory Guidance under the Nurse Staffing Levels (Wales) Act 2016 requires the designated individual, the 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 places a duty on health service bodies to ensure appropriate nurse staffing levels are maintained, enabling nurses to deliver care with sensitivity and compassion. Under Section 25A, Health Boards are required to have robust workforce plans, recruitment strategies, organisational

structures, and operational processes in place to support safe and effective nurse staffing across their services.

Section 25B specifies the inpatient wards where there is a statutory duty to calculate nurse staffing levels using a prescribed methodology. This methodology is well established across the Health Board and is supported by a clear governance framework. Wards falling under Section 25B must conduct a biannual acuity audit, led by ward managers and senior nursing staff. The resulting data is triangulated with professional judgement, patient demographics, staffing levels, and a range of pre-defined patient outcomes considered to be nurse-sensitive indicators, such as incidences of patient falls or hospital-acquired skin damage.
This report provides an overview of compliance with Section 25B of the Nurse Staffing Levels (Wales) Act 2016, and outlines any changes or amendments to ward areas and specialities during the period from 1 October 2023 to 30 September 2024.

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 2024 to 30th September 2025. There was a total of 35 Section 25B wards across the Health Board at the time of the June 2025 (illustrated as September 2025 in the table below) bi-annual acuity audit.

	Oct 2024	Sept 2025
Number of Acute Medical inpatient Wards	17	16
Number of Acute Surgical inpatient Wards	16	13
Number of Paediatric inpatient wards	3	3

It is noted that during the reporting period, one ward was repurposed as a surgical ward. The staffing establishments for these wards are detailed in Appendix A.

3. Key Risks / Matters for Escalation

Each of the Care Group Nurse Directors, together with finance and workforce colleagues, participated in discussions regarding the staffing establishment templates and any proposed workforce changes identified following the June 2025 acuity audit.

In addition to informing workforce calculations, the acuity audits supported the Care Group Nurse Directors in their decision-making processes. They reviewed nurse-sensitive quality indicators, such as patient falls, pressure

ulcers, medication errors, and nursing-related concerns—and applied professional judgement when considering amendments 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**
PoWH ward 6	Increase of beds from 22 to 24 Uplift 1 HCSW day and night	£218,095
PoWH ward 7	Increase of beds from 15 to 28 Uplift 1 RN day and night Uplift 1 HCSW day and night	Surgical plan being worked through, no costs provided at present
RGH ward 3	Increase RN day and night	£314,000
RGH ward 10	Decrease 1 RN & HCSW by day and night	Surgical plan being worked through, no costs provided at present
RGH ward 15	Uplift 1 HCSW day and night	£218,095

5.

Following the declaration of a critical incident at Princess of Wales Hospital in October 2024, ten wards were relocated across the Health Board. This necessitated further reviews prior to the next biannual acuity audit.

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act, any changes to ward clinical models, reconfigurations, and staffing requirements were reflected in the designated staffing level templates. These templates were approved by the respective Care Group Nurse Directors and, following their endorsement, formally 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:
	Not Applicable

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	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: 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: No impact as this looks at staffing levels.
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, People 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.

8. Next Steps

To continue to audit compliance with the SafeCare Module across 25B wards in the Health Board.

To continue to support the clinical teams in using SafeCare to its full potential to capture professional judgement and red flags alongside acuity and dependency.

Review and analyse data to support reviews and potential changes to the establishment and skills mix.

Continue to progress the implementation and use of SafeCare across community hospitals, mental health services, and palliative care settings.

Continue to review and report on compliance status, in line with the requirements of the Nurse Staffing Levels (Wales) Act 2016.

Annual Presentation of Nurse Staffing Levels to the Board

Health Board	Cwm Taf Morgannwg University Health Board (CTMUHB)
Date of annual presentation of Nurse Staffing Levels to Board	November 2025
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 1st October 2024 to 30th September 2025.
Number and identity of section 25B wards during the reporting period. **Adult acute medical inpatient wards (inclusive of Oncology & Haematology inpatient wards)** **Adult acute surgical inpatient wards (inclusive of Womens Gynaecological inpatient wards)** **Paediatric 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 1st October 2024 to 30th September 2025.

	Adult acute medical inpatient wards	Adult acute surgical inpatient wards	Paediatric inpatient wards
01/10/24	17	16	3
30/09/25	15	13	3

During the reporting period October 2024- September 2025, a critical incident was declared in Princess of Wales Hospital (PoWH) resulting in the relocation of several wards. A significant number of these were designated under Section 25B of the Nurse staffing Levels (Wales) Act 2016 and were subsequently moved both within PoWH and across Cwm Taf Morgannwg University Health Board (CTMUHB) footprint.

The following is a summary of the affected wards and their movements:

Princess of Wales Hospital (PoWH)

Ward 5: Relocated to Royal Glamorgan Hospital (RGH) Ward 19; (subsequently closed October 2024)
Ward 6: Relocated to Ward 16 (subsequently closed October 2024)
Ward 7: Relocated to RGH Ward 7 (subsequently closed October 2024)
Ward 8: Relocated to Ward 19 (subsequently closed October 2024)
Ward 9: Relocated to RGH Ward 11 (subsequently closed this ward changed speciality to Day surgery in October 2024; now designated as a section 25A ward)
Ward 10: Relocated to Ward 18 (subsequently closed October 2024)
Ward 11: Relocated to RGH Ward 18(subsequently closed October 2024)
Ward 16: Relocated to Ward 21 (October 2024)
Ward 18: Relocated to RGH Ward 2 October 2024
Ward 19: Relocated to Ysbyty George Thomas (YGT) Dinas Ward in October 2024 now designated as a Section 25A ward.

Royal Glamorgan Hospital (RGH)

Ward 2: Relocated to Ward 9 in September 2024 and became a Surgical Assessment Unit (SAU) therefore now a Section 25A area.
Ward 9: Relocated to Ward 7 September 2024- 5 Post Anaesthetic Care unit (PACU) 5 head and neck beds & 9 ward beds.
Ward 15: Relocated to Ward 1 in January 2025
Ward 19: Relocated to Ward 3 December 2024
Ward 20: Relocated to YGT Fernhill Ward in October 2024; now designated as a Section 25A ward.

Prince Charles Hospital (PCH)

Ward 10: Relocated to RGH Ward 19 in January 2025
Ward 3: Relocated to Ward 10 in May 2025; specialty changed to Frailty, now under Section 25A of the Act.

The final ward locations are detailed in Appendix 1 of this report. During the critical incident, staff were temporarily redeployed from wards that had reduced bed numbers and were used to support areas with staff vacancies. As the wards transitioned back to their final locations, staff were moved back to their original clinical areas.

Princess of Wales Hospital (PoWH)

Ward 18 Closed in August 2025 (22 beds) – ward moved back to ward 8 (28 beds) as a Surgical Trauma and Rehabilitation (STaR) ward therefore section 25A.
Ward 19 Closed August 2025
Ward 20 Closed August 2025

Royal Glamorgan Hospital (RGH)

Ward 1 Closed 31st August 2025 (22 beds)

Prince Charles Hospital (PCH)

Ward 3 Closed 9th May 2025 (24 beds).

	Adult acute medical inpatient wards	Adult acute surgical inpatient wards	Paediatric inpatient wards

<table>
<tr><td rowspan="2">Required establishment (WTE) calculated (October 2024)</td><td>RN</td><td>HCSW</td><td>RN</td><td>HCSW</td><td>RN</td><td>HCSW</td></tr>
<tr><td>363.75</td><td>289.59</td><td>327.97</td><td>247.21</td><td>97.62</td><td>19.1</td></tr>
<tr><td>WTE of required establishment funded (October 2024)</td><td>363.75</td><td>289.59</td><td>327.97</td><td>247.21</td><td>97.62</td><td>19.1</td></tr>
<tr><td>Staffing requirements following Spring Cycle (May 2025)</td><td colspan="2">Adult acute medical inpatient wards</td><td colspan="2">Adult acute surgical inpatient wards</td><td colspan="2">Paediatric inpatient wards</td></tr>
<tr><td rowspan="2">Required establishment (WTE) calculated (May 2025)</td><td>RN</td><td>HCSW</td><td>RN</td><td>HCSW</td><td>RN</td><td>HCSW</td></tr>
<tr><td>334.86</td><td>237.94</td><td>198.91</td><td>189.29</td><td>97.62</td><td>19.1</td></tr>
<tr><td>WTE of required establishment funded (May 2025)</td><td>334.86</td><td>237.94</td><td>198.91</td><td>189.29</td><td>97.62</td><td>19.1</td></tr>
<tr><td>Staffing requirements at end of reporting period (September 2025)</td><td colspan="2">Adult acute medical inpatient wards</td><td colspan="2">Adult acute surgical inpatient wards</td><td colspan="2">Paediatric inpatient wards</td></tr>
<tr><td rowspan="2">Required establishment (WTE) calculated (September 2025)</td><td>RN</td><td>HCSW</td><td>RN</td><td>HCSW</td><td>RN</td><td>HCSW</td></tr>
<tr><td>269.28</td><td>218.52</td><td>238.16</td><td>210.18</td><td>97.62</td><td>19.1</td></tr>
<tr><td>WTE of required establishment funded (September 2025)</td><td>269.28</td><td>218.52</td><td>238.16</td><td>210.18</td><td>97.62</td><td>19.1</td></tr>
<tr><td>WTE Supernumerary band 7 sister/charge nurse at end of reporting period (funded but excluded from planned roster)</td><td colspan="2">15
(NB: decrease in number of wards as they have been realigned to section 25A of the Act due to change of speciality)</td><td colspan="2">13
(NB: decrease in number of wards as they have been realigned to section 25A of the Act due to change of speciality)</td><td colspan="2">3</td></tr>
<tr><td>Using the triangulated approach to calculate the Nurse staffing level on section 25B wards.</td><td colspan="6">The triangulated methodology outlined in Section 25C of the 2016 Act sets out the principles for calculating nurse staffing levels. It requires that, as a minimum, for each ward within Section 25B of the Act. staffing calculations reviews are undertaken every six months.

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 sign off meetings with the designated person.

For June 2025 bi-annual acuity audit reporting for each inpatient ward under Section 25B, the data was captured across multiple systems, collated, and analysed to assess compliance with the nurse staffing recommendations. The areas below are discussed in collaboration with the Ward Sister, Senior Nurse, Lead Nurse responsible for the wards along with Heads of Nursing from each acute hospital and approved by the Care Group Nurse Directors.

Current bed numbers and specialities, including any proposed service changes.
Patient acuity data for June 2025, captured using the SafeCare system.
Care quality indicator data from the previous six months (including falls, medication errors, pressure damage, and serious incidents and concerns).
Workforce metrics, including mandatory training compliance, vacancy rates, recruitment activity and sickness absence.
Clinical dashboards from the Datix system capturing care quality metrics and Power BI applications providing patient acuity and flow data.
Assurance that all workforce models are compliant with the required 26.9% uplift and include a supernumerary Band 7 Ward Sister/Charge nurse, as mandated in the Nurse Staffing Levels Act.
Planning templates ratified by the Ward Sister/Charge Nurse, Senior Nurses, Heads of Nursing, and Care Group Directors of Nursing. Final templates are endorsed by the Executive Director of Nursing during 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 2025 acuity audit.</td></tr>
<tr><td>Finance and workforce implications.</td><td colspan="6">Following June 2025 acuity audit, when compared to the planned rosters/required establishments agreed during the January 2025 acuity audit, it was noted that there were no changes to the planned roster or required establishment for 27 adult medical/surgical inpatient wards and three paediatric wards. The remaining 4 wards relocated (table below), audit identified the following financial and workforce uplift requirements.

The table below summarises the financial implications based on the proposed staffing changes. This includes 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>PoWH ward 6</td><td>Increase of beds from 22 to 24
Uplift 1 HCSW day and night</td><td>£218,095</td></tr>
<tr><td>PoWH ward 7</td><td>Increase of beds from 15 to 28
Uplift 1 RN Day and night
Uplift 1 HCSW day and night</td><td>Surgical plan being worked through, no costs provided at present</td></tr>
<tr><td>RGH ward 3</td><td>Increase RN Day and night</td><td>£314,000</td></tr>
<tr><td>RGH ward 10</td><td>Decrease 1 RN & HCSW by day and night</td><td>Surgical plan being worked through, no costs provided at present</td></tr>
<tr><td>RGH ward 15</td><td>Uplift 1 HCSW day and night</td><td>£218,095</td></tr>
</table>

The changes to nursing establishments result from a combination of benchmarking against other wards across CTM UHB and an increase in bed capacity/ changes to the function of the ward within clinical areas. The establishment</td></tr>
</table>

	changes were reviewed with finance colleagues which determined that some of the associated funding will present as cost pressures. Ongoing discussions are taking place regarding the transformation and realignment of services to address how budgets can be aligned and maintained. Due to seasonal variations in patient acuity, the paediatric wards adjust their staffing levels to meet changing demands throughout the year. This dynamic approach to staffing management ensures there is no impact on overall staffing requirements or associated cost implications, as all adjustments are planned, calculated, and funded within existing establishment budgets.
Conclusion & Recommendations	
	The Nurse Staffing Levels (Wales) Act 2016 bi-annual acuity audit, conducted in June 2025, has enabled the Planned, Unscheduled, and Children and Young Persons Care Groups to review patient acuity and activity over the preceding six months and plan their workforce accordingly. The Nurse Directors have greater ownership and accountability for the services and provision within their respective delivery areas. Following the June 2025 audit, changes to nursing establishments were identified, implemented, and approved by the Care Group Nurse Directors, and subsequently ratified 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 met. Note the changes to the funded establishments, ensuring that the Health Board remains fully compliant with the Nurse Staffing Levels (Wales) Act 2016. The work programme for CTMUHB inpatient wards under section 25B of the 2016 Act for 2025/6 will include: o Continuation of audit compliance with the SafeCare Module across 25B wards in the Health Board. o Continued support for clinical teams in using SafeCare to its full potential- to capture professional judgement and red flags alongside acuity and dependency. o Interrogate and analyse data to support reviews and potential changes to the establishment and skills mix. o Sustaining progress in the rollout and use of SafeCare across community hospitals, mental health services, and palliative care settings. o Continuing to review and report compliance in line with the requirements of the Nurse Staffing Levels (Wales) Act 2016.

Appendix 2: Annual Presentation of the Nurse Staffing Level to the Board report. A summary of Nurse Staffing Levels for wards where Section 25B applies.

Health board/trust:	CTMUHB
Period of the report	1st October 2024- 30th September 2025
Adult Acute Medical inpatient wards	Start - End

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 to whom nursing duties have been delegated by a registered nurse -

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 2024)		Required Establishment as stated within the annual presentation to the Board report (in November 2024) including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	New location	Name of Ward	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	New location	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)			Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
PCH	2	E	4	3						E	4	3						E	4	3									
		L	4	3	19,9	14,21	1	No change	2	L	4	3	19,9	14,21	1	No change		L	4	3	19,9	14,21	1	No change	Y	N					
		N	3	2						N	3	2						N	3	2									
PCH	3	E	4	3						E	4	3						E	4	3									
		L	4	3	19,9	14,21	1	Ward moved to ward 10 then ward closed	10	L	4	3	19,9	14,21	1	No change		L	4	3	19,9	14,21	1		Y	N					
		N	3	2						N	3	2						N	3	2									
PCH	9	E	4	3						E	4	3						E	4	3									
		L	4	3	19,9	14,21	1	No change	9	L	4	3	19,9	14,21	1		No change	L	4	3	19,9	14,21	1	No change	Y	N					
		N	3	2						N	3	2						N	3	2									
PCH	10	E	4	4						E	4	4						E	4	4									
		L	4	4	19,9	19.9*	1	Moved to RGH 19	RGH ward 19	L	4	4	19,9	19.9*	1		No change	L	4	4	19,9	19.9*	1		Y	N	*HCSW includes a 2.84 Band 3 OT tech				Move of services to RGH to centralise
		N	3	3						N	3	3						N	3	3									
PCH	11	E	4	3		14,21	1			E	4	3		14,21	1			E	4	3		14,21	1							
		L	4	3	19,9			No change	11	L	4	3	19,9				No change	L	4	3	19,9				Y	N					
		N	3	2						N	3	2						N	3	2									
PCH	12	E	5	3						E	5	3						E	5	3									
		L	5	3	23,74	17,06	1	No change	12	L	5	3	23,74	17,06	1		No change	L	5	3	23,74	17,06	1		Y	N					
		N	3	3						N	3	3						N	3	3									
RGH	5	E	4	4						E	4	4						E	4	4									
		L	4	4	19,9	19,9	1	No Change	5	L	4	4	19,9	19,9	1		No change	L	4	4	19,9	19,9	1		Y	N					
		N	3	3						N	3	3						N	3	3									
RGH	12	E	4	4						E	4	4						E	4	4									
		L	4	4	19,9	19,9	1	No Change	12	L	4	4	19,9	19,9	1		No change	L	4	4	19,9	19,9	1		Y	N					
		N	3	3						N	3	3						N	3	3									
RGH	14	E	4	4						E	4	4						E	4	4									
		L	4	4	19,9	19,9	1	No Change	14	L	4	4	19,9	19,9	1		No change	L	4	4	19,9	19,9	1		Y	N					
		N	3	3						N	3	3						N	3	3									
RGH	19	E	4	4						E	4	4						E	4	4									
		L	4	4	19,9	19,9	1	Moved to ward 3	3	L	4	4	19,9	19,9	1		No change	L	4	4	19,9	19,9	1		Y	N					Ward location move to accommodate stroke services
		N	3	3						N	3	3						N	3	3									
RGH	20	E	3	4						E								E												
		L	3	4	18,06	19,9	1	Moved to YGT Dinas ward Became section		L								L							Y	Y	War moved to YGT dinas ward now section 25A area				
		N	3	3						N								N												
PoWH	4	E	6	4						E	6	4						E	6	4									
		L	6	4	33,69	13,62	1		4	L	6	4	33,69	13,62	1			L	6	4	33,69	13,62	1		Y	Y	Ward now has an 8 bedded CCU area- staffing not changed at present				
		N	6	1				No change		N	6	1					No change	N	6	1									
PoWH	5	E	4	4						E	4	4						E	4	4									
		L	4	4	19,07	19..07	1	Moved to RGH ward 20 then closed	RGH ward 20	L	4	4	19,07	19..07	1			L	4	4	19,07	19..07	1		Y	N					Move of services to RGH due to critical incident and to centralise
		N	3	3						N	3	3					No change	N	3	3									
PoWH	6	E	4	3						E	4	3						E	4	3									
		L	4	3	19,07	13,62	1	Moved to ward 16 then closed	Ward 16	L	4	3	19,07	13,62	1		Ward 9	L	4	3	19,07	13,62	1		Y	N	Ward location change only				Ward location move only due to critical incident
		N	3	2						N	3	2						N	3	2									
PoWH	10	E	5	5						E	5	5						E	5	5									
		L	4	5	23,79	24,52	1	Moved to ward 18	Ward 18	L	4	5	23,79	24,52	1		Moved to ward 10	L	4	5	23,79	24,52	1		Y	N					Ward location move only due to critical incident
		N	4	4						N	4	4						N	4	4									
PoWH	18	E	3	5						E	3	5						E	3	5									
		L	3	5	13,62	24,52	1	Moved to RGH ward 2	Ward 2 RGH	L	3	5	13,62	24,52	1		PoW ward 5	L	3	5	13,62	24,52	1		Y	N					Ward location move only due to critical incident
		N	2	4						N	2	4						N	2	4									
PoWH	20	E	4	3						E	4	3						E	4	3									
		L	4	3	19,07	16,34	1		Ward 20	L	4	3	19,07	16,34	1		Pow Ward 6	L	4	3	19,07	16,34	1		Y	N					
		N	3	3				No change		N	3	3						N	3	3									

Following wards closed October

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

Health board/trust:	CTMUHB
Period of the report	1st October 2024- 30th September 2025
Adult Acute Surgical Inpatient Wards	Start - End

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 to whom nursing duties

Adult Acute Surgical Inpatient Wards

		Reported to the Board in November 2024							Calculated during spring 2025 cycle								Calculated during autumn 2025 cycle								Biannual calculation cycle reviews, and any changes made & rationale during the spring 2025 & autumn 2025 calculation cycles			Any reviews outside of biannual calculation, if yes, provide rationale for any changes made			
Site	**Name of Ward**	**SHIFT**	**Planned roster as stated within the annual presentation to the Board report (in November 2024)**		**Required Establishment as stated within the annual presentation to the Board report (in November 2024) including uplift 26.9%**		**TOTAL WTE Band 7 supernumerary ward sister/Charge nurse**	**New location**	**Name of Ward**	**SHIFT**	**Planned roster calculated by the designated person during the spring 2025 cycle**		**Required Establishment as calculated by the designated persons during the spring 2025 cycle including uplift 26.9%**		**TOTAL WTE Band 7 supernumerary ward sister/Charge nurse**	**Date designated person calculated the nurse staffing level**	**New location**	**SHIFT**	**Planned roster calculated by the designated person during the autumn 2025 cycle**		**Required Establishment as calculated by the designated persons during the autumn 2025 cycle including uplift 26.9%**		**TOTAL WTE Band 7 supernumerary ward sister/Charge nurse**	**Date designated person calculated the nurse staffing level**	**Completed (Yes/No)**	**Changed**	**Rationale**	**Completed (Yes/No)**	**ChANged**	**Date**	**Rationale**
			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	19,9	19,9	1	No Change	5	E	4	4	19,9	19,9	1		No Change	E	4	4	19,9	19,9	1			N	Ward has a GAU/ Waiting room increase HCSW1x day and night for increased activity	N	N		
		L	4	4						L	4	4						L	4	4										
		N	3	3						N	3	3						N	3	3										
PCH	6	E	4	4	19,9	19,9	1	No Change	6	E	4	4	19,9	19,9	1		No Change	E	4	4	19,9	19,9	1			Y	Ward has SAU/ Waiting room increase HCSW 1 x day and night for increased activity	N	N		
		L	4	4						L	4	4						L	4	4										
		N	3	3						N	3	3						N	3	3										
PCH	7	E	4	3	19,9	14,21	1	No Change	7	E	4	3	19,9	14,21	1		No Change	E	4	3	19,9	14,21	1			Y	N		N	N	
		L	4	3						L	4	3						L	4	3										
		N	3	2						N	3	2						N	3	2										
PCH	8	E	4	4	19,9	19,9	1	No Change	8	E	4	4	19,9	19,9	1		No Change	E	4	4	19,9	19,9	1			Y	N		N	N	
		L	4	4						L	4	4						L	4	4										
		N	3	3						N	3	3						N	3	3										
RGH	2	E	4	3	19,9	14,21	1	Moved to ward 9 on	RGH 9	E	4	3	19,9	14,21	1		No change	E	4	3	19,9	14,21	1			Y	Y	Now an SAU ward section 25A	N			Now an SAU ward section 25A
		L	4	3						L	4	3						L	4	3										
		N	3	2						N	3	2						N	3	2										
RGH	3	E	4	4	19,9	19,9	1	Moved to ward 16 16/10/2024	RGH 16	E	4	4	19,9	19,9	1		No change	E	4	4	19,9	19,9	19			Y	Y		Y	n		Ward location move only due to critical incident
		L	4	4						L	4	4						L	4	4										
		N	3	3						N	3	3						N	3	3										
RGH	8	E	4	4	19,9	19,9	1	No change	RGH 8	E	4	4	19,9	19,9	1		No change	E	4	4	19,9	19,9	1			Y	N		N	N	
		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	Moved to ward 7	RGH 7	E	3	3	18,06	14,21	1		No change	E	6	2	31,34	8,53	1			Y	Y	Change of speciality and acuity of patients to more RN dependant	Y	N		Ward location move only due to critical incident
		L	3	3						L	3	3						L	6	2										
		N	3	2						N	3	2						N	5	1										
RGH	10 & 11	E	4	4	23,74	17,05	1	Ward 11 changed to DSU	RGH 10	E	3	3	14,21	14,21	1		No change	E	3	3	14,21	14,21	1			Y	N		Y	Y		ard 11 changed to a DSU area following critical incident ward move
		L	4	4						L	3	3						L	3	3										
		N	4	2						N	2	2						N	2	2										
RGH	15	E	3	3	14,21	10,56	1	Moved to RGH ward 1	RGH 1	E	3	3	14,21	10,56	1		PoW ward 7	E	4	4	19,9	19,9	1			Y	Y	Increase of beds from 15 to 28	Y			Ward location move only due to critical incident
		L	3	3						L	3	3						L	4	4										
		N	2	1						N	2	1						N	3	3										
PoWH	7	E	4	4	19,9	19,9	1	Moved to RGH ward 15 and ward closed	RGH 15	E	4	4	19,9	19,9	1		No change	E	4	4	19,9	19,9	1			Y	N		Y	N		Ward location move only due to critical incident
		L	4	4						L	4	4						L	4	4										
		N	3	3						N	3	3						N	3	3										
PoWH	8	E	4	4	19,07	20,07	1	Moved to ward 19 and ward closed	PoWH 19	E	4	4	19,07	20,07	1		PoW ward 8	E	4	4	19,07	20,07	1			Y	Y	Change of speciality to a Rehabilitation ward now section 25A	Y	N		Ward location move only due to critical incident
		L	4	4						L	4	4						L	4	4										
		N	3	3						N	3	3						N	3	3										
PoWH	9	E	4	4	19,07	20,07	1	Moved to ward 11 RGH as DSU (Section 25A) and ward closed	DSU ward 11 now section 25A	E	4	4	19,07	20,07	1		DSU ward 11 now Section 25A	E								Y	Y	Change of specilaity to DSU now section 25A	Y	Y		Now an SAU ward section 25A
		L	4	4						L	4	4						L												
		N	3	3						N	3	3						N												
PoWH	11	E	3	4	14,62	16,34	1	Moved to RGH ward 18	RGH 18	E	3	4	14,62	16,34	1		No change	E	3	4	14,62	16,34	1			Y	N					
		L	3	4						L	3	4						L	3	4										
		N	2	2						N	2	2						N	2	2										
PoWH	16	E	2	2	10,9	10,9	1 Shared with Bridgend clinic	Moved to PoWH ward 21	PoWH 21	E	2	2	10,9	10,9	1 Shared with Bridgend clinic		Moved to PoWH ward 11	E	4	4	19,07	20,07	1			Y	Y	Ward almalgamated with Bridgend clinic				
		L	2	2						L	2	2						L	4	4										
		N	2	2						N	2	2						N	3	3										
PoWH	Bridgend Clinic	E	2	2	11,9	10,9	Shared with ward 16	No change	Bridgend Clinic	E	2	2	11,9	10,9	Shared with ward 16		Moved to PowH ward 11									Y	Y	Ward almalgamated with ward 21 onto ward 11				
		L	2	2						L	2	2																			
		N	2	2						N	2	2																			

Following wards closed October

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

Health board/trust:	CTMUHB
Period of the report	1st October 2024- 30th September 2025
Paediatric Inpatient Wards	3

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

Paediatric Inpatient Wards

		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			
Site	**Name of Ward**	**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**	**Completed (Yes/No)**	**Changed**	**Rationale**	**Completed (Yes/No)**	**Date**	**Changed**	**Rationale**
			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	**Ward 31**	**E**	5	1	29,43	5,69	1	**E**	5	1	29,43	5,69	1		**E**	5	1	29,43	5,69	1		**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		**E**	5	1	29,43	5,69	1		**Y**	**N**	**Increase RN at night to support winter acuity to review at**				
		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	7.72 2 HCSW M-F	1	**E**	6	2*	35,11	7.72 2 HCSW M-F	1		**E**	6	2*	35,11	7.72 2 HCSW M-F	1		**Y**	**N**					
		L	6	2*				**L**	6	2*					**L**	6	2*											
		N	6	1				**N**	6	1					**N**	6	1											