

CTMUHB Public Board Meeting

Thu 31 July 2025, 10:00 - 14:00

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 - 10:10
5 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

10:10 - 10:30
20 min

3. STAFF AND SERVICE USER EXPERIENCE

3.1. Shared Listening & Learning Story - Transition of Care from Paediatrics to Adult Services

Discussion

Gareth Roberts, Consultant in Anaesthesia & Critical Care

10:30 - 11:00
30 min

4. SETTING THE SCENE

4.1. Chairs Report

Discussion

Jonathan Morgan, Health Board Chair

- 📄 4.1a Chair's Health Board Report UHB July 2025.pdf (8 pages)
- 📄 4.1b Appendix Primary Care - Associate Board Member UHB 31 July 2025.pdf (2 pages)

4.2. Chief Executives Report

Discussion

Paul Mears, Chief Executive

- 📄 4.2a CEO Board Update Report UHB 31 July 2025.pdf (9 pages)
- 📄 4.2b 2025-26 Improving Performance Together FINAL - 3-7-25 (002).pdf (11 pages)

4.3. Ministerial Advisory Group (MAG)Report update

Discussion

Gareth Watts, Director of Corporate Governance/Board Secretary

- 📄 4.3 MAG Update UHB 31 July 2025.pdf (6 pages)

11:00 - 11:30
30 min

5. BOARD GOVERNANCE ARRANGEMENTS

5.1. Action Log

Discussion Jonathan Morgan, Health Board Chair

 5.1 Board Action Log UHB 31 July 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

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

 5.3a BAF Report CP July 2025.pdf (4 pages)

 5.3b App 1 - BAF July 2025 - Final Draftv2.pdf (62 pages)

5.4. Board Committee and Advisory Group Highlight Reports

Discussion Committee Chairs

Where there are items contained within the alert/escalate section

5.4.1. Quality, Safety & Experience Committee 20 May 2025

Discussion Carolyn Donoghue, Independent Member/Committee Chair

 5.4.1 QSEC Highlight Report to Board UHB 31 July 2025.pdf (8 pages)

5.4.2. Charitable Funds Committee 9 July 2025

Discussion Dilys Jouvenat, Independent Member/Committee Chair

 5.4.2 Charitable Funds Committee - Highlight Report UHB 31 July 2025.pdf (5 pages)

5.4.3. Stakeholder Reference Group 16 July 2025

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

 5.4.3 SRG 16 July 2025 UHB 31 July 2025.pdf (7 pages)

11:30 - 13:00
90 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 31 July 2025.pdf (39 pages)

6.2. Month 3 Financial Performance Report

Discussion Sally May, Executive Director of Finance

 6.2 M3 Finance Report Final UHB 31 July 2025v2.pdf (23 pages)

6.3. Primary Care & Community Transformation Board Work

Discussion Gethin Hughes, Chief Operating Officer

 6.3 PCCT Board Update UHB 31 July 2025v3.pdf (20 pages)

6.3.1. Progress Report on Dental Services (to include proposed changes to the National Contract and associated consultation)

Discussion *Gethin Hughes, Chief Operating Officer*

 6.3.1 Dental Consultation Slides UHB 31 July 2025.pdf (9 pages)

6.4. IMTP 2025-2028 - Quarter 1 Review

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

 6.4 IMTP 25-25 Q1 review UHB 31 July 2025.pdf (8 pages)

 6.4a Enabling actions summary review - Q1 2025-26.pdf (40 pages)

 6.4b Ministerial Template 25-26 Q1 Pharmacy access FINAL.pdf (5 pages)

 6.4c MT 2 MINISTERIAL TEMPLATE 25-28 Population health Q1 update.pdf (5 pages)

 6.4d MT 5 MINISTERIAL TEMPLATE 25-28 Womens Health V7 Q1 update.pdf (7 pages)

13:00 - 13:15

15 min

7. OUR POPULATION/WORKING WITH OTHERS

7.1. Regional Partnership Agreement for Services and Support for Older People, People Living with Frailty and Their Carers

Decision *Claire Thompson, Executive Director of Strategy & Transformation & Matt Jenkins, Regional Integration Director*

 7.1a CTM Regional Partnership Agreement UHB 31 July 2025.pdf (9 pages)

 7.1b Appendix 1 ICCS RPA version 100625.pdf (49 pages)

13:15 - 13:20

5 min

8. CONSENT AGENDA

8.1. FOR APPROVAL

8.1.1. Unconfirmed Minutes of the meeting held on 29 May 2025

Decision *Jonathan Morgan, Health Board Chair*

 8.1.1 Unconfirmed Public Board Meeting Minutes 29 May 2025 UHB 31 July 2025.pdf (18 pages)

8.1.2. Unconfirmed Minutes of the In Committee meeting held on 29 May 2025

Decision *Jonathan Morgan, Health Board Chair*

 8.1.2 Unconfirmed In Committee Board Meeting Minutes UHB 29 May 2025 UHB 31 July 2025.pdf (3 pages)

8.1.3. Unconfirmed Minutes of the Extra Ordinary Public Board held on 26 June 2025

Decision *Jonathan Morgan, Health Board Chair*

 8.1.3 Unconfirmed Minutes Extra Ordinary HB 26625 UHB 31 July 2025.pdf (4 pages)

8.1.4. Board Committee Annual Reports

Decision *Committee Chairs*

 8.1.4a Board Committee Annual Reports UHB 31 July 2025.pdf (3 pages)

 8.1.4b Appendix 1 Annual Report 24-25 CFC UHB 31 July 2025.pdf (5 pages)

 8.1.4c Appendix 2 SRG Annual Report 2024-2025 UHB 31 July 2025.pdf (9 pages)

8.1.5. Overview of the Development and Delivery of the Research & Development (R&D) Strategy

Decision *Greg Dix, Executive Director of Nursing/Deputy CEO*

 8.1.5a RD Strategy UHB 31 July 2025.pdf (6 pages)

 8.1.5b CTMUHB RD Strategy 2025-2030 UHB 31 July 2025.pdf (23 pages)

 8.1.5c RD Strategy 2025-30 Summary Page UHB 31 July 2025.pdf (1 pages)

8.1.6. Joint Commissioning Committee Scheme of Delegation and Reservation of Powers

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

 8.1.6a Reservation of Powers and Scheme of Delegation UHB 31.7.2025.pdf (8 pages)

 8.1.6b Appendix 1 - Reservation of Powers UHB 31 July 2025.pdf (3 pages)

 8.1.6c Appendix 2 - SoD V3.3 (1) UHB 31 July 2025.pdf (2 pages)

8.1.7. Civil Contingencies and Business Continuity Report 2024-25

Decision Claire Thompson, Executive Director of Strategy & Transformation

 8.1.7 Civil Contingencies Report UHB 31 July 2025.pdf (21 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 31 July 2025.pdf (4 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 31 July 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 31 July 2025.pdf (4 pages)

 8.2.3b App 1 EO ODC Highlight Report UHB 31 July 2025.pdf (5 pages)

 8.2.3c App 2 CAG Highlight Report UHB 31 July 2025.pdf (5 pages)

 8.2.3d App 3 ARC HB Highlight Report 22.5.25 UHB 31 July 2025.pdf (5 pages)

 8.2.3e App 4 ARAC Highlight Report 22.5.25 UHB 31 July 2025.pdf (8 pages)

 8.2.3f App 5 EO ARAC Highlight Report 25.6.25 UHB 31 July 2025.pdf (5 pages)

 8.2.3g App 6 RTSC Committee Highlight Report UHB 31 July 2025.pdf (4 pages)

 8.2.3h App 7 SDC Highlight Report 3.7.2025 UHB 31 July 2025.pdf (8 pages)

8.2.4. Health Protection System Update

Information Phillip Daniels, Executive Director of Public Health

 8.2.4 Health Protection System Update UHB 31 July 2025.pdf (5 pages)

8.2.5. Highlight Report from the Joint Commissioning Committee 20 May 2025

Information Gareth Watts, Director of Corporate Governance/Board Secretary

 8.2.5 JCC Highlight Report - JCC 20 May 2025 Final UHB 31 July 2025.pdf (7 pages)

13:20 - 13:25
5 min

9. CLOSE OUT BUSINESS

9.1. Any Other Business

Discussion 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?

13:25 - 13:30 **10. Private/Closed Session Business**

5 min

Information *Jonathan Morgan, Health Board Chair*

The following items will be taken in closed session:

- Transforming Access to Medicines (TrAMS) South East Wales: Outline Business Case
- Radiology Centralisation of Nuclear Medicine Service Provision
- Ysbyty George Thomas Community Hospital Consultation
- National Outpatient Plan (Waiting List Initiative/Outsourcing)

13:30 - 13:30 **11. Date and Time of the Next meeting**

0 min

Information *Jonathan Morgan, Health Board Chair*

The next Public Board Meeting takes place on Thursday 25 September at 9:00am



Agenda Item

4.1

CTM Health Board

CHAIR'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
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

2.1.1 The Board will be aware of the Cabinet Secretary's priorities for this year, ***Improving Performance Together: Priority Delivery Actions for Better Health and Care 2025/26***, setting out the need to continue to improve waiting times, modernise leadership and culture, improve regional working with neighbouring Health Boards and improve openness, accountability and collaboration. I am confident we are demonstrating improvement in CTMUHB against these objectives along with the ambition to do more in the prevention of ill health, plan more services into the community, and step up the revolution through digital and innovation.

2.1.2 The Executive Team have been working through the key components of this plan to assess how we are performing. A paper outlining the progress which we are making against the MAG recommendations as well as more details on the Improving Performance Together is included within today's Board papers.

2.1.3 My intention is to ensure these important areas of work remain visible and to track progress at future committee and Board meetings. At the appropriate times I also intend to use Board Development sessions and Board Briefing events to support members in examining the detail of our performance against these strategic objectives and how they align with CTM 2030.

Escalation Status

2.1.4 Since our last public Board meeting at the end of May the Welsh Government has published its revised analysis of our performance. I am delighted to report that we have seen further improvement leading to a de-escalation in the monitoring of the Health Board for planning and finance, recognising the efforts in producing a balanced plan last year with agreement for our plan for this year. We all acknowledge the tough financial environment, and I want to pay tribute to all staff who are seeking new ways of delivering services to maximise efficiencies and improved patient experience.

2.1.5 There has also been a seismic shift in the performance of the Board in ambulance handover times with the Royal Glamorgan Hospital at the top of all hospitals in Wales for the quickest handover of patients to our emergency department. Whilst Urgent and Emergency Care remains at targeted intervention there are clear signs of improvement. Clearly it is challenging to operate three Emergency Departments and as we continue to modernise our services aligned to our own strategic intent and that of Welsh Government, we will need to reflect on how best to provide for both urgent and emergency care needs.

Implementation of the Effective Management of Board Business Changes

2.1.6 Board Members will recall following approval back in September 2024, the Effective Management of Board Business was implemented from January 2025. At this point we assured Board Members that we would undertake a review following the first six months to evaluate its success. In order for the review to be undertaken, a feedback form was developed by the Corporate Governance Team and shared with Board Members by email for completion by today, 31st July. An analysis of the responses received will be undertaken post the submission deadline and will be shared with Board Members in due course.

2.2 Independent Member Update

2.2.1 I am delighted to advise the Board that following the recent recruitment process for an Independent Member (Digital), the Cabinet Secretary approved the appointment of Kathy Mason as an Independent Member of Cwm Taf Morgannwg University Health Board. Kathy accepted the position and commenced in the role on 14th July 2025. I would like to congratulate Kathy on her appointment and welcome her to her first public Board Meeting with Cwm Taf Morgannwg UHB.

2.2.2 Geraint Hopkins, Independent Member (Local Authority) has stood down from his role as Independent Member for Cwm Taf Morgannwg UHB as of the 1 August 2025. I would like to personally thank Geraint for his hard work and commitment to the Board over the last few years. Recruitment will now commence for a new Independent Member (Local Authority).

2.3 Associate Member Update

Associate Member – Primary Care

2.3.1 The Cabinet Secretary has approved the proposal for Cwm Taf Morgannwg to recruit an Associate Member for Primary Care. The recruitment process will soon commence to appoint a suitably qualified individual who can join our Board. The individual must be a registered and practicing General Practitioner within the Cwm Taf Morgannwg area who is

passionate about improving clinical services to patients and improving outcomes for our communities. The appointment is for 2 years.

2.3.2 I have agreed a draft outline job description for the Associate Board member role. I include this paper as an appendix to this report. The Corporate Governance team will work with colleagues in Recruitment and Primary Care to agree next steps and commence the formal recruitment process.

Associate Member – Chair of the Clinical Advisory Group

2.3.3 I am pleased to advise that at its meeting held on the 16 July 2025, the Clinical Advisory Group received and supported a nomination for a new Chair of the Clinical Advisory Group as a result of Sally Bolt's tenure as Associate Member coming to an end on 31 August 2025. Alex Brown, Consultant Respiratory Physician has been nominated as the new Chair, and I would like to seek endorsement from the Board to proceed with submitting this recommendation to the Cabinet Secretary for final approval. I would formally like to thank Sally Bolt for her support and commitment provided to the Board during her time as an Associate Member of the Board.

2.4 Extra Ordinary Board – 26 June 2025

2.4.1 The Extra Ordinary Board held on the 26 June was to consider the Annual Report and Accounts for the financial year 2024-2025.

- Annual Report and Accounts 2024-2025
- CTMUHB Annual Report and Annual Accounts 2023-24
- Joint Commissioning Committee Annual Governance Statement 2024-25
- National Imaging Academy Governance Compliance Statement 2024-25
- Joint Commissioning Committee Annual Accounts 2024-25
- Head of Internal Audit Opinion and Annual Report 2024-2025
- Audit of the Financial Statements (ISA 260) Report

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
- Aspiring Board Members Meeting
- Webinar: Restricting the Appeal and Availability of Junk Food - the role of local councils
- Internal Audit Meeting
- Meet with Chair HEIW

- Independent Member Interviews
- Quarterly / End of Year Review
- Visit to Vanguard Unit
- RPB Leadership Group Meeting
- Board Briefing
- PCC Emma Wool's Police, Crime and Justice Plan launch
- Local Partnership Forum
- WNHSC Management Committee Meeting
- Meeting with Cabinet Secretary
- Board Development Session
- 1:1 Director of Strategy & Transformation
- Extra Ordinary Audit, Risk & Assurance Committee (Annual Report and Accounts)
- Health promotion (partnership) event for Veterans, their families and the wider Armed Forces community in CTM
- Remuneration Committee
- 1:1 Follow up Meeting PCC Wools (South Wales Police)
- NHS Wales Chairs meeting with Llais
- Visit to Meddygfa Glan Cynon Surgery
- Chair /CEO meet with Alun Jones, HIW
- The Golden Thread Event - Weaving strong partnerships in Cwm Taf Morgannwg
- SE Wales Chairs and CEOs
- Cwm Taf Morgannwg Public Service Board
- BHCW Site Walk Round
- Consultant Interview Panel
- Meeting Sarah Day ADSS
- Introductory meeting with Kathy Mason, Independent Member (Digital)
- HFMA Wales Meeting
- iCTM 2025 Showcase Event
- CTM Community Leaders' Network
- CTM UHB / V2C Meeting
- Cabinet Secretary Visit to RGH ED
- Meeting CRT Bridgend
- Maesteg Engagement Meeting -CTMUHB / Bridgend County Borough Councillors
- 'Dont Fall for It' Fall Prevention Meeting
- Staff Q&A
- Catch up meeting with Kath Palmer – Vice Chair

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;

- **Minor Works Building Contract between Cwm Taf Morgannwg University Health Board and R Lewis & Co Ltd of Unit 7 Llandough Trading Estate, Penarth Road, Cardiff, CF11 8RR** in respect of proposed works (Phase 2) to rectify issues identified with fire doors and compartmentation at Royal Glamorgan Hospital, Dewi Sant Health Park, Ysbyty George Thomas and Ysbyty Cwm Rhondda.
- **Minor Works Building Contract between Cwm Taf Morgannwg University Health Board and R Lewis & Co Ltd of Unit 7 Llandough Trading Estate, Penarth Road, Cardiff, CF11 8RR** in respect of works to rectify fire compartmentation break, fire door defects and non-compliant fire door installations – all to certified standard.
- **Minor Works Building Contract between Cwm Taf Morgannwg University Health Board and 2D Building Contractors Ltd of Unit 19b Ely Valley Business Park, Pontyclun, CF72 9DZ** in respect of Princess of Wales Coity Clinic – PICU & Ward 14 Refurbishment at Princess of Wales Hospital.
- **Immediate Building Contract between Cwm Taf Morgannwg University Health Board and Demolition Services Ltd whose registered office is at DSL House, Wortley Moor Road, Wortley, Leeds, LS12 4JE** in relation to Demolition of 3 Nr Steel framed buildings at the Former British Airways Avionica Engineering Site at Ely Meadow, Llantrisant, CF72 8XL.

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

3.2 Chairs Urgent Action – Approval to revert the Decision on Shift Patterns for New Hires whilst the consultation process continues

3.2.1 Under Chairs Urgent Action, issued via email on the 9 July 2025, the Board were asked to **APPROVE** the previous decision (taken at the Public Board meeting in May 2025) to appoint new hires onto the proposed shift pattern is reverted, and instead, **ENDORSE** the recommendation that new entrants are brought in on the shift pattern applicable to their place of work whilst the Health Board continues to consult on the proposed shift pattern. It is considered that this will help demonstrate that the Board are truly committed to consultation and are responsive to feedback provided. The Board agreed to seek an Urgent Chair's Action on this matter.

4 Assessment

Objectives / Strategy	
	Improving Care



Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	The number one focus of the Board and its business is to ensure good quality and safe patient care across all areas of its activity.
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☒	No: ☐
	Outcome: The number one focus of the Board and its business is to ensure good quality and safe patient care across all areas of its activity.	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	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



	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	appropriate impact assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Board endorsement of the Affixing of the Common Seal, is a requirement of the Board's Standing Orders.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5 Recommendation

5.4 Members of the Board are asked to:

- **NOTE** the report.
- **RATIFY** the Affixing of the Common Seal as captured in section 3.1
- **RATIFY** the Chairs Urgent Action
- **ENDORSE** the nomination received for a new Clinical Advisory Group Chair for Cabinet Secretary approval.

Associate Board Member – Primary Care

Duration: Tenure 2 years

Commitment: 6 Board meetings and 6 Board Development Sessions plus other ad hoc meetings

Remuneration: This is an unpaid voluntary role

Base: Throughout Cwm Taf Morgannwg

Associate Board Members

Under the Health Board's Standing Orders, a total of four associate members may be appointed to the Board. Associate Board members attend Board meetings on an ex-officio basis but do not have any voting rights.

Three Associate Members are appointed by the Cabinet Secretary for Health and Social Care:

- Director of Social Services (nominated by local authorities in the LHB area)
- Chair of the Stakeholder Reference Group
- Chair of the Healthcare Professionals' Forum

Primary Care Associate Member

The Board may also appoint a fourth Associate Member to assist in carrying out its functions, subject to the agreement of the Cabinet Secretary.

The Board has made a commitment to ensure the future strategic direction of the Health Board has an emphasis on primary and community care. In order to achieve the ambition of having greater understanding of this important aspect of the Health Board's work, the Board has proposed to appoint a fourth Associate Board member with expertise in Primary Care.

This proposal has been approved by the Cabinet Secretary.

Information for Applicants

We are now seeking to appoint a suitably qualified individual who can join our Board as our first Associate Board Member for Primary Care.

To apply you must be a registered and practicing General Practitioner within the Cwm Taf Morgannwg area.

This is an unpaid role, but we will work with the successful candidate to ensure funding is in place to provide backfill arrangements to allow them to attend meetings and any other commitments associated with this role.

If you are committed and passionate about improving local clinical services to patients and improving outcomes for our communities, we would be keen to for you to apply.

To make an application please send your CV together with a covering letter setting out why you are interested in undertaking the role to xx by the closing date of xx xxx 2025.

If you wish to have an informal discussion, please contact the Health Board Chair Jonathan Morgan on Jonathan.Morgan2@wales.nhs.uk

Duties of the Primary Care Associate Board Member

- Contribute to the Board's role in giving firm strategic direction to the organisation, to set overall policy, define goals, set targets and evaluate performance against agreed targets.
- Use the skills, knowledge and experience from direct involvement in general practice in our communities to help the Board reach sound decisions. This may involve participating in discussions, focusing on key issues, providing advice and guidance on new initiatives, evaluation or other issues.
- Work closely with the Vice Chair of the Health Board who leads on Primary Care for the Health Board.

Experience/Skills

- Local practicing GP with experience of working in primary and community services.
- Interest, experience and detailed understanding of healthcare services across Cwm Taf Morgannwg.
- Evidence of an understanding of and commitment to future service models – good knowledge of national and local strategy and direction.
- Effective communicator, advisor and influencer.



Agenda Item

4.2

CTM Health Board

CHIEF EXECUTIVE'S REPORT

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
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	
ESR	Electronic Staff Record
HCSW	Healthcare Support Worker
IMTP	Integrated Medium Term Plan
MAG	Ministerial Advisory Group
RCN	Royal College of Nursing
SCP	Single Cancer Pathway
TU	Trade Union

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

Since my last update to Board, I am pleased to advise that CTM has been de-escalated from Level 3 'Enhanced Monitoring' to Level 1 'routine arrangements' for strategy, planning and finance. This follows Cabinet Secretary approval of our 2025-2028 Integrated Medium-Term Plan (IMTP) earlier this month. I am advised that our accountability conditions in relation to our IMTP are currently under review by Welsh Government and will be issued in due course.

In my last report, I referred to the draft update to our 2025/26 escalation framework. This will now be received via my report at the September Board meeting, as the most recent change to our status will need to be reflected in this document.

Whilst we await the further update to the escalation framework, the objectives for urgent and emergency care, planned care and cancer remain unchanged and I am pleased to report continued positive progress against these improvement trajectories. I would like to particularly spotlight the significant improvement we have seen in our ambulance handover times, and therefore reduction in ambulance lost hours, particularly over the last 8 weeks. I extend my sincere thanks to the operational and site-based teams that have contributed to the success of this initiative.

Our updated escalation status is summarised in the table below:

Area	Previous Status	New Status
Planning and Finance	Enhanced Monitoring	Routine Arrangements
Performance: Planned Care	Enhanced Monitoring	Enhanced Monitoring
Performance: Cancer	Enhanced Monitoring	Enhanced Monitoring
Performance: Urgent and Emergency Care	Targeted Intervention	Targeted Intervention

As a reminder, following the briefing at the last Board meeting, I have included the following breakdown of our key focus areas for the remainder of this year and into next:

Area	Improvement Priority
Planned Care	• Deliver the Welsh Government ambition of zero patients waiting in excess of 104 weeks from referral to treatment. • Provide outpatient appointments within 26 weeks for 75% of patients, and within 52 weeks for 100% of patients. • Ensure maximum wait time for diagnostic imaging and endoscopy does not exceed 8 weeks.
Cancer	• Ensure >63% compliance with the Single Cancer Pathway measure (point of suspicion to receiving first definitive treatment within 62 days). • Link to above diagnostics – 8 weeks maximum wait time.
Urgent and Emergency Care	• Ambulance conveyed patients completing handover to emergency departments within one hour of arriving at a hospital site. [45 mins MAG recommendation]. • Ensure maximum patient wait time from arrival at an emergency department for treatment, admission or discharge does not exceed 12 hours.

2.2 Improving Performance Together

Earlier this month, health board Chairs and Chief Executives were in receipt of a letter from the Cabinet Secretary for Health and Social Care (appendix 1) which outlined a three-part agenda termed “Priority Delivery Actions for Better Health and Care 2025/26”. In this letter, the Cabinet Secretary outlines the delivery agenda and focus areas aimed at supporting and underpinning the five key “change” priorities announced during the NHS Confederation speech in April this year.

In summary, the five key change priorities are:

- more focus on prevention
- a shift to primary and community services
- a digital NHS

- a shift to regional working
- improving leadership and developing the NHS workforce

The three-part agenda setting out the delivery actions this year for health board and regional focus are:

1. Delivering the key Welsh Government priorities for the NHS
 - a. Reducing waiting times (including ambulance patient handover)
 - b. Reducing Pathway of Care delays
 - c. Improving women's health services
2. Strengthening how we run the NHS
 - a. Modernising leadership and culture
 - b. Getting better at regional working
 - c. Improving openness, accountability, and collaboration
3. Getting services ready for the future
 - a. More effective prevention of ill health
 - b. Putting more services into the community
 - c. Realising the potential of digital and innovation

To arrive at these change priorities and delivery actions, the Cabinet Secretary has considered the recommendations accepted following the publication of the April 2025 report of the Ministerial Advisory Group (MAG) on NHS performance and productivity, published in April this year.

To simplify the "ask" on our organisation, Gareth Watts is currently undertaking a piece of work which considers where we are as an organisation with respect of this. A report which includes some more of the detail will be discussed later in the meeting.

2.3 People Plan Update

CTM's People Plan 2025 – 2030 was launched across the organisation on 23 June, following Board approval. The People team have sought feedback from as many people, across as many different pockets of our organisation as possible, in order to develop a 'People Plan' that resonates and drives action in the areas that will have the biggest impact for our workforce. The People Plan is fully aligned with CTM2030 and is one of the levers to respond to our Staff Survey feedback. The Plan will be updated annually, on the back of our Staff Survey results, to ensure we are continuing to respond, iterate and improve.

The People Plan consists of 4 priority areas:

- **Getting the basics right:** during the engagement conversations, we heard feedback that it can be hard to think of a truly transformed CTM until we fix the fundamentals: so we will do that. We will have better, more

intuitive IT systems, we'll improve our workplaces and make sure people can access the information and comms they need quickly and easily

- **Great management and leadership:** ensuring we set all of our managers up for success, with the tools, time, competence and confidence to be great leaders and managers, including ongoing and accessible development and recognition for these responsibilities. We heard feedback that management can often feel like an 'add on' to the role, when it is fundamental
- **A healthy and inclusive environment:** acceptance and inclusion are more than words, we will have a CTM in which look out for each other but feel safe to speak up when something isn't right, and that includes all of us accepting feedback from others when we may have got it wrong
- **Lastly a modern workforce with skills for the future:** one of our big shifts is analogue to digital and that is likely to mean developing new skills across the workforce as we change how services are delivered and how work is done. Beyond that, we see us in 2030 having more access to career pathways and breadth of development, and ensuring that access to progression is fair and equitable – no one is being overlooked or discouraged.

Over the course of the Summer, we will be holding a number of manager briefing sessions. Every individual with people management responsibility on the Electronic Staff Record (ESR) has been invited to one of these sessions, which will be co-delivered by Executive Directors, Care Group leadership, People Directorate and Trade Union partners. The purpose of these sessions is to clearly articulate what the People Plan is, what the expectation of our managers is, and what support is available to them. This is the first time we have targeted the entirety of our people management community in this way, recognising the critical role that every manager has to play in communicating and translating the People Plan for their teams. A full communications and engagement plan is in place in the run-up to the 2025 Staff Survey and beyond and we will actively 'tag' all relevant communications to one of the four People Plan priority themes, to provide that golden thread for 'you said, together we did' activity.

2.4 Shift Pattern Alignment

In May 2025, the Board considered a number of options for shift pattern alignment amongst our nursing, midwifery and healthcare support worker (HCSW) communities. The Board's decision in principle was to consult on

a consistent 12.5-hour shift pattern, with two unpaid 30-minute breaks across nursing, midwifery and HCSW roles. This decision in principle was made on the basis of patient safety, staff wellbeing, workforce availability and financial impact. It was acknowledged by the Board that the evidence in this area is complex and inconclusive, and that a judgement call was required, which balanced the available evidence.

The initial staff consultation period commenced during week commencing 30 June and is projected to run for 7 weeks, until 18 August. Thus far, we have held 4 central staff briefing sessions, in person and on teams. We are arranging additional ward/service specific briefings, where required, including for maternity and mental health. We have a dedicated shift pattern intranet page, which hosts all the consultation materials and FAQs, and have created a central mailbox in order to collate any additional queries. We have written to staff on long term absence, to ensure they are aware of the consultation and have the opportunity to share their views. We have offered out over 750 slots for 'group sessions' for more complex individual queries. Group sessions consist of the individual, their manager, a member of People Directorate and a TU representative, if required. Over 400 responses to the consultation form have been received, as of mid-July.

On 10 July, the Board took the decision to continue to appoint new hires on the shift pattern applicable to their place of work, whilst consultation progresses. New hires are being made aware of the consultation underway and of the potential for changes to their shift pattern at the point of job advert, interview and job offer, to ensure full transparency.

Senior members of the team continue to meet with Trade Union colleagues on a fortnightly basis and a specific follow-up session is being held with the Royal College of Nursing (RCN) on 31 July.

This is a complex proposal, impacting on a large proportion of our workforce. Recognising it is emotive, and has direct, personal impact in many cases. This initial staff consultation period is about explaining the 'what' and 'why' of the proposed shift pattern, and seeking initial feedback to understand the potential impact and any alternatives. The Board will receive a further update in September with an overview of the outcomes of the initial consultation period and next steps.

2.5 Executive Director of Nursing, Midwifery and Patient Care, Greg Dix

It is with sadness that I inform colleagues of the Board that Greg Dix will be leaving his Executive Director post with CTMUHB as of mid-October. I congratulate Greg as he takes up his next position and wish him the very best of luck.

Greg joined the organisation in April 2019, on the day that Cwm Taf Morgannwg University Health Board was formed, following the integration of Bridgend to our health board area. He is our longest standing member

of the Executive team and has enjoyed a tremendous 37 year career spanning England, Wales and New Zealand. I wish to thank him, personally, for the significant work he has done to improve, transform, stabilise and maintain quality and standards of patient care and safety over the last 6 years.

2.6 Seren awards

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

The April 2025 Seren of the Month Winner was Catherine Lowery, Clinical Manager, HMP Parc. Catherine was nominated by her colleagues for her work to support the WHO's Elimination Strategy for Hepatitis.

Catherine's colleagues said:

"I would like to commend the exceptional work that has been ongoing at Parc Prison over the past year. The Welsh Government has committed to the WHO's Elimination Strategy for Hepatitis, and the team at Parc Prison, through a collaborative MDT approach, has been working diligently towards this goal. A significant achievement has been the progress towards elimination status within the prison."

The team's dedication has resulted in 97% of patients being offered a test in the last 12 months, with 89% of men accepting the screening. These remarkable improvements have been made despite the challenges posed by lockdowns and the early release scheme over the past year, which added to the complexity of their efforts. It is important to recognise the phenomenal work of the prison staff, particularly Catherine Lowery, who has been instrumental in driving this change. The data clearly reflects the hard work and commitment of the team in achieving these results."

The May 2025 Seren of the Month Winner was Emma Porch, Learning Disabilities Nurse, HMP Parc. Emma's colleagues praised her proactive approach and exemplary leadership in collaborative working.

Emma's colleagues said:

"I would just like to pass on my gratitude for the work Emma Porch has put in on Cynnwys unit. Her proactive approach and collaborative working with the staff has been refreshing to see. She is very present with the men on the unit with excellent feedback received. She has recently implemented the Communication Passport tool which has enabled the staff to understand the complexities of our most complex men which has been a game changer. Just wanted to make you aware of the key role she has played in the stability of some of our most disruptive and complex men."

I congratulate Catherine and Emma on their awards and thank them for their contributions to our organisation.



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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:



Have you undertaken a Quality Impact Assessment Screening?		
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.



Llywodraeth Cymru
Welsh Government

Chairs and Chief Executives
NHS Wales

3 July 2025

Dear Chairs and Chief Executives

Improving Performance Together: Priority Delivery Actions for Better Health and Care 2025/26

I am writing to you today to bring together the main tasks for us all to focus on in the coming year – improving access to services, changing the way the NHS in Wales is run today, and getting the NHS ready for the future.

Over the course of the last few weeks, there have been a number of opportunities where I have set out the areas of key focus for our system.

These include the importance of doing more on preventing ill health, developing more services in the community, getting our digital infrastructure in shape, and changing the way the NHS is run – its leadership and culture, more regional working and strengthening system levers. These themes reflect what I set out in my [speech to the NHS Wales Confederation on 7 April](#).

The work of the [Ministerial Advisory Group on Accountability](#), and the more recent [Ministerial Advisory Group on Performance and Productivity](#), were important contributors. The latter group, in particular, had a hard look at how well NHS Wales is performing some of its basic responsibilities – to get people treated quickly when they need help (in emergency and for planned care), and using its resources to best effect. They made several recommendations, all of which I have accepted.

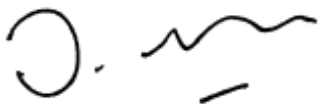
These all build on the vision set out within [A Healthier Wales](#) and the expectations within the *NHS Wales Planning Framework 2025-2028* [nhs-wales-planning-framework-2025-2028](#).

Reflecting the priorities which the First Minister has set out for the Welsh Government, it is imperative that progress over the start of this year on waiting times is re-doubled, across the whole country and for all patients. I also expect improvements to continue to be driven to reduce Pathway of Care Delays and deliver better women's health services.

All of the drivers described above either underpin or are incorporated into key tasks set out in the document attached. This is not meant to be an exhaustive list of all the activity going on across the system – rather the key priorities for the remainder of this financial year, to provide clarity, urgency and focus on what is expected, alongside financial delivery expectations and managing within available resources.

I was grateful for the input of ideas from system leaders so that above all, this provides us with a shared agenda to which everyone can contribute – national and local leaders, clinicians and managers at all levels – to secure the greatest gains for better health and a better run NHS. As you would expect, these are the issues on which I will particularly want to focus when we discuss progress over the next 12 months.

Yours sincerely,

A handwritten signature in black ink, consisting of a stylized 'J' followed by a series of loops and a horizontal line.

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Improving Performance Together: Priority Delivery Actions for Better Health and Care 2025/26

Our NHS is at a turning point, and the year ahead will be crucial for the future. The Covid pandemic knocked the NHS sideways, leaving a mountain to climb to get waiting times back down to where they should be. At the same time, there are a series of longer-term challenges from before Covid that can and must now be tackled, if we are to have an NHS fit for the future. That is why, over the next year, I expect the system to collectively focus on repairing the damage caused by the pandemic and supporting the NHS to adapt for the future.

There are three parts to this agenda for the next year:

1. Delivering the key Welsh Government priorities for the NHS:
 - a. Reducing waiting times (including ambulance patient handover)
 - b. Reducing Pathways of Care delays
 - c. Improving women's health services
2. Strengthening how we run the NHS
 - a. Modernising leadership and culture
 - b. Getting better at regional working
 - c. Improving openness, accountability and collaboration
3. Getting services ready for the future
 - a. More effective prevention of ill health
 - b. Putting more services into the community
 - c. Realising the potential of digital and innovation

Key Welsh Government priorities

Improving access to care and women's health services are commitments from the First Minister, and they remain at the top of the list of Cabinet priorities. Much has been done so far, with great efforts from right across the NHS and care services; but there is much still to do.

It is crucial that we continue to bear down on waiting times - for planned care and ambulance patient handovers. The NHS has successfully reduced the longest waits over the last year or so, but many people still wait far too long when they need help. There is a huge opportunity for improvement here, with contributions from primary, community and social care services, helping people to manage long-term conditions, improving the efficiency of the hospital system, and ensuring people move swiftly to the care they need.

The NHS must continue to devote its energies to improving waiting times across Wales, and together with social care services, to reduce delays as patients transition

from one pathway to the next. Women's health, too, will remain a priority. Further detail is set out below on what all this will mean, which will need to be delivered alongside meeting our financial delivery expectations and living within available resources.

Reducing waiting times

The NHS continues to provide good quality, timely care for the vast majority of people, but there is more we need to do to reduce long waits and the backlog, which built up during the pandemic. Long waiting times have been cut by more than 88% since their peak in 2022, but we need to go much further to get those waits where we, and the public, want them to be. Long waits for ambulance patient handover at emergency departments also continue to present significant and avoidable risk of harm to service users and we need to plan for delivery of all handovers within 45 minutes ahead of the Winter period. We will work with the NHS to drive further improvements across Wales.

Over the next year we will:

- Ensure anyone needing hospital-based treatment in the NHS has access in under two years.
- Reduce the total waiting list by 200,000.
- Restore faster access to tests and scans by reducing the time patients wait for diagnostics to a maximum of 8 weeks by March 2026.
- Refresh the approach to the delivery of referral to treatment guidance.
- Ensure no patient always waits longer than 45 minutes for ambulance patient handover

Pathway of care delays

Improving access to social care is a key feature of an integrated health and social care system that meets the needs of the people of Wales. Rising demand for services and increasing costs mean our social care system is under pressure. The challenge is not only to meet this growing demand but to ensure the care provided is person-centred, compassionate, and flexible enough to adapt to an individual's changing needs.

As well as supporting people to return home to recover in the community after a stay in hospital, social care services play a critical role in helping people to live well and stay well at home, so that they don't need to be admitted to hospital either at all, or as often.

Over the next year we will:

- Improve patient flow and reduce hospital discharge delays so that the number of days delayed comes down by 20% and the total number of delays by 15%.

Improving women's health services

Progress has been made in Wales in recent years to improve women's health services. But we know there is more to do to address the health inequalities women continue to face. We know that women still face serious challenges in accessing

healthcare, including taboo, stigma and a lack of understanding by others when discussing their health and wellbeing - which can be a barrier to receiving the right help. The 10-year Women's Health Plan was published in December 2024 and will be the driving force for improvement.

Over the next year we will:

- Ensure there is a women's health hub in each health board area.
- Create a co-designed women's health website.

Strengthening how we run the NHS

In my keynote [speech to the NHS Wales Confederation on 7 April](#), I described six underlying issues which can make or break the future of our health as a nation and stressed the crucial need for these to be addressed with urgency. This means improving the leadership and culture of the NHS, more regional working and strengthening system levers – so that we can improve the way in which the NHS is run - and doing more on preventing ill health, developing more services in the community, and getting our digital infrastructure in shape. All of these are critical to improving performance and outcomes. **The actions which I set out in my speech to address these priorities are captured in the sections below.**

The reports of the [Ministerial Advisory Group on Accountability](#), and the more recent [Ministerial Advisory Group on Performance and Productivity](#), will help us improve NHS performance, manage demand better and be better accountable for outcomes. Our responses to the reports have been separately published. **In particular, many of the Advisory Group on Performance and Productivity recommendations inform the actions highlighted below, and the Welsh Government's specific response to the MAG report sets out in more detail how we plan, together with the NHS, to take forward all the recommendations over the course of the next year.** Progress updates on this alongside our wider NHS performance and improvement agenda will be much more transparent so that the public can keep track of developments.

Alongside this, your organisations have developed plans for how the requirements of the *NHS Wales Planning Framework 2025-2028* will be achieved. **I expect the NHS to deliver the enabling actions set out in the *Planning Framework* to improve services and outcomes for patients and progress against those actions by each health board will be published.**

Modernising leadership and culture

Our NHS deserves strong clinical and managerial leadership, creating the right culture and conditions for high quality care to thrive and for improvement to happen.

We are working on a new long-term plan for a sustainable workforce to support new models of care. In the meantime, we know our existing workforce, across all professions and at all levels, must be appropriately skilled, compassionate and supported, and must reflect the communities they serve.

Excellent leadership throughout the NHS is crucial, to respond to the many challenges it faces and to seize the opportunities available, without world-class leadership at all levels. We know that successful healthcare systems across the world all have their clinicians playing visible leadership roles. This applies nationally, but also regionally and locally. We need to see our clinicians – all professions, all specialties – wanting to step forward to take these roles, to have a key say in how services develop, and in improving their quality.

We also know that there is more to be done in developing our NHS managers, to ensure that they apply the best approaches and techniques, learn from each other, and lead in ways that are appropriate to modern healthcare.

All of this work needs to be embedded in a culture which lives the values of our public services, is compassionate and empowering, and places patients and the public at the heart of everything the NHS does. We also need new ways to make sure that patients and the public are heard, and their experiences acted upon.

Good leadership is a classic virtuous circle, leading to better staff morale, better recruitment and retention of staff, better quality care and improved productivity.

Over the next year we will:

- Design an all-Wales Workforce Culture and Leadership programme to embed compassionate and creative leadership and behaviours.
- Design a training programme for operational managers across the NHS in Wales to improve practical management skills, build consistency and create a community of practice.
- Use our primary care education and care academy model to offer more training and skills development to community health workers and attract and deploy more advanced practitioners in the community to enable us to deliver more care close to in in people's homes.
- Introduce accelerated clinical skills training to support timely access to care and treatment for endoscopy and perioperative staff.
- Strengthen clinical leadership nationally, in NHS Wales Performance and Improvement, regionally and locally to ensure that policy, planning and services are all clinically led.

Getting better at regional working

Local health boards are a good vehicle for the local planning and delivery of a comprehensive range of interconnected health services, with a focus on population

health. But there are some issues where a regional approach is better, such as in the delivery of some smaller specialist services or realising efficiencies of scale or to allow the clinical expertise we need for particular services to be maintained and enhanced. We must develop effective ways of ensuring that health boards work together in these cases and are supported and held accountable.

Health boards will therefore be required to work together to plan and deliver a greater number of services on a regional basis. This will provide more timely access to treatments where waiting times have been longer or where services have been more fragile.

We will expect to see concrete progress on regional treatment centres this year and will deploy a dedicated national team to support regional initiatives across Wales with expertise on regional planning and delivery.

Over the next year we will:

- Working with South East Wales Health Boards, develop the South East Wales centre of excellence for regional diagnostics and elective surgery, overseen by a newly-established South East Wales Regional Board.
- Open a North Wales regional orthopaedic centre in Llandudno.
- As the NHS Executive becomes NHS Wales Performance and Improvement, establish a regional planning and delivery support function, available to health boards as they collaborate to deliver more regionally.
- Task each health board with developing and implementing regional delivery plans to address high volume and fragile services.

Improving openness, accountability and collaboration

How we improve our ability to deliver better access to care for patients, involves choices about the approach to running the healthcare system in Wales. Three aspects of this are changing over the coming year.

First, the approach to holding health bodies to account will be sharpened, to make accountability more effective, and also to reduce unproductive bureaucracy. This relates to accountability to Ministers, but also to accountability to the populations and patients they serve, where more work needs to be done to work with others.

Second, there will be a move towards greater openness in all we do. It is a vital part of improving services, and retaining public and patient confidence, that all stakeholders understand what health bodies are doing, and why, and are part of the decision-making process. This is partly about making useful contextualised data available to those both inside and outside the NHS, and in ways which make helpful comparison straightforward, particularly for traditionally harder to reach groups. It is

also about supporting dialogue between stakeholders and health bodies to boost mutual understanding, and to foster information sharing that we all find useful.

Finally, we need to capitalise on our size and unity. Wales is fortunate in being big enough to control its own destiny, and small enough to work together. It is possible to get all the key leaders of the system together in one room, and to make sure that national leaders really understand what is going on at the front line. This means that organisations are able and should be learning from each other and sharing good practice; cooperate and support each other; and those in Government can make sure that national levers are pulled to support local delivery. Individual accountability will remain important; but so will acting together as a system when common approaches are needed.

NHS Wales Performance and Improvement is a valuable part of the national infrastructure supporting performance and improvement. This year, there will be a number of changes to support it to deliver its refreshed mission in support of Welsh Government and NHS organisations – including a new managing director more clearly defined clinical leadership arrangements and a zero-based review of its budget and funding to make sure its resources are aligned with our more focused priorities.

Over the next year we will:

- Enhance and strengthen accountability and streamline how the Welsh Government engages with the NHS – through fewer targets (for example in cancer care and by implementing the new Planning Framework).
- Link extra health board funding (over and above core budgets) to the delivery of service improvements.
- Review the escalation and de-escalation criteria for health organisations to ensure they are well understood and transparent.
- Introduce an annual accountability forum where Ministers will meet in public with NHS Wales bodies to increase public accountability.
- To support all of the above, we will ensure health boards and trusts make better and more routine use of comparative data of all sorts, such as the VAULT, to inform service improvement and commit to make publicly available a wider range of NHS performance information, following a Transparency Statement this autumn.

Getting services ready for the future

More effective prevention

We need to get much better at promoting good health and preventing ill health, and reducing the many health inequalities which blight our nation and scar individual lives. The NHS will never be sustainable if we don't succeed in doing this.

This needs action at all levels – for the whole population, at community level, and targeted effectively at those people most likely to benefit. It also needs to address

primary prevention, the risk of recurrence, and helping people live well with long-term conditions. All this means using data intelligently, and supporting staff to work most effectively, on approaches we know work well, based on good evidence. These are new ways of working which get particular focus this year.

So, at the population level, we recently announced that Wales will start work this year with Sir Michael Marmot's Institute of Health Equity to become a Marmot Nation, to reduce health inequalities and close the gap in healthy life expectancy across our communities.

For individual at-risk citizens, we will increasingly use data and information about our communities in a better way to target and tailor care to those with complex, chronic conditions. We will start by introducing better, more integrated local care for common conditions, to prevent them getting worse, and potentially requiring emergency crisis care.

This is the start of a revolution in effective prevention, because it allows the NHS to identify specific people who will benefit most from support, targeted in a way - and provided at the right time - to maximise the chances of it making a difference.

Over the next year we will:

- Support the NHS to plan services shaped by patient data and local population needs by developing digital "population segmentation" tools to identify needs and health risks during 2025, ready to launch during 2026.
- Ensure consistent delivery across all health boards of the eight NICE recommended care processes and preventative actions under the Tackling Diabetes Together programme to reduce the numbers living with diabetes.
- Ensure the NHS delivers a falls service to support those with minor injuries or illnesses (Levels 1 & 2) without hospital admission.
- Roll out local breathlessness hubs to provide specialised support and care for people experiencing chronic breathlessness.
- Kick off the development of a new national lung cancer screening service.

Putting more services into the community

Closely related to the greater emphasis on better prevention is another fundamental strategic shift: towards providing more services and care closer to where people live, often linked to primary care. Not only does this have the potential to make care easier to access, it also means less use of unnecessary diagnostics and shorter pathways for a patient to get the care they need.

The NHS will work with partners to strengthen the raft of services already available to make primary and community services the first and only port of call for many. This will be done by testing, developing and scaling up new integrated services and national models of care. We will continue to invest in new integrated health and care

hubs in our communities and more urgent care centres providing same day care. We will wrap more healthcare support around our care homes to ensure some of the most vulnerable people in our society can continue to be well looked after in their local communities.

Over the next year we will:

- Open seven new integrated health and care hubs to deliver better access to community-based preventative care and make best use of the health and social care estate.
- Expect health boards to quantify their current spend on primary and community services as a baseline, and to agree with us a 5 year plan to shift more services from hospitals to community-based services, and the increase in primary and community investment that they will commit in order to deliver this.
- Local health boards will work with GP practices to support patients with the highest frailty to be cared for in the community, through proactive management of the high risk (0.5%) population.

Realising the potential of digital and innovation

Any successful healthcare system of the future will need to make far greater use of digital technologies, in every aspect of what it does. There are significant challenges in delivering this in a large and complex organisation like the NHS— but the rewards for patients are huge.

This year, we need to make progress both on the underpinnings of future digital developments, and also in how patients can use digital tools today to get the care they need and to manage their conditions. So we will set the blueprint for our national digital architecture, which will be a clear guide rail for all future digital systems and development in the NHS. And for patients, we will launch a number of digital tools which will improve access, convenience and care. We will also roll out more artificial intelligence tools in the NHS to support clinicians with identifying preventative actions, diagnostics and treatment choices and reducing administration.

Our collective ability to take forward a strategic approach to digital capability also needs to be addressed. As part of this, we have tasked Digital Health and Care Wales with rapidly improving its capacity to plan, manage and deliver digital projects in our system, and we will support it to do that.

Over the next year we will:

- Roll out the NHS App to anyone who is registered with a GP practice in Wales, with the ability to order repeat prescriptions, get advice on managing your condition, check your records and check your status on a waiting list.

- Implement a digital maternity system in all health boards so that the NHS can deliver joined-up care for mothers and babies wherever that care is provided.
- Drive up the deployment of the Electronic Prescribing and Medicine Administration system to deliver a step change in the way medicines are managed and reducing the risk of prescription errors.
- Roll out AI and automation tools for the clinical and practitioner workforce to reduce administrative burden, increase efficiency and impact positively on quality of care such as supporting clinicians with note taking and speed up communication with patients, and making diagnostic tests more accurate and efficient.
- Develop a National Target Architecture for NHS digital system design, to provide a framework to integrate diverse systems and to deliver electronic record systems.
- Reform data-sharing requirements across the NHS to deliver more joined-up patient care.



Agenda Item

4.3

CTMUHB Health Board

**Ministerial Advisory Group (MAG)
Report update**

Dyddiad y Cyfarfod / Date of Meeting	31 July 2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Gareth Watts, Director of Corporate Governance/Board Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	FOR REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
MAG Review shared with the Board	April 2025	MAG Report Recommendations noted by CTM Board
Operational Delivery Committee	29 July 2025	NOTED

Acronyms / Glossary of Terms	
DHCW	Digital Health Care Wales
HEIW	Health Education and Improvement Wales
MAG	Ministerial Advisory Group

1. Purpose

- 1.1 The purpose of this report is to present the MAG recommendations to the Committee, share the Welsh Government's responses to those recommendations and provide an update in relation to the Cwm Taf Morgannwg progress in respect of those recommendations relevant to our organisation.

2. Situation/Background

- 2.1 In October 2024, the Cabinet Secretary for Health and Social Care announced the appointment of an external Ministerial Advisory Group (MAG) on Performance and Productivity in NHS Wales. The MAG, which brought a wealth of experience from across other national health services, was independent from NHS Wales and submitted their report to the Cabinet Secretary on 31 March 2025.
- 2.2 The objective of the Group was to provide external assurance on the effectiveness of current arrangements in NHS Wales to improve performance and productivity across the system and views on how the Welsh Government and NHS bodies could strengthen current arrangements to further improve performance and productivity.
- 2.3 The MAG reviewed the approach to delivery of patient access focusing particularly on planned care, reducing the longest waits, cancer, diagnostics, and urgent and emergency care.
- 2.4 The report, together with the Welsh Government's responses was published on 29 April 2025:

[NHS Wales performance and productivity: independent review](#)

[NHS Wales performance and productivity: WG response](#)

3. Progress against the Recommendations

- 3.1 There are a total of 29 recommendations raised in the report. On further analysis we have established that 12 of those recommendations are specific to Health Boards, 13 recommendations are specifically for other organisations to implement including the Welsh Government, DHCW, HEIW and includes one recommendation specifically only for Cardiff and Vale University Health Board. We have also identified a further 4 recommendations directed to the Welsh Government but for which we as a Health Board also have a perspective.
- 3.2 Colleagues from across the organisation have been involved in taking forward these recommendations. They have helped me to populate a table included in the Admin Control folder which outlines the progress which is being made.

- 3.3 It is important that we maintain momentum in these areas and ensure that the recommendations have visibility and profile within the wider organisation as part of our commitment to continuous improvement.

4. Further Developments

- 4.1 On 7 April 2025, the Cabinet Secretary made a speech to the NHS Wales Confederation in Cardiff, where he outlined his priorities for the NHS in Wales over the coming year. [NHS Confederation speech | GOV.WALES](#)
- 4.2 Subsequent to this, on 3 July 2025, the Cabinet Secretary wrote to Chairs and Chief Executives of NHS Wales to outline in more detail the 'Priority Delivery Actions for Better Health and Care for 2025/26'. [Improving performance together: priority delivery actions for better health and care 2025 to 2026](#)
- 4.3 The letter describes the main tasks for the Welsh Government and NHS Wales bodies to focus on in the coming year – improving access to services, changing the way the NHS in Wales is run, and getting the NHS ready for the future.
- 4.4 The letter details, that there are three parts to this agenda for the next year:
1. Delivering the key Welsh Government priorities for the NHS:
 - a. Reducing waiting times (including ambulance patient handover)
 - b. Reducing Pathways of Care delays
 - c. Improving women's health services
 2. Strengthening how we run the NHS:
 - a. Modernising leadership and culture
 - b. Getting better at regional working
 - c. Improving openness, accountability and collaboration
 3. Getting services ready for the future:
 - a. More effective prevention of ill health
 - b. Putting more services into the community
 - c. Realising the potential of digital and innovation
- 4.5 The Committee will be familiar with the agenda set out by the Cabinet Secretary and recognise some of the work that the Health Board is already pursuing in these areas. Many of these issues are dealt directly within our update on the MAG recommendations including:
- Reducing waiting lists and pathway of care delays.
 - Modernising leadership and culture and getting better at regional working.
 - Putting more services into the community.

4.6 For those areas not specifically covered within the MAG review we offer the following updates to the Committee:

- Improving women's health - The Welsh Government published its 10-year Women's Health Plan in December 2024 [Women's Health Plan - Easy Read version.pdf](#) and this will be the driving force for improvement. Welsh Government has an ambition of ensuring there is a women's health hub in each health board area. As a Health Board we share the Welsh Government's ambition of improving Women's Health. The work we have been undertaking at the Royal Glamorgan Hospital in developing the CTM Gynaecology Hub has been cited by Welsh Government as a good example of a Women's Health Hub.
- Improving openness, accountability and collaboration – We are working with Welsh Government to ensure that the process for holding health bodies to account is sharpened, to make accountability more effective, and will fully co-operate and play our part in whichever new system of meetings and accountability arrangements are introduced, to improve accountabilities not just to Government but to our population and patients.
- Better prevention - Over the next year we will work with Welsh Government to help plan services shaped by patient data and local population needs by developing population health management approaches (including population segmentation models and data infrastructure) to identify needs and health risks during 2025, ready to launch during 2026. We will also work in a range of other initiatives including helping to deliver recommended care processes and preventative action under the Tackling Diabetes programme to help reduce incidence and support management (tertiary prevention) of those living with diabetes; prevent initiation of smoking and support current smokers to quit; work with partners to develop and implement an effective "healthy weight road map"; and increase uptake of vaccination.
- Realising the potential of digital and innovation - Over the next year we will explore opportunities for rolling out technology tools for our clinical and practitioner workforce to reduce administrative burden, increase efficiency and impact positively on quality of care such as supporting clinicians with note taking and speed up communication with patients.

4.7 We will provide updates on these areas through the year to the Committee and outline the role that Cwm Taf Morgannwg can actively play to help with the Welsh Government in these important areas, highlighting any particular issues which may need to be brought to the Committee's attention with respect to delivery or progress.

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	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 Resilient Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (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 <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required for the Organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb a'r Gymraeg	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:



<i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
Cyfreithiol / Legal	Yes (Include further detail below) See detail captured for each risk	
Enw da / Reputational	Yes (Include further detail below) See detail captured for each risk	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below) See detail captured for each risk	

6. Recommendation

5.1 The Board are asked to:

- **Note:** the progress CTM are making with respect to the MAG Review
- **Note:** the areas of focus outlined by Welsh Government over the coming year.

7. Next Steps

6.1 Following consideration by the Board further updates on progress will be provided to the Operational Delivery Committee at its meeting on 28 October 2025.

Board Action Log

the action originated from	reference	Reference Page Number	m 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	In progress Discussion held with the Care Group Nurse Director for Mental Health & Learning Disabilities where it has been agreed that the Regional Partnerships Board Care Home Group would review the position, with an aim to establish a system of multi-agency learning from placement breakdowns Further review to be undertaken of the response provided in relation to action log entry 3.1 to determine whether the Board would be provided with an update on what systems of shared learning had been put into place with Local Authorities. Response to be shared outside the meeting.
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 Now September 2025	Open	In progress Report to be presented to the November 2024 Board meeting. As a result of capacity constraints within the Team, this will now be presented to the September 2025 Board meeting
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	Open	In progress
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	30.01.2025	Open	Part 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. Further updates on progress on the works being undertaken at the Princess of Wales Hospital to be scheduled into the forward work programme
30.01.2025	6,3	Page 13	Stroke Services Update	Update to be presented to a future meeting on the progress being made on regional discussions regarding stroke services.	Chief Operating Officer	Chief Operating Officer	29.05.2025	Open	Completed - Proposed for Closure Update shared with Board Members by email on 28 May 2025

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	Open	In progress - On agenda This item is on the agenda for discussion at the July meeting of the Board
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	Open	In progress This is in the process of being considered by the Executive Director of Strategy & Transformation. Consideration being given to a story related to the work being undertaken on Housing to be shared at the September 2025 Board meeting
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	In progress Awaiting confirmation that discussion has been held
27.03.2025	3,2	Page 6	Staff Survey Results 2024 and People Plan	Thematic results of the staff survey to be share with Board Members once available	Executive Director for People	Executive Director for People	mai-25	Open	Proposed for Closure Thematic results of the staff survey received at the July meeting of the Operational Delivery Committee
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-jul-25	Open	Ongoing Update provided to Board on progress being made at Board Briefing session held on 10 July 2025
29.05.2025	4,1	Page 8	Chairs Report	Update to provided to the Board outside the meeting in relation to progress being made regarding the appointment of a fourth Associate Board Member	Director of Corporate Governance	Director of Corporate Governance	31-jul-25	Open	Proposed for Closure Update included in Chairs Report which is on the agenda for discussion at the July 2025 Board meeting
29.05/2025	4,2	Page 8	Chief Executives Report	Discussion on Enhanced Community Care to take place at a future meeting of the Board. Consideration to be given as to whether this discussion is held at formal Board, Board Briefing or Board Development session	Director of Corporate Governance	Director of Corporate Governance	24-jul-25	Open	Proposed for Closure Item received and discussed at a Board Briefing session held on 24 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	Open	On agenda Report on agenda for discussion at the July 2025 Board meeting
29.05.2025	6,1	Page 13	Integrated Performance Dashboard	Plan for urgent care performance to be presented to the July Board	Chief Operating Officer	Chief Operating Officer	31-jul-25	Open	Proposed for Closure This item was received and discussed at the Operational Delivery Committee scheuled for 29 July 2025
29.05.2025	6,1	Page 13	Integrated Performance Dashboard	Plan to be shared with Board in regards to the Health Board's ambitions regarding waiting time targets	Chief Operating Officer	Chief Operating Officer	31-jul-25	Open	Proposed for Closure This item was received and discussed at the Operational Delivery Committee scheuled for 29 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	Open	In progress Topic to be scheduled into the forward plan for Board Briefing sessions



Board Action Log

the action originated from	reference	Reference Page Number	m Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
30.01.2025	3,1	Page 3	Listening & Learning Story	Multi-agency thematic review action plan to be shared with Board Members once it had been submitted to and accepted by the inspectorate.	Mental Health & Learning Disabilities Care Group Nurse Director	Chief Operating Officer	Completed	Open	Completed Improvement plans shared with Members by email on 24 March 2025
30.01.2025	5,4	Page 7	Board Assurance Framework	Focussed discussion on Estates and Capital risks to be held at the May 2025 Board Development session.	Assistant Director of Governance & Risk	Director of Corporate Governance/ Board Secretary	15.05.2025	Open	Completed Focussed discussion held at the Board Development session held on the 15 May 2025 in relation to the Board Assurance Framework, with particular focus placed on Estates risks
27.03.2025	3,1	Page 3	Listening & Learning Story - Planned Care	Thanks to be extended from the Board to the relative of the patient for allowing for their story to be shared	Care Group Nurse Director, Planned Care	Chief Operating Officer	mar-25	Open	Completed Planned Care Nurse Director has confirmed that the Board's thanks had been extended to the relative of the patient and was pleased to hear that her husband's story had been heard by the Board



Agenda Item

5.3

CTM BOARD

BOARD ASSURANCE FRAMEWORK REPORT

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
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	Cally Hamblyn, Assistant Director of Governance & Risk
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	June / July 2025	Reviewed and signed Off
Executive Leadership Group	14 July 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 Following discussion at the January 2025 Public Board meeting a Board Development Session was held on the 15 May 2025 which focussed on the following areas:
- Strategic Risks Discussion (Review of the current strategic risks escalated to the Board Assurance Framework)
 - Setting the Risk Appetite for the next 12 months.
 - Review of the Risk Escalation Threshold.
 - Annual Review of the Risk Management Strategy
- 3.2 The actions that arose from the Board Development Session are summarised below:
- 3.3 **Board Assurance Framework**
- Closure of Strategic Risk 7 – 'Culture, Values and Behaviours' with the agreement that it is captured within a re-worked version of Strategic Risk 3 'Sufficient Workforce to deliver the activity and quality ambitions of the organisation'
 - Reframe Strategic Risk 4 'Community and Partner Engagement' to capture service change and development risks.

- Four new Strategic Risks:
 - Strategic Risk 6 – Ability to maintain a safe and fit for purpose estate infrastructure.
 - Strategic Risk 9 – Failure to plan and manage revenue within the resource limits set by Welsh Government.
 - Strategic Risk 10 – Ability to develop a fit for the future estate to reflect our future clinical service model.
 - Strategic Risk 11 – Delivery of an Integrated Care Model
- General comments from the session on existing risks were also shared with Strategic Risk leads to incorporate into their review of the risks for the July iteration of the Board Assurance Framework Report.

3.4 Please refer to Appendix 1. The new strategic risks identified in 3.1 (except for Strategic Risk 9) are captured in red as well as any changes or amendments to existing risks.

3.5 Due to significant capacity challenges currently within the Finance Directorate the development of Strategic Risk 9 has been delayed and will be captured in the September iteration of the BAF.

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 (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies please list below: Culture and Valuing People, Data to knowledge, Learning, Improving and Research, Whole- system Perspective
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / 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) /	No - Not Applicable
	If more than one applies please list below:



Environmental

/Sustainability Impact (5Rs)

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
Cydraddoldeb 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 for the
organisational Risk
Register. Individual risks
may have been subject to
an Impact Assessment.

Cyfreithiol / Legal

Yes (Include further detail below)

See detail captured for each risk

Enw da / Reputational

Yes (Include further detail below)

See detail captured for each risk

Effaith Adnoddau

*(Pobl / Ariannol) / Resource
Impact (People / Financial)*

Yes (Include further detail below)

See detail captured for each risk

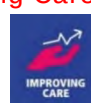
5. Recommendation

5.1 The Board is asked to:

- **Approve Closure** of Strategic Risk 7 – 'Culture, Values and Behaviours' noting that where appropriate it will be captured within Strategic Risk 3 'Sufficient Workforce to deliver the activity and quality ambitions of the organisation'.
- **Approve Escalation** of the following new strategic risks:
 - Strategic Risk 6 – Ability to maintain a safe and fit for purpose estate infrastructure.
 - Strategic Risk 10 – Ability to develop a fit for the future estate to reflect our future clinical service model.
 - Strategic Risk 11 – Delivery of an Integrated Care Model
- **Approve amendments** made to the existing risks and confirm that the updates provide adequate assurance that the changes reflect the discussions at the Board Development Session on the 15 May.
- **NOTE** that the development of new Strategic Risk 9 – Failure to plan and manage revenue within the resource limits set by Welsh Government, will follow in the September iteration of the BAF.

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 score. ↔	Treat
		b) Enough capacity to meet emergency demand			20 (C4xL5)	No change to risk score. ↔	Treat
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 score. ↔	Treat
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 score. ↔	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) 12 (C4xL3)	Risk Score increased ↑	Treat
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 score. ↔	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		New Risk escalated July 2025	Treat
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 this period ↔	Treat (there are with elements of 'Tolerating' the pace at which mitigating action can be taken with regards this 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 score. ↔	Treat
9.	Sustaining our Future  Click Here for Risk 9	Failure to plan and manage revenue resources within the Resource limits set by WG	Executive Director of Finance	The development of this new strategic risk will follow in the September iteration of the Board Assurance Framework Report.			
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)	New risk escalated July 2025	Treat
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)	New risk escalated July 2025	Treat

Section 2 Strategic Risk Heat Map

Current risk scores in **black**

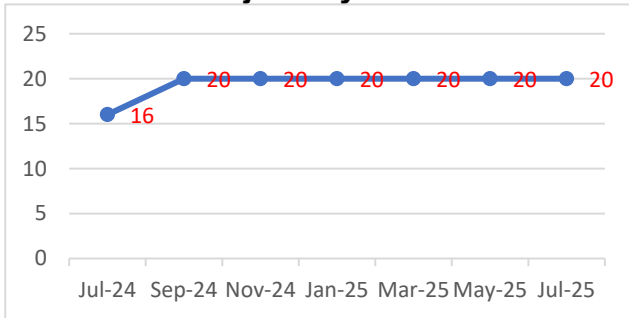
Target risk scores in *grey italic*

Consequence	5				8	
	4		3,4,6,7,8,10	1a,1b,2,5,11	1a,2,3,4,5,6,7,10,11	1b
	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	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				- Progress made on >104 week 8 theatres across CTMUHB remain closed - Endoscopy moved back to Princess of Wales Hospital in June 2025. ~~2 mobile endoscopy treatment rooms opened 4th March 2025~~ 4 Mobile theatres opened Mid-April 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 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 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>i.e. Treat, Tolerate, Transfer etc.</i>	It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section.

Current Control Measures
Productivity, improvement and transformation programme (PIT) • Increase Planned Care Capacity • Transform the way Planned Care is delivered • Prioritise both diagnosis and treatment • Provide better information and support to patients Progress has been made against these four commitments; however, patients are still waiting too long for both diagnosis and treatment, and there is now a national requirement to outline how the waiting times for elective treatment in Wales will further improve. In addition to setting up the National Six Goals programme for Urgent & Emergency Care, Welsh Government have now outlined the national direction for Planned Care, with health boards expected to deliver against key objectives aligned to national policy. This is an opportunity to radically transform the way services are both designed and delivered, ensuring the best possible outcomes can be achieved, maximising sustainable throughput, with an emphasis on improving productivity and efficiency within the envelope of existing resource. The key areas for improvement each Health board are expected to incorporate into their improvement programme are: 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 • 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	• Increased utilisation • Reduction in patient attendances • Reduction in patient follow up appointments • Reduction in demand • Reduced paper and manual process • Increase in data information	• Decreased CAN/DNA rate • Increased utilisation • 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.	• Performance monitoring • Patient identification • Improved pathway monitoring	• Increase in performance SCP • Decrease in waiting list back log

	- Canisc replacement ongoing. Implementation of Breast, Urology & lower GI datasets - Training undertaken for all cancer trackers to ensure consistency and compliance with new guidance		
3. Improvements being made in elective care trajectories albeit not fully embedded.	- Contract awarded for endoscopy insourcing to increase endoscopy capacity. Commenced in November 2023 to September 2024 - Regional Ophthalmology service with increased activity across the region for CTMUHB patients. - Reconfiguration of elective surgery has seen an increase in activity. This will continue to be monitored and developed Completed, will move to control at the next iteration. - Reconfiguration of Trauma ongoing assessment - In sourced additional staff to open 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:

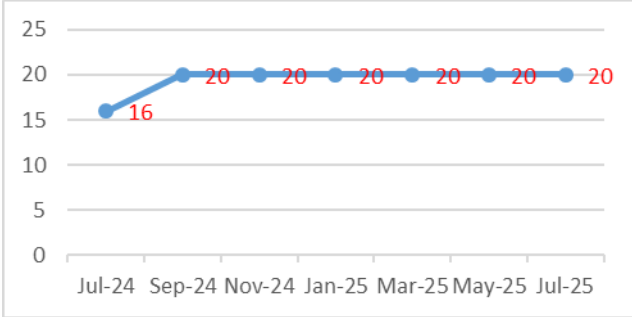
Critical incident declared at Princess of Wales on 9th October 2024. Severe water ingress with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity.

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. New risk escalated to the Organisational Risk Register in March 2024.	20
3567	Capacity of Cellular Pathology Service – Space	16

Strategic Goal(s):			Risk score 20
 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 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	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	5	20	
Target	4	3	12	
Risk Appetite	Cautious (<i>quality and safety; trust and confidence; legal and regulatory</i>)			

Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>	- Critical incident declared at Princess of Wales on 9th October 2024. Roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity - 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.

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

Current Control Measures
Six Goals for Urgent and Emergency Care Programme (signed off by ELG on 5 June 2023): • Admission Avoidance • Integrated Front Door • Acute Hospital Flow and Discharge • Integrated Discharge In addition to setting up the National Six Goals programme for Urgent & Emergency Care, Welsh Government have now outlined the national direction for urgent care with health boards expected to deliver against key objectives aligned to national policy. This is an opportunity to radically transform the way services are both designed and delivered, ensuring the best possible outcomes can be achieved, maximising sustainable throughput, with an emphasis on improving productivity and efficiency within the envelope of existing resource. The key areas for improvement each Health board are expected to incorporate into their improvement programme are: 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.
- 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
- Stroke Programme Board
- SDEC Programme
- Optimise
- Ambulance Handover and ED Improvement Plan
- Escalation processes leading to Chief Operating Officer Report to Quality &
- Safety Committee including Care Group performance review meetings.
- Organisational Risk Register via Care Group Risk Registers.
- Planning, Performance & Finance monthly report.
- TI meetings
- Audit Wales commencing an Urgent and Emergent Care Audit.
- Reset fortnight commenced week commencing 19th August 2024 – sets out Care Group plans with an aim to resetting and de-escalating sites ahead of winter.

Gaps in Controls / Assurances

Actions taken to Mitigate Gaps

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.
- Internal action plan in development to achieve a reduction in 12-hour Emergency Department Performance.
- ~~Update escalation plan for 1 Hour handover for Ambulance~~
- ~~Update escalation plan for 12 Hour reduction~~
- STAMP roll out across all sites
- 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
- Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing).

- 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

	• 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

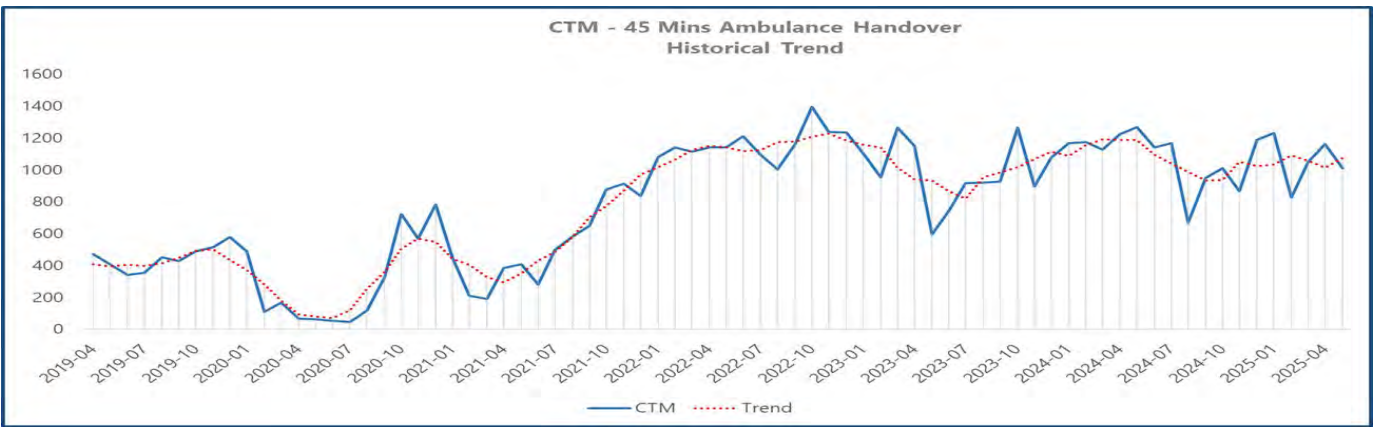
Emergency Department Performance: • Site and USC collaborative approach to the development of the ~~One Hour~~ 45-minute Ambulance Handover plan. • Pre-emptive measures are already in place to create offload space by reassigning patients into bed spaces or an ambulance where patients may become fit to sit. • Experience triage / Senior Decision Maker to maximise fit to sit decision, quick turnaround and front loading of investigations. • Urgent Treatment Centre (UTC) at PCH went live 1st November for a 3-month trial. This has been extended. Exploring funding to extend past July 2025. • Exploring feasibility of introducing Rapid Assessment & Treatment Model (RAT) at PCH following realignment of consultant roster. • Improved access to Non-Emergency Patient Transport Service for quick turnarounds. • Formulations of ED Rapid Improvement Plan and Improvement Targets, including: • 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 • The above improvements will be aligned against the following assumptions: - o Single Point of Access (scheduling unscheduled care) – November 2025 ▪ All GP / 111 / NHSDW calls to be triaged by the Nav Hub - o Zero tolerance to any GP expected patients (off pre-alerts) being seen first in ED – November 2025 - o 'Ticket to ride' for all WAST non-red Care Home attendances – implementation aligned with national work - o Additional hospital at home (H@H) and clinically optimised for discharge (COFD) capacity within Primary and Community Care ▪ 30 additional bds from August 2025 ▪ 60 additional beds from November 2025 - o 60-minute specialty in reach – August 2025 ▪ Sign off Internal Professional Standards • 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.

- Bi-weekly team meetings established with WAST.
- D&C mapping to identify invest to save opportunities for additional medical recruitment across all 3 ED's.

Draft National Improvement Trajectories 25/26

MEASURE	TARGET		BASELINE	PERFORMANCE TRAJECTORY											
			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	Improvement trajectory towards a national target of zero by March 2025	Provisional Targets	-	997	831	665	498	332	166	0	0	0	0	0	0
		Actual	1050	1163	1011										
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by March 2025	Provisional Targets	-	1431	1192	954	715	477	238	0	0	0	0	0	0
		Actual	1672	1669	1709										

Please note Targets based on Straight Line to meet Zero Targets for both measures by October 2025. Improvement Trajectories are being developed to include interventions in line with 30/60/90 day plan.



Breaches past 12 months

Month	CTM	PCH	POW	RGH
2024-06	1141	471	357	313
2024-07	1169	462	328	379
2024-08	669	337	196	136
2024-09	950	376	216	358
2024-10	1010	491	164	355
2024-11	868	392	166	310
2024-12	1189	460	245	484
2025-01	1232	449	183	600
2025-02	827	307	139	381
2025-03	1050	366	191	493
2025-04	1163	423	201	539
2025-05	1011	439	118	454

Performance past 12 months % of Ambulances over 45 mins

Month	CTM	PCH	POW	RGH
2024-06	53.0%	59.2%	59.9%	41.2%
2024-07	53.1%	54.0%	58.6%	48.3%
2024-08	33.6%	44.6%	34.6%	20.4%
2024-09	44.7%	45.7%	39.5%	47.4%
2024-10	48.2%	60.5%	34.5%	43.9%
2024-11	43.6%	48.5%	42.5%	39.1%
2024-12	56.3%	58.4%	58.8%	53.2%
2025-01	58.4%	57.0%	49.2%	63.2%
2025-02	47.5%	48.0%	44.0%	48.4%
2025-03	53.8%	52.6%	50.4%	56.2%
2025-04	57.3%	57.1%	50.6%	60.4%
2025-05	49.1%	56.9%	32.1%	49.3%

Emergency Department Performance:

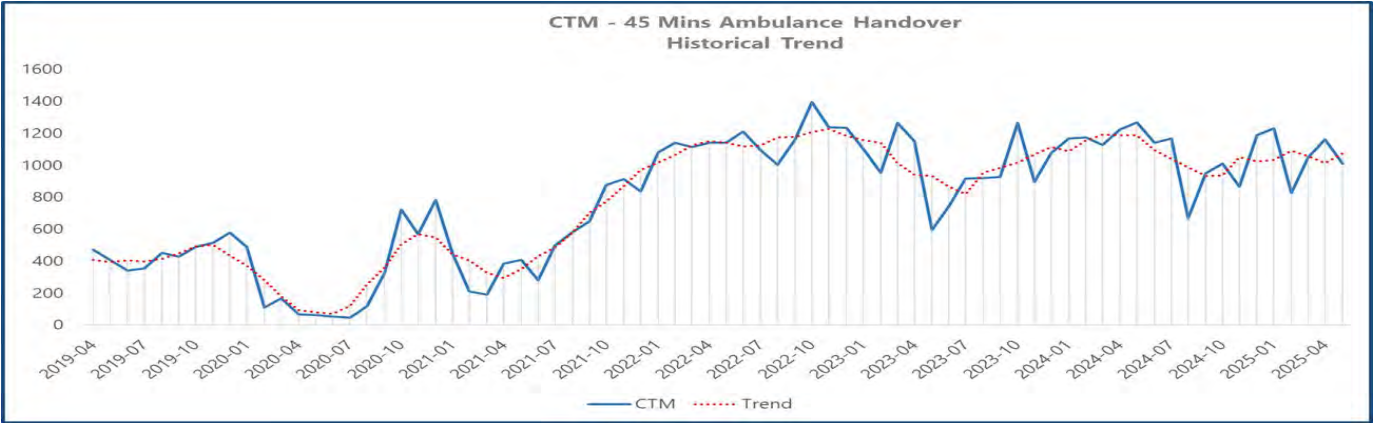
- Site and USC collaborative approach to the development of the 45-minute Ambulance Handover plan.
- Pre-emptive measures are already in place to create handover space by reassigning patients into bed spaces or an ambulance where patients may become fit to sit.
- Experience triage / Senior Decision Maker to maximise fit to sit decision, quick turnaround and front loading of investigations.
- Urgent Treatment Centre (UTC) at PCH went live 1st November for a 3-month trial. This has been extended. Exploring funding to extend past July 2025.
- 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
 - 50% reduction in 12hr ED waits by July 2025
 - Zero tolerance for any ED wait over 12 hours by October 2025
- The above improvements will be aligned against the following assumptions:

- o Single Point of Access (scheduling unscheduled care) – November 2025
 - All GP / 111 / NHSDW calls to be triaged by the Nav Hub
- o Zero tolerance to any GP expected patients (off pre-alerts) being seen first in ED – November 2025
- o 'Ticket to ride' for all WAST non-red Care Home attendances – implementation aligned with national work
- o Additional hospital at home (H@H) and clinically optimised for discharge (COFD) capacity within Primary and Community Care
 - 30 additional bds from August 2025
 - 60 additional beds from November 2025
- o 60-minute specialty in reach – August 2025
 - Sign off Internal Professional Standards
- 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.
- **SPOA Board to be established.**
- Bi-weekly team meetings established with WAST.
- D&C mapping to identify invest to save opportunities for additional medical recruitment across all 3 ED's.

Draft National Improvement Trajectories 25/26

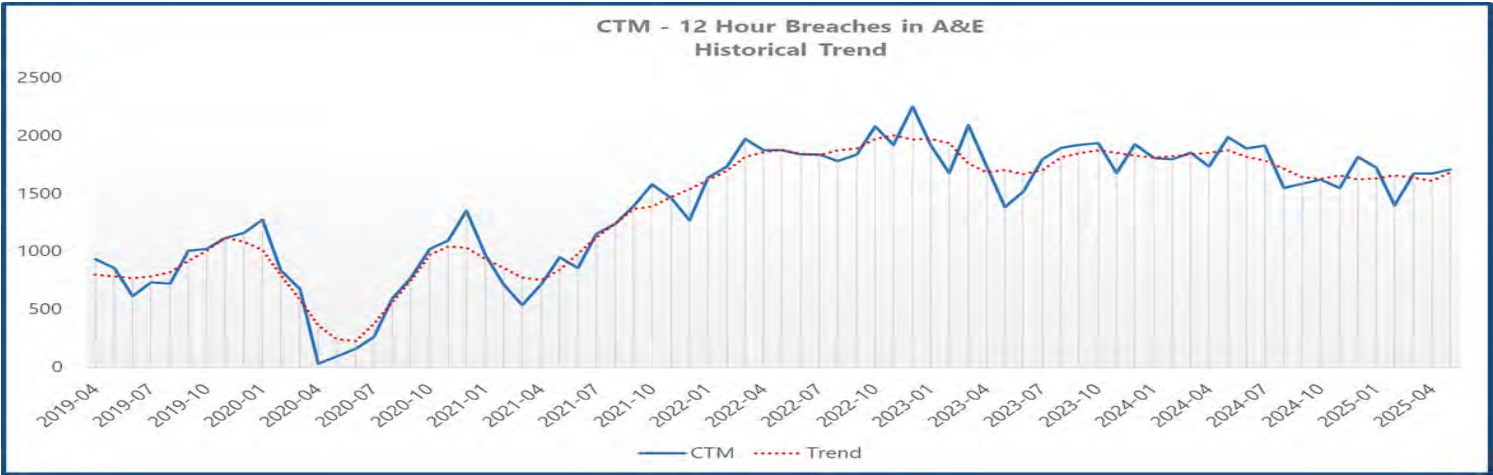
MEASURE	TARGET		BASELINE Mar-25	PERFORMANCE TRAJECTORY											
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		Actual	1050	1163	1011										
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by March 2025	Provisional Targets	-	1431	1192	954	715	477	238	0	0	0	0	0	0
		Actual	1672	1669	1709										

Please note Targets based on Straight Line to meet Zero Targets for both measures by October 2025. Improvement Trajectories are being developed to include interventions in line with 30/60/90 day plan.



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2025-05	1011	439	118	454

Performance past 12 months % of Ambulances over 45 mins				
Month	CTM	PCH	POW	RGH
2024-06	53.0%	59.2%	59.9%	41.2%
2024-07	53.1%	54.0%	58.6%	48.3%
2024-08	33.6%	44.6%	34.6%	20.4%
2024-09	44.7%	45.7%	39.5%	47.4%
2024-10	48.2%	60.5%	34.5%	43.9%
2024-11	43.6%	48.5%	42.5%	39.1%
2024-12	56.3%	58.4%	58.8%	53.2%
2025-01	58.4%	57.0%	49.2%	63.2%
2025-02	47.5%	48.0%	44.0%	48.4%
2025-03	53.8%	52.6%	50.4%	56.2%
2025-04	57.3%	57.1%	50.6%	60.4%
2025-05	49.1%	56.9%	32.1%	49.3%



Performance past 12 months					
Month	CTM	DGH Only	PCH	POW	RGH
2024-06	88.7%	87.3%	88.3%	84.8%	88.9%
2024-07	88.6%	87.2%	86.6%	86.7%	88.5%
2024-08	90.1%	89.1%	88.0%	89.3%	90.0%
2024-09	90.3%	89.2%	88.7%	88.6%	90.2%
2024-10	90.4%	89.3%	88.9%	89.5%	89.4%
2024-11	90.5%	89.5%	89.1%	89.5%	90.1%
2024-12	88.7%	87.8%	87.2%	87.7%	88.4%
2025-01	88.9%	87.6%	87.5%	88.6%	86.7%
2025-02	90.4%	89.3%	90.3%	88.8%	88.7%
2025-03	90.4%	89.2%	89.7%	89.3%	88.6%
2025-04	89.9%	88.8%	89.1%	89.1%	88.1%
2025-05	90.2%	89.1%	89.5%	89.4%	88.3%

Breaches past 12 months				
Month	CTM	PCH	POW	RGH
2024-06	1888	582	765	541
2024-07	1914	686	669	559
2024-08	1549	564	525	460
2024-09	1584	543	568	473
2024-10	1618	558	521	539
2024-11	1549	553	502	494
2024-12	1816	655	580	581
2025-01	1722	587	506	629
2025-02	1398	420	467	511
2025-03	1672	534	547	590
2025-04	1669	552	529	588
2025-05	1709	547	552	610

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

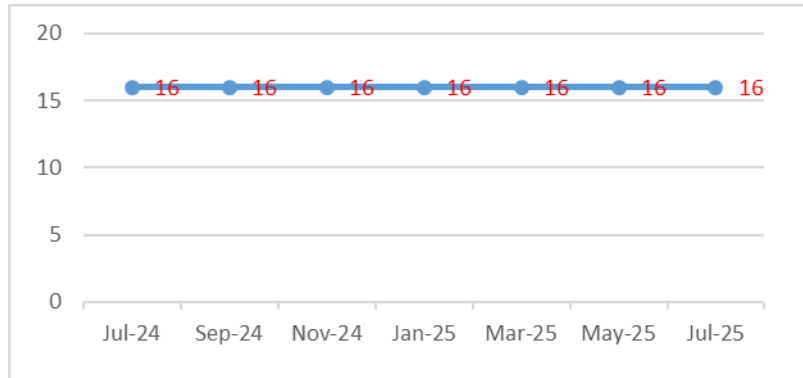
Substantive consultant recruited June. Start date in Jan '26. 1 Stroke Consultant 6-month phased return.

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)	20
3826	Emergency Department (ED) Overcrowding	20

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

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

	Consequence	Likelihood	Score	Risk Score Trend this Period: No change to risk scores this period. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				Whilst improvement against trajectories continue to improve the risk score has been reviewed and remains unchanged due to the current challenges and complexities being faced by teams across all sites. It is anticipated that the risk score may remain quite static as the pace of improvement is constrained by workforce, financial and environmental constraints on the service. It is also recognised that cultural change can only be achieved over time.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating action section.

Current Control Measures

Quality Frameworks and Policies

- Strategic review of Infection, Prevention & Control (IP&C) has been completed and has been aligned to the IP&C Strategy 2024-2027. Review outcome received at the Quality & Safety Committee in May 2024. IPC Strategy received at the May 2024 Quality and Safety Committee (QSC) and approved by Board in May 2024. A work plan 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 action plan updated, and an update received at the Quality & Safety Committee in July 2024.
- Clinical Guidelines;
- Suite of Standard Operating Procedures;
- Clinical Education Framework. The 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.
- Quality Strategy. A Quality Strategy, Annual Action Plan supports the achievement of the deliverables within the Quality Strategy.
- 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.
- 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 Executive as required. Progress is also being made against the Annual Quality Report in readiness for publication in the forthcoming months.
- 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. Evidence based review underway which will inform the ongoing format and approach to IM walkarounds. **The format of future walkarounds, aligned to the new framework, is in the process of being finalised including a review of the Independent Member/Executive buddy system.**
- 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 "My Maternity My Way" which includes past and present service users;
- Real-time patient feedback (current system Civica) being rolled out across the Health Board (PREMS), now rolled out across Emergency Departments. New software procured to replace Civica and to collect PREMS and PROMS - 2025 roll out plan in development with new supplier and CTM teams. System set up and ready for phased roll-out.
- Following discussions in relation to the operating model that will support the new Care Groups it is considered that Quality Assurance has been embedded within the quality reporting structures.
- Patient Safety Clinics, targeting service areas with high or low incident reporting;
- Learning from events coordinator role in place, with lesson of the week via social media and a monthly newsletter is shared across the Health Board sharing learning around incidents and concerns.
-

Current Control Measures Contd.

- Patient Reported Outcomes Measures system procured and piloted in Heart Failure / Cardiology services and plans in place to roll out across HB (PROMS); PROMS provider selected for CTM wide – procurement complete and roll out plan for 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, there is a 2025 Quality Improvement showcase scheduled for mid-year.
- Improvement Community of Practice implemented with over 30 QI champions currently in place.
- Healthcare Pathways Programme continues as exceeding expectations.
- 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 led by WG on the national safeguarding review for health, commissioned by the CNO. This will be due for completion in June 2024. Completed and final report has been issued.
- The Deputy Executive Director of Nursing is a steering group member, working with WG on a program of work following a recent national report on Sexual Safety and associated safeguarding concerns. There are currently delays in terms of scheduling from an All Wales perspective and will update accordingly. First all-wales NHS Executive Led meeting on Sexual Safety held to define the structure of this programme of work.
- Duty of Quality and Duty of Candour Training will be ongoing as required as the Act is embedded within the Health Board. Data on Duty of Candour now routinely reported through weekly Executive Director Led Patient Safety Weekly meetings. Duty of Quality will continue to embed into services. 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 is being formed and re-invigorated to enhance collaboration between primary and secondary care.
- 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 is due to be submitted to the Quality, Safety & Experience Committee and Public Board in July 2025.**

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 / AW – Quality Governance Arrangements Joint Review Follow-Up – August 2023:

Outcome letter for the above follow up review submitted to Audit & Risk Committee in August 2024, which concluded that given their overall view that the Health Board has made good progress in addressing the outstanding recommendations and areas of further work identified, they do not propose to undertake any further formal joint follow up work in these areas. Instead, they will continue to monitor the Health Board's progress in addressing these matters through their routine audit and inspection work

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.
- Performance and Escalation Group (PEG) 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.**

Qualitative Intelligence

- Ongoing weekly safety huddles taking place with Executive Directors and Care Group Directors, and Quality and Safety Team to review concerns and complaints compliance across the Health Board;
- Development of high-level dashboards accessible to Ward Managers and to Nurse Directors to support high level overview and decision-making using Workforce and Quality Indicators;
- Ongoing monthly meetings with Executive Director of Nursing, Directors of Nursing and Ward Managers;
- Service User and Staff Stories;
- Executive & Independent Member Walkarounds. Discussed at Board Development session held on 12 December 2024. Revised process agreed for implementation from the 1 April 2025;
- Executive Nurse Director and Deputy Executive Nurse Director undertake weekly clinical focussed site visits;
- Improvement case studies;
- Social Media feedback and intelligence;
- Listening and Learning forum;
- Weekly executive/deputy executive led patient safety meetings;
- Performance and Assurance Directorate of the NHS Executive-Dashboard reports inform the Health Board in terms of compliance across the Patient, Care and Safety portfolio;
- CTM now have access to the All Wales Beacon Dashboard which allows us to benchmark quality metrics.
- iCTM joint working with academic partners to explore cutting edge quality and safety activity to support the Health Board's continuing improvement journey;
- The Health Board is represented at the Duty of Quality & Duty of Candour all Wales meetings which concluded in March 2024; however, additional meetings will be held in the future as required to benchmark and share learning;
- Partnership Working with Cardiff & Vale re South Central Regional Stroke Network;
- 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 Executive governance and incident management;
- Performance and Assurance Directorate of the NHS Executive Maternity and Neonatal SI closures;
- Annual Undergraduate Review;
- General Medical Council National Survey Feedback;

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 and 10 wards have been completed.	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)	Currently 27 wards completed with 8 white and 19 reaching Bronze accreditation.

		Extending program into Mental Health and Maternity plus a further 20 areas across the acute site throughout 2025.	
2. Strategy & Framework Reviews and Development Safeguarding Strategy - o Safeguarding Strategy completed and submitted to safeguarding executive committee on 21.10 24 - o Development of a safeguarding dashboard - o	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.	Phase 1 of development of Safeguarding Dashboard underway. As there are multiple systems in use with data housed it is essential to scope what data is on which system and how these can amalgamate into one dashboard. 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
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 Executive to explore how benchmarking in quality performance can be shared across NHS Wales. The Performance and Assurance Directorate of the NHS Executive are also rolling out a National Quality Safety Framework to support a consistent approach to quality reporting.	CTMUHB has actively participated in the NHS Executive's 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 • 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 Executive's Beacon Dashboard to maintain alignment with other organisations across NHS Wales.	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 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.

		The 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.	
	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	To be captured in next iteration.
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.
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	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

		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	across the care groups, await year end position).
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.
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

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:

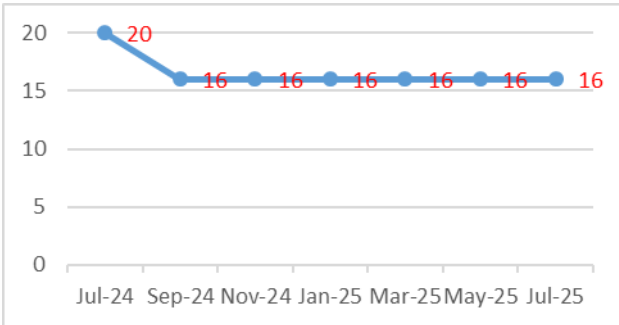
Significant incidents (NRI or LRI) are managed in according with the Incident Framework and reported to the Quality & Safety Committee.

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. New risk escalated March 2025. New risk escalated to the Organisational Risk Register in March 2025.	20
5903	~~Unfunded Continuing Care Packages / unfilled packages. New risk escalated to the Organisational Risk Register in March 2025. Risk Closed in July 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
4908	~~Failure to manage Legal cases efficiently and effectively. This risk was closed in July 2025 as superseded by new risks (Datix IDs 6228,6229,6230,6231,6232)~~	~~16~~
5646	Impact of Right Care Right Person approached. New risk escalated to the organisational risk register in January 2024.	16
6228	Effective and efficient management of requests from the HM Coroner. New risk escalated to the Organisational Risk Register in July 2025.	16
6229	Timely development of, management and response to Learning from Event Reports (LFERs). New risk escalated to the Organisational Risk Register in July 2025.	16
6230	Proactive management and compliance with Medical Negligence or Personal Injury claims at Pre-Action Protocol stages. New risk escalated to the Organisational Risk Register in July 2025.	16
6231	Proactive management and compliance with cases that qualify for consideration under the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. New risk escalated to the Organisational Risk Register in July 2025.	16
6232	Stability of the Legal Services Function. New risk escalated to the Organisational Risk Register in July 2025.	15
6217	A number of Nationally reportable incidents have been raised since February 2025 within Obstetrics / Maternity. New risk escalated to the Organisational Risk Register in July 2025.	15
4691	New Mental Health Unit	15

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

Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>	This risk is complex and reflects increasing recruitment & retention challenges with skills shortages across health and social care on a local, national and international scale. Therefore, although we are “treating” this risk it is recognised that significant progress on this will not be achieved in the short term. Workforce gaps due to lack of available skilled workers either in local or national labour market and we are having to look at alternative options to meet demands and reduce variable pay. International recruitment has been explored but is expensive and not sustainable. However, a limited number of specialities (Haematology and Mental Health so far) are pursuing international recruitment via NWSSP for some medical posts, which should be supported by Welsh Government funding. This is a short-medium term solution whilst alternative plans are implemented to build skills with the intent of ceasing international recruitment or using in exceptional circumstances. Alongside this, innovative solutions such as developing new roles/additional/extended skills take time to grow. The wellbeing of our workforce is at the heart of all we do, and we remain focussed on reducing the impact on the workforce

	if sickness and turnover rates remain high. Sickness rates decreased slightly to 6.43% in May 2025, compared to 6.56% in April. The rolling 12 months sickness rate was 6.91%. Turnover reduced to 9.23% in May 2025 and again to 8.92% in June 2025. Job Planning compliance is at 35% as at end of March 2025. Agency spend at M2 £5.04m. The risk score has been reviewed in accordance with the Risk Domain/ Scoring Matrix. The following consequences have not been seen, as outlined at L5, which suggests the original risk score may have been overstated previously and was reported too high, based on the points below • Non-delivery of key objectives/services due to loss of several key staff – there are references in the risk register at a risk score of 20 for failure to deliver some services e.g. immunology in secondary care, stroke services, laboratory information system, sustaining cancer targets, imaging and failure to meet the demand for patient care at all points of the patient journey but there are controls in place and action plans to address any shortfalls • Ongoing unsafe staffing levels or competence/skill mix. The same as above • The number of staff attending mandatory/professional training - mandatory training for CTMUHB is 73.52% as at June 2025. The workforce risk remains significant. The reduction in the likelihood is to correct the scoring which places the risk score more appropriately represented within the risk domains at L4. • Late delivery of key objective/service due to lack of staff. • Unsafe staffing level (>1 day)/competence. • Low staff morale. • Poor staff attendance for mandatory/key professional training. We continue to treat and mitigate the risk as follows in the report.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>	This risk will be treated and managed through the expansion of programmes of work across CTMUHB with Care Groups, Services, Professional Leads and Heads of People, focused on improved data analytics and strategic workforce planning: workforce transformation, attraction recruitment/development, retaining our workforce, building skills and flexible workforce options which are aligned to current and future workforce requirements, which are more affordable and sustainable. The launch of the People Plan and associated metrics will support priorities, monitoring and improvements through shared organisational actions. Alongside this are the action plans to support the results of the staff survey. Improved workforce systems controls will support productivity and efficiencies. Proposed changes to nursing, midwifery and Health Care Support Worker shift patterns are being worked through with consultation from June to September 2025 with a view to agreeing a once for CTM shift patterns for parity, consistency and potential reduced costs.

Current Control Measures

Recruitment

- Vacancy Scrutiny Panel.
- Bank modernisation action plan which includes proactive recruitment across 12 months.
- Online recruitment through Trac.
- Review of the CTM 'reducing the time to hire, ownership of the journey' aligned to the NWSSP Recruitment Modernisation Group.
- International Recruitment - via NWSSP 3 x Psychiatrists (ANCIPS) (India) posts offered for Mental Health and Learning Disabilities Care Group with their arrival due from June-2025. CTM has also submitted a funding application for additional medical staff as part of the potential funding allocation proposed by WG. Awaiting confirmation of the funding for CTM. A further one Speciality Grade Doctor for Haematology is in process of being sought from India.

- Pathways to Employment programmes (Project Search/Supported Internships, apprenticeships, Network 75, Jobs Growth Wales +, Graduate Activity) alongside NHS graduate training schemes
- Living Wage employer status.
- Medical Recruitment plan. Initial focus is on job description standardisation which is a key action for the MWPP Framework Group for a once for CTM approach which is still being explored through the MWPP: Framework meetings.
- Attraction and Resourcing Key priorities: Through the development of an Attraction and Resourcing Working group the following priorities have been identified: Increasing visibility of vacancies through social media strategy implemented with increased social media presence presenting job vacancies, working with local partner organisations to raise visibility of CTM vacancies including presence in Careers fairs, and distribution lists. Raising our employer brand through the development on our career's website, and building CTM assets, promoting CTM as an employer of choice learning to inform future events.
- Trialling on-the day recruitment events **and alternative application methods** to widen reach and improve accessibility for applicants
- Actively involved in senior key critical appointments across the Health Board.
- Reviewing the CTM approach to the selection process to standardise the approach to the use of psychometrics and assessment centres to improve appointment decision making.
- Work experience pathway established.
- A 'Loop' app to improve access **to book shifts** for bank workers.
- Non-Consultant rate card and Consultant rate card **in place** to provide consistent rates of pay.
- Reviewing M&D fixed term contracts and agreeing a more robust approach and controls with the Executive Medical Director.
- Review of support for nurses recruited via IEN Programme to improve experience, CPD, career pathways, wellbeing and retention.

Retention

- Engagement in All Wales Nursing Retention group and HEIW Retention Community of Practice. Retaining and Valuing Nurses within the NHS in Wales: A Nurse Retention Plan & HEIW Retention Resources launched **in place** with local plan developed including key areas of focus: lateral moves, flexible working and moving on questionnaire.
- A CTM Retention Steering Group **in place** to ensure appropriate stakeholders, priorities and alignment with other Groups/Committees. A retention action plan has been developed which includes national and local actions and this group will have oversight. Career development opportunities, e.g. Apprenticeships, Qualifications & in-house learning and development offer e.g. Leadership & management programmes
- The Moving on questionnaire is under review with aim of increasing completion rates and providing us with a valuable data on turnover. This is being reviewed to establish links to other workforce data and to ensure the process is robust.
- The Starting Well Survey was relaunched in January 2025 with a focus on Attraction, Onboarding, Employee Experience and Retention and will improve understanding.
- **Internal Lateral Moves Scheme for Band 5 Nurse and Midwives in place. The scheme is currently under review to automate and improve the process now it is established. The next steps are to review expanding the Scheme to include, other staff groups.**
- All Wales Flexible Working Policy launched with accompanying promotion and implementation of oversight mechanism in place which align to retention as a key initiative. Work is taking place to move the Flexible Working requesting process onto ESR to allow for better data intelligence and a more robust monitoring process.
- Wagestream as a mechanism for regular pay
- Organisational Induction launched
- PDR "Your Conversation" promoting safe and productive environments for managers to interact with and listen to their staff
- Retention Lead appointed to take up post in June 2025 to take the agenda forwards.
- **An Attraction and Resourcing Lead in place providing expertise and to drive the agenda forwards.**

Temporary staffing solutions

- **Workforce Efficiencies Programme in place with dedicated lead to drive the savings programme for 2025/2026 around nursing and medical and dental. Retinue Solutions contract for Medical, Dental, AHP and HSS (agency) and Patchwork for Medical and Dental bank ceased on 26 June 2025. Locum's Nest contract in place as a new provider went live for Medical and Dental bank on 26 June 2025. Agency for AHP and HSS temporarily managed through Health Roster and Staff Bank. Medical and Dental Agency to move to Locum's Nest in a few weeks while technical /data issues resolved. Manual process managed by the People Directorate is in place in the interim.**
- **Further update of the FCP and SOP and will incorporate the requirements for the workforce efficiencies programme and the new Locum's Nest system.**
- **Optimisation of Health Roster and Staff Bank are the key workforce programmes of work under the Nurse Productivity Programme to support £4m savings**
- **Bank KPIs developed part of the Nurse Productivity Programme.**
- **Medical and Dental Programme of work to support the £3m savings under the Medical Workforce Productivity Programme**

Day-to-day management of staffing levels

- Electronic rostering **via Health Roster**
- Job Planning Guide and communication issued (agreed with the LNC) reduced presumed sign off period for job plans from 10 weeks to 4 weeks **in place.**

- Junior doctor rota monitoring. A rota monitoring paper and scheduler has been developed and is implemented.
- Sickness absence management process

Workforce Planning

- Health Education Improvement Wales (HEIW) Workforce Planning Tool and Skills for Health modelling tool.
- Development of tool for workforce modelling/forecasting, including projecting the impact of interventions. Internal action plan and next steps underway include working with HEIW on the Workforce Modelling Tool.
- HEIW all Wales Strategic Workforce Plans across: AHP, Dental, Genomics, Mental Health, Perinatal, Pharmacy and Primary Care **and Nursing**. Guidance for Radiology is also available.
- The Head of Workforce Planning and Head of People Analytics are aligned to the HEIW Workforce Planning Network.
- Focussed discussions are in development with Care Groups to look at the education commissioning submission for the 20 PAs graduating in 2025.
- SWP Audit actions in progress and reported via the audit tracker reported at the Audit and Risk Committee.
- Medical establishments **developed** to align ESR and ledger data to be agreed with Care Groups. **Work still required to develop controls to keep this live**. Work to plan and prepare for the Registered Nurse Associate (RNA) in CTM is underway across workforce planning, clinical education and corporate nursing. There has been a slight delay as HEIW Education Training Commissioning Templates are not requesting HB numbers for the RNA in this year's return as expected.

Sources of Assurance (Internal and External)

- Workforce and Organisational Development Metrics report (includes key performance indicators such as staff in post, turnover, sickness) which is regularly reported to the CTM Operational Delivery Committee and CTMUHB Local Partnership Forum. Data also included in Integrated Performance Report to the Board; and included in Nursing Productivity and Medical Productivity Programmes which reports into Values & Effectiveness Board.
- Medical Workforce Productivity Programme (MWPP): Delivery Group meeting includes data on bank usage, agency spend, waiting list initiative (WLI) usage/spend, job planning compliance and trajectories, sickness absence. **The new Medical and Dental Policy Group meeting which reports to the Delivery Group focuses on consistent practices and policy application recruitment, retention and consistent policies and practices with the aim of a 'Once for CTM' approach.**
- Annual Education Commissioning Submission and IMTP Chapter and MDS. This year's IMTP Education and Commissioning submission was approved at ELG **in March 2025 and submitted to HEIW. The next cycle of IMTP Education Commissioning commenced in October 2025 for a draft submission to HEIW at end of January 2025, with a final Board approved submitted by 31 March 2025.**
- Quarterly **vacancy** data return submitted to Welsh Government for NHS vacancy statistics
- A suite of BI People dashboards launched (Care Group and Nursing Dashboards). The Nursing dashboard, and dashboards are in development with the nursing dashboard was launched through a phased approach with phase 1 delivered during April 24 These have been well received, giving easy access to timely, relevant and accurate People data to inform decision-making. Further reporting automation and dashboards are progressing for phase 2.
- ~~Establishment reporting being developed in in partnership with Care Groups, Heads of People, Digital and Finance, development For Medical and Dental is to be completed in May 2025 with a plan for roll out to other staff groups in development.~~
- In partnership with Digital, developing taking a CTM strategic approach to the use of Robotics.
- In partnership with the National Data Resources (NDR), piloted ONS's data Masterclass within the people directorate to Building enhance data and analytical capability for leaders to improve data driven decisions. Exploration is being undertaken with the NDR to incorporate a masterclass into CTMs Leadership programme
- Positive Review of Workforce Planning Arrangements undertaken by Audit Wales with six recommendations which have been developed into an action plan with agreed deadlines. Working towards the SWP Audit Wales recommendations outlined in the audit report. The audit report and actions were shared at the CTM Audit and Risk Committee on 18 April 2024.
- Retention and Workforce Planning Lead is a key part of the Health Education Improvement Wales (HEIW) retention community of practice, which will encourage sharing best practice and utilizing networks across Wales.
- CTM are connected to stakeholder events such as the Physician Associates and key stakeholders at the Physician Associate Recruitment Group and Medical Associate Profession (MAPs) groups.
- Attraction questionnaire developed to seek information on the elements which influenced staff joining CTM. The questionnaire was initially sent to all AFC staff who joined CTM in last 12 months and to date 125 responses to formulate a report on themes and next steps to inform our CTM attraction strategy. Next step is to send out to M&D new starters to support M&D attraction.
- Establishment of a multi-disciplinary workforce shape and supply steering group to discuss workforce supply pipelines. T&F Groups are being set up to develop information and data on workforce pipelines.
- Work is underway aligned to activity and finance to review the workforce data modelling that is needed to inform the ACSP service plans.
- Horizon scan work is being finalised as one of the actions under the underway in accordance with the Audit Wales SWP audit recommendations.
- Update on Workforce Planning was discussed at People and Culture in August 2024.
- Workforce Planning and People response to the HEIW Nursing Strategic Workforce Plan was provided on 21 June 2024. A review of how this **Strategic Workforce Plan** will impact on CTM is being considered. Assessment of the CTM progress against HEIW Strategic Workforce plans was undertaken and discussed at People and Culture in August 2024.
- Initial discussions are underway to prepare for the work and communications required for the Future NHS Workforce System with the all- Wales and England plan to transition to a new supplier in the summer, 2025. Implementation and roll out planned for 2027-2030.

- A review of our medical workforce systems is underway to develop improved interoperability between systems and alignment to the new future NHS workforce system (where time and information is available to join up). This is now being aligned to the Workforce Efficiencies Programme, and links with NWSSP Procurement, Finance, Digital and Data teams.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Workforce Planning • Workforce Planning process not yet in place – currently at very early stage • Establishment control not in place and ongoing challenges in vacancy reporting	Developed an all-encompassing workforce planning approach. This will include establishment control and improved workforce analytics to understand the CTM vacancy position, to support better workforce decisions to fill gaps and reduce reliance on temporary variable pay. Enhancement of our people data (quality & provision), analytics and intelligence. This will support the development of our workforce both for now and the future. The following Workforce Planning activity is also now underway: • Neonatal SWP workshop held on 26 February 2024 with a further workshop to build the plan scheduled for May 2024. This has been postponed due to moves in Children and Families with the next session proposed for October 2024. This has been postponed until the return of the Maternity Services to POWH. A further date to be arranged. • Facilitating the development of workforce plans in Regional Ophthalmology and Orthopaedics, the latter aligned to Llantrisant Health Park. This has been postponed and awaiting further updates from the Regional Ophthalmology Group. A dedicated workforce planning support has been appointed to align the workforce requirements and deliverables for LHP. • The Health Board is building a framework for local, operational workforce plans that minimise vacancies and optimise the skills of the existing workforce to ensure opportunities to grow our own are maximised. • This strategic lens approach will drive consideration of the shape of the workforce, seamless workforce models that are multi professional and multi-agency and consider the roles that are needed in a technology driven workplace where robotics and AI are commonplace. • The plans under development will consider all the above, alongside workforce trends and horizon scanning, to inform consideration of future models of care and an understanding of the skills and capabilities needed and education required to deliver the future health needs of the CTM population.	To identify the CTM vacancy position. This will be initially for medical and dental workforce aligned to CG service needs. This was completed in May 2025. This will include substantive staff in post and bring medical variable pay (agency, WLI and bank usage/spend) alongside job planning compliance. Improved data quality and provision of analytics and intelligence to inform current and future trends. To support the development of a workforce plan to support the delivery of the all Wales Perinatal workforce plan. Development of an LHP workforce plan. The workforce section of the Outline Business Case is in development for submission in May 2025. Due to changing demographics of our patients and workforce, the need for alternative workforce models to address shortages in skills/workforce availability. Providing information around what changes are predicted in the future that could impact on the workforce. This will include changes to work through technology or approaches to work due to generational shifts which need to be	Clarity and visibility on our CTM workforce gaps and rationale for overspend. This can be used to inform, and drive CG/Service workforce plans to find more affordable and sustainable workforce options. This will provide a narrative to tell the organisational story and what actions are needed to mitigate risks. Ensure workforce plans are in place to meet the current and future workforce demand. To ensure there is an affordable and sustainable workforce plan to meet the ambitions of LHP and ensure delivery of the plans. Reduce vacancies through improved retention and attraction. Reducing over reliance on temporary workforce where more sustainable options may be available. Consideration of future changes in workforce plans to ensure they remain flexible and agile to meet changing population and workforce needs.

	- Alongside development of our approach to workforce planning we are also developing a framework regarding new roles - Establishment of PA Working Group - Initial meeting took place in June 2025 to shape the group and content. - The Head of Workforce Planning is representing CTM on the All Wales Registered Nursing Assistant Band 4 post to support the development of a CTM action plan. - Workforce planning alignment to the ACSP to promote opportunities to maximise workforce productivity, integrated working, redesign and new role developments. - SWP Audit Wales Recommendations Action Plan in place and progress and updated at People & Culture Committee in August 2024.	considered for future workforce demands and supply. The PA Working Group will provide a CTM approach to employing and supporting Physician Associates in the organisation. To develop an agreed CTM approach to recruitment and practice for RNAs aligned to professional registration and standards. Development of a workforce plan that supports a multi-skilled, flexible workforce to meet current and future needs. Regular reporting at Strategic Development Group on strategic workforce plans providing governance and oversight on the approach.	Clarity on the use of and approach to Physician Associates in CTM aligned to all Wales Governance and agreed standards. This will also set out the governance and infrastructure for PAs to ensure maximum benefits from the role within multi-disciplinary teams. Effective use of RNAs to support high quality patient care and appropriate skill mix to support patient care across the nursing workforce and multi-disciplinary team. Reducing workforce gaps in skills/posts and temporary spend where appropriate. Agreed approaches to deliver the workforce required, aligned to professional standards, which is affordable and sustainable. Organisational oversight and commitment to the direction and align of the workforce to deliver the objectives and ambitions of CTM 2030.
2. Recruitment & Retention The Health Board does not currently have a signed off Recruitment & Retention Plan.	- A draft retention action plan is in place, aligned to the 10 HEIW nurse retention themes. The plan is being monitored and updated by the Retention lead and discussed within the CTM Retention Steering Group. - Retention updates being provided on an ongoing basis via the Operational Delivery Committee.	CTM delivery against the all Wales Nurse Retention Plan and CTM Retention Plan.	Reduced turnover (increased retention) of workforce to reduce vacancies. Retaining skills and expertise especially in areas where workforce is in short supply or will be in the future.
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			
None identified in the July 2025 iteration.			
Were there any significant incidents affecting this strategic Risk this period:			
None identified in the July 2025 iteration.			
Associated Risks escalated to the Organisational Risk Register			
5753	Inadequate Special School Nurse Provision. New risk escalated March 2025		20

4973	Clinical Medical Cover within CTM Adult Mental Health Services.	16
5576	Palliative Medicine Staffing	16
5304	Datix Risk ID - The Air Handling Unit (AHU) for the pharmacy aseptic production suite. New risk escalated to the Organisational Risk Register in July 2025.	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. New risk escalated to the Organisational Risk Register in July 2025.	16
6232	Stability of the Legal Services Function. New risk escalated to the Organisational Risk Register in July 2025.	15



Creating Health

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



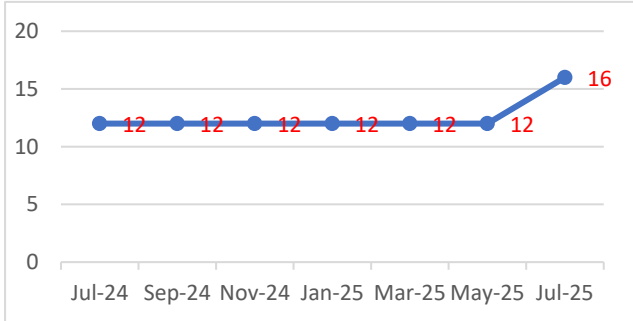
Sustaining our Future

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

Risk score
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	Risk Score Trend this Period: The risk score has been increased from a 12 to a 16. Risk Score Trajectory 
Initial	4	5	20	
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				In recognition of the gaps identified around additional capacity requirements to develop and implement an engagement and involvement strategy associated with the Acute 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. The gaps are captured in the mitigating action plan section of this risk.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				This risk is being actively managed via the communications team and wider engagement. As above, we will need to tolerate the fact that management of the risk will need to be ongoing.

Current Control Measures

Strategies & Plans

- 2030 Strategy – ‘Our Health Our Future’
- Implementation of key actions in the Population Health Plan approved by Board in May 2021. *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 and 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	- 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.	- 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.

development of better-defined processes and procedures for supporting transformation and service change.

- More effective, efficient and sustainable support for service change and transformation with lower risk.

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	Risk Score Trend this Period:
Initial	4	5	20	Risk Score Trajectory
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			
Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes				Progress continues to be made in improving the: - Digitisation of the medical record - Security and protection of our data and digital assets – with the deployment of a new Network monitoring tool and enhanced reporting functionality - Digital infrastructure across some sites - Standardisation of digital tools and processes - Contract and Project mobilisation for e-prescribing - Information sharing agreements to formalise shared care record for NHS Wales, clarify data controllership and provide CTM UHB with more control. - Non-Corporate Communication Channels Policies - Consolidation of the clinical systems in the Bridgend disaggregation - Development of a programme of work for patient centred contact - CTMUHB continues to manage its information and digital debt on a risk-based basis. CTMUHB still has vulnerabilities that need to be managed. In May 2025, CTMUHB identified indicators of compromise from hostile actors on our network. This was managed without detriment to services or our data. The National Cyber Security Centre’s advice remains for Health Boards to act cautiously, and our assessment remains that the risk posed by cyber-attacks is high at 20.
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				
- Digital & Data Strategy - Population Health Strategy - Digital & Data Delivery Programme - IT Infrastructure Review - Digital Delivery Board - Digital Investment Fund				

- Information Security, Records Management and Information Governance Policies and Improvement Programmes
- Project Portfolio Board

Sources of Assurance (Internal and External)

Reports to Digital and Data Committee

- All-Wales Information Governance Toolkit and ICO Audit Review.
- NIS-D Cyber Assessment Framework and Improvement Plan (CRU).
- Digital Programme Assurance Report
- Internal Audit Reports
- Coding Improvement Plan
- Bridgend Disaggregation Programme
- Medical Records Assurance Report

Reports to other committees

- Progress updates against Population Health Strategy
- Planning, Performance & Finance

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	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. Interviews for a Head of Digital Business Change and Benefits on the 27 June 2025, this role 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.	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
3. Maintaining a healthy cyber posture	Delivery of the cyber improvement plan (business sensitive)	Reduce risks for critical assets	Reduction in risk exposure scores across key management platforms

	Timeframe: This action will not have a specific timeframe as will be a continuing activity without an endpoint.		
4. Tested and integrated cyber incident management plan	A recent cyber incident at CTMUHB (May 2025) led to the cyber incident response plan being enacted, with the incident running for 6 days from identification through to eradication. Feedback from the Cyber resilience unit and other authorities on cyber response was positive towards the use of the plan and actions taken. In addition, there have been several shorter term (<24 hour) incidents where the UHB has been subject to loss of digital services, which has required business continuity arrangements to be put in place. The CTM Cyber Incident Response plan was last formally tested in July 2024 with a Digital SMT exercise run at the USW Hydra facility. Further testing has been carried out informally, and in addition, the plan is utilised for all critical ICT incidents that affect system availability (this includes cyber incidents and other ICT outages). This identified a range of vulnerabilities including the requirement to change towards an architecture which enables local service provision in the event of a wider system attack. The UHB has drawn on the expertise of a number of multinational companies to explore options for this, which has been completed and is now implementing this as opportunities permit (e.g. cloud survivability through our own internet egress, off site back up, network segmentation and geographical resilience and connectivity) A schedule is being drafted to increase exercising within the department and with key stakeholders across the organisation. The plan is expected to be finalised by August 2025.	Improved response to cyber threat	Awareness and improvement to the cyber improvement
5. Develop a baseline Asset Register and product catalogue.	The Armis passive network monitoring tool is now providing visibility and insight into what is connected to the network. Other inventory tools are configured to feed ARMIS. 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

	This activity will enable us to get a greater sense of our digital assets enabling us to assess and manage the flexibility and adequacy of the digital physical asset base.		
6. Poor adherence to policies	Recognised requirement for policies to balance enablement with protection. National discussions ongoing as to whether national policies should be 80:20 based, so that local circumstance can be incorporated within policies, improving adherence. This needs to be undertaken alongside increased training and awareness of policies as part of the OCP process. Timeframe: It is anticipated that this activity will take 24 months to complete recognising the need to ensure it is managed through the new Care Group Structure.	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 – exacerbated by the short-term nature of funding and seldom meets post implementation requirements.	Prioritise existing resources and available funding to meet the highest risk areas. We have allocated additional revenue resources this year and a recruitment plan is forming. There has been significant revenue investment via IMTP into Digital & Data in FY 25-26, with £1.1m allocated to Patient Centred Contact Services, £600k allocated to development of modular EPR, and £400k allocated to implementing a digital maternity service. 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.	Sufficiently sized Digital and Data function able to meet the needs of the UHB whilst enabling Digital Transformation.	Improved project and programme delivery timeframes. Improved user experience with BAU digital services. Reduction in number of digital incidents and problems. Faster rollout of equipment purchased via capital.
8. Integration of information systems for services in the Bridgend area transferred from Swansea Bay University Health Board	Aggregation on to a single PAS, preceded by the aggregation of over 50 other clinical systems not tightly coupled with the PAS was completed in May 2025. Focus of the programme has now shifted to the integration of the data and inter-operability layers, where there remains a fair amount of variation	Better data flow and reporting across whole health board	Single PAS – WPAS merger completed
9. Lack of an open architecture	CTMUHB persists in seeking to accelerate DHCW's efforts and capabilities in enabling the UHB to read and write to our own digital record and to enabling us to communicate	Improved system integration. Improved data integration. Flexibility in system replacement.	Improved data driven decision making. Reduction of costs for systems. Reduction of vendor lock-in.

	digitally with our population via the NHS Wales App. Good Progress continues to be made in populating CTMUHB's own clinical data repository to nationally agreed technical and data standards. 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: Initial work is set at 6 months.		
10.Widespread non-adherence to data standards	New clinical applications are now required to meet data and technical standards in line with the NHS England Digital and Technology Assessment Criteria A clinical safety assurance process has been described and tested, to support an options appraisal. Education and Training required for staff to develop their data literacy. Seeking further assurances from DHCW for roadmap that will see their products come into compliance with standards. Improvement and greater multi-disciplinary management of the changes to service models, counting practices and consequent impact on measures which carry significant effect on both the efficiency and reputation of the Health Board (e.g. mortality rates and quality measures, income, bed capacity planning) is required.	Improvement and greater multi-disciplinary management of the changes to service models, counting practices and consequent impact on measures which carry significant effect on both the efficiency and reputation of the Health Board (e.g. mortality rates and quality measures, income, bed capacity planning).	Greater confidence and assurance in our services, ability to benchmark and improve services.
11.Critical supplier(s) unable to respond to the UHB's requirements and ministerial priorities within defined timescales	Need to develop a more robust SLA and contract monitoring and management process for critical suppliers. Timeframes – 1 Year. The Health Board is in a planned programme of work with the relevant critical suppliers to ensure delivery against key objectives in year 1)	Improved working relationships with critical suppliers Improvement in timescales for delivery of functionality	Improved system availability Increased productivity
12.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.	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.

	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.		
13.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. To inform the Business Case. Timeframe: 2-3-year programme of work.	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
14.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.	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

	Interviews for a Head of Digital Business Change and Benefits on the 27 June 2025, this role lead the development an overarching framework for digital benefits realisation.		
15.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. CTMUHB have funded the Patient Centred Contact Transformation (PCCT). One project within the programme will focus on the reduction in paper generated by clinicians at source. Timeframe: 2-3-year programme of work.	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
16.Recruitment challenges due to short term funding allocations leading to an increased use of 3 rd 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 Programmes.	Adequate resourcing pool within Digital and Data	Reduction in contingent staff costs
17.CTMUHB lack the Digital and Data assets and capabilities to enable the move of clinical services to	Business case for the Mental Health EHR has been approved and funded.	Transformational shift to integrated health and care services between the UHB and the	Reduction in ambulance transfer Reduction in length of stay

the community and closer to home, which underpin ACSP.	Options appraisals need to be undertaken for digitising the community services, running virtual care service, seamless integration of data and enabling more seamless care.	and enhanced community care capacity across the system.	Admission avoidance Improved patient experience and flow
18.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

Welsh Patient Administration System (WPAS) merger took place on the weekend of the 16 - 19 May 2025. Work continues to remediate issues around data quality, medical records, and clinical systems that has resulted from the merger, this was anticipated and included in our planning. Whilst the PAS disaggregation has completed, Care Groups now need to work with operational managers and clinicians to agree Health Board wide ways of working and Standard Operating Procedures to manage patient pathways in a consistent way across CTMUHB.

Cyber Security continues to be a core element of the Digital and Data programme, with further development and additional capabilities to support our **Cyber Security Assurance Plan**. **A Cyber incident response was stood up following suspicious communication that was identified between servers at CTM and various international internet sites rated as suspicious or dangerous. Several remediation activities were undertaken to secure CTM. We subsequently received reports with positive feedback on the remediation and the management of the incident from the Cyber Resilience Unit (CRU) and a 3rd party Cyber forensics company called NCC**

Excellent progress **continues to be made** in the **electronic Prescribing for secondary care (ePMA)** programme. The programme is now actively engaging across the Health Board, working in partnership with our supplier Nervecentre, to implement a first go-live in the Autumn of 2025. They were held at each of the main DGH sites, PoW, RGH and PCH with over 200 staff dropping in to see what the new system looks like and what it will mean for them going forward. **The training module to train ~8,000 staff have been developed and signed off by OD colleagues within Workforce and Nursing Education colleagues. Comms and engagement will increase rapidly over the coming months are progress towards go live in the Autumn.**

The team are working with Local Authorities and Betsi Cadwaladr University Health Board on the procurement of a **Mental Health solution**. **The procurement is currently in evaluation stage with contract award in Autumn 2025.**

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

Phase 1 of the **Patient Self Checking** project has procured 25 replacement media players and 3 replacement kiosks (hardware) **go live is anticipated for the end of July 2025.**

In April and May, Medical Records Library staff carried out the following work, against a background of numerous vacancies and extensive ongoing work involved in the WPAS merge go-live

Site	Activity	April	May	Total during this period
Williamstown Records Hub	Movement of paper records for care and business needs	58,186	36,246	86,432
Princess of Wales Library	Movement of paper records for care and business needs	40,861	34,159	75,020
Hub and POW	Paper records reviewed against legal retention criteria and legally destroyed. Library contents redistributed across sites to address storage and safety concerns. 34% of Hub contents assessed to date.	8,359	4,188	12,547
Hub	Records digitised and destroyed	18,647	18,757	37,404
Digital folders	Hospital staff prepped digital folders for outpatients and inpatients	19,323	17,761	37,084
Digital patients	Total digital patients with Cito content at month end	166,149	168,900	Increase of 2,751 on April

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

April and May

- 159 requests were made with under 1 weeks’ notice.
- 304 requests were made with under 6 weeks’ notice.
- 5 requests were recorded that contained insufficient or incorrect information and could not be actioned.

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

The **Patient Centred Contact Transformation** has been initiated. The first programme board was held 18th June 2025. Excellent progress has been made across all areas of the discovery phase of the programme.

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

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

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

Citrix is a technology that is used in the Health Board and in DHCW to enable access to software. A one-year tactical extension to the contract is in place that runs until December 2025. There were concerns that cost increases to that technology would be very large, impacting us and DHCW. The Health Board entered a procurement activity with DHCW and other Health Boards to seek a way forward for when the tactical contract ended. The procurement activity has now been completed and a new 3-year contract with Citrix has been negotiated. The new contract, effective from 14th December 2025 will provide a saving of ~£226,000 p.a. (~73%) compared to the current price. This was logged in risk 5669 which will now be closed.

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 – Escalated to the Organisational Risk Register March 2025.						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
6053	Failure to secure an alternative Clinical System for GP practices on Vision. Escalated to the Organisational Risk Register March 2025.						20
~~4337~~	~~Integrated Patient Records across the Health Board Risk Closed in July 2025 iteration of the Organisational Risk Register.~~						~~16~~
4671	NHS Computer Network Infrastructure unable to meet demand						16
2795	EUC: Unsupported Windows 10 Desktop Operating Systems. New risk escalated March 2025 due to increase in risk score.						16
6039	Increased cost of VMWare Licensing, New risk escalated March 2025.						16
~~5669~~	~~Increased cost of Citrix Subscription. This risk has been re-escalated to the Organisational Risk Register as the risk score increased from a 12 to a 16. Risk Closed in July 2025 iteration of the Organisational Risk Register.~~						~~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	Risk Score Trend this Period: New risk escalated to the Board Assurance Framework in July 2025. Risk Score Trajectory New risk escalated to the Board Assurance Framework in July 2025.
Initial	4	4	16	
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			This is a new risk escalated to the Board Assurance Framework. A score of 16 has been calculated using the Risk Scoring Matrix and the ‘Environment and Estate Infrastructure” Domain.
Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes				
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.

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.

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 (<i>Private sector salaries are impacting the CTMUHB's ability to be competitive in the recruitment market</i>) 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.	- 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.
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.	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](#)

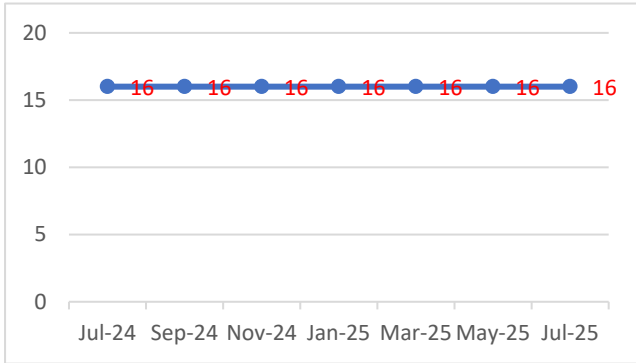
Were there any significant incidents affecting this strategic Risk this period:

The Capital and Estates Team have had to focus significant time in responding to the critical incident which incurred at the Princess of Wales Hospital to deliver the roof replacement programme by the Summer of 2025.

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~~ Risk proposed for closure on the July iteration of the Organisational Risk Register.	20
5961	~~Remedial roof works to resolve the water ingress at POWH.~~ Risk proposed for closure on the July 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. New risk escalated to the Organisational Risk Register in July 2025.	16

6235	Insufficient funding to address backlog maintenance across the estate. New risk escalated to the Organisational Risk Register in July 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 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	Risk Score Trend this Period:	
Initial	4	5	20	No change to risk scores this period.	
Current	4	4	16	Risk Score Trajectory	
Target	4	2	8		
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)				
Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes				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
- Fleet emissions reduction programme and trial of electric vehicles
- Tree planting initiatives
- Waste management – elimination of landfill for foodstuffs
- Use of less environmentally impactful anaesthetic gases
- Sustainable Health Care delivered a workshop to Board Members in March 2023.
- Decarbonisation Action Plan in place.
- Appointed a full-time permanent Sustainability Manager

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.

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

Commenced reporting to Board / committees regarding Net Zero.

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

Independent Assurance

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

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Climate Adaptation Plan (moving away from mitigation). Plan to be produced in line with national deadline of April 2026.	Climate/Environmental Adaptation Plan proposal went to Executive Leadership Group in July 2023 who accepted recommendations that the Health Board develop a Climate/Environmental Adaption Plan. Environmental	The intended impact of this mitigation is to better enable the future sustainability of the services provided by CTMUHB in response to	Long term success indicators due to the nature of the risk.

	Sustainability Group established a subgroup to undertake this work and this has now commenced. This work aligns with PSB Climate Change Risk Assessment in the region	the current and expected impacts of climate change.	
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.

Linked National Priority Measures

Economy and Environment

- Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach
- Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan
- Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme

Wellbeing of Future Generations Act

A More Equal Wales – Socio Economic Duty

Current Performance Highlights

Decarbonisation Report return completed April 2025.

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

The annual CTMUHB Annual Report & Accounts will capture the objectives and progress of embedding the Wellbeing for Future Generations Act (WBFGA).

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

Associated Risks escalated to the Organisational Risk Register

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

Strategic Goal(s):



Creating Health

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



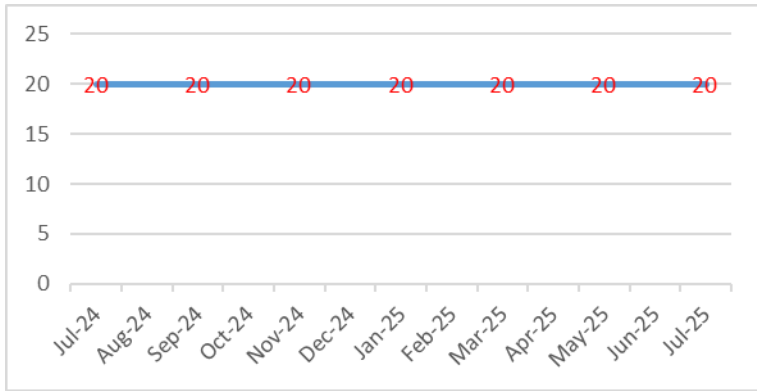
Sustaining our Future

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

Risk score
20

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	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 
Initial	5	4	20	
Current	5	4	20	
Target	4*	2	8	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				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>i.e. Treat, Tolerate, Transfer etc.</i>	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). 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 Creating Health Delivery Plan drafted in Q4 2023/24.	Decreased variation in access and outcomes across the population of CTM.	Delivery of the outcomes associated with the Health Protection strategic plan

	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 (1,2,3) for high burden diseases	Partnership work underway with PHW to address diabetes, with links to CVD, MSK etc.	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.	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
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			
Strategic Risk: Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG) – (Risk No.9)			
If the Health Board fails to plan and manage its revenue resources within the Revenue Resource limits set by WG.	Then we may fail to fulfil our two statutory financial duties (i.e. Approved IMTP and break even over 3-year period) and the planned break-even position for 2025-2026.	Resulting in inability to fund planned improvements and new services and increased regulatory scrutiny and enforcement.	
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.			

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 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	Risk Score Trend this Period: New risk escalated to the Board Assurance Framework in July 2025. Risk Score Trajectory New risk escalated to the Board Assurance Framework in July 2025.
Initial	4	4	16	
Current	4	4	16	
Target	4	2	8	
Risk Appetite	Cautious (quality and safety; trust and confidence; legal and regulatory)			
Rationale for assessment of risk score: Including where risk score remains unchanged and for any changes				This is a new risk escalated to the Board Assurance Framework. A score of 16 has been calculated using the Risk Scoring Matrix and the ‘Environment and Estate Infrastructure” Domain.
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.

Current Control Measures
Pursue all funding options from Welsh Government to address backlog maintenance and statutory compliance.
Sources of Assurance (Internal and External)
Internal - Regular monitoring through CTMUHB'S Capital Programme Board. - Capital Scheme Delivery Programme

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				
None identified in the July 2025 iteration.				
Current Performance Highlights				
None identified in the July 2025 iteration.				
Were there any significant incidents affecting this strategic Risk this period:				
None identified in the July 2025 iteration.				
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. New risk escalated to the Organisational Risk Register in July 2025.			16
6235	Insufficient funding to address backlog maintenance across the estate. New risk escalated to the Organisational Risk Register in July 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	 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 deliver an integrated care model that better meets the needs of the population by working collaboratively with different parts of the NHS, Third Sector and Social Care.	Then CTMUB will be unable to deliver an integrated health and care model that will be critical to driving forward efforts to focus upon system-wide objectives, improving outcomes and reducing health inequalities for its population.	Resulting In: - A lack of collective responsibility for planning services, improving health and reducing inequalities in the population served. - Instability of Primary Care Services. - 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 - Failure to address health inequalities - Poorer health outcomes. - Impact on productivity and value for money. - Limited support to broader social and economic development. - Failure to deliver the objectives set out in CTM 2030.

Risk Lead	Chief Operating Officer	Assurance committee	Strategic Development Committee

	Consequence	Likelihood	Score	Risk Score Trend this Period:
Initial	4	4	16	New risk escalated to the Board Assurance Framework in July 2025.
Current	4	4	16	
Target	4	3	12	
Risk Appetite	Cautious <i>(quality and safety; trust and confidence; legal and regulatory)</i>			Risk Score Trajectory New risk escalated to the Board Assurance Framework in July 2025.
Rationale for assessment of risk score: <i>Including where risk score remains unchanged and for any changes</i>				New risk escalated to the Board Assurance Framework in July 2025.
Risk Treatment Assessment <i>i.e. Treat, Tolerate, Transfer etc.</i>				This risk will be treated and managed through transformation programmes across CTMUHB and in regional programmes with system partners

Current Control Measures

Integrated Community Care System
 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 primary 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 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, established to provide integrated leadership across health and social care across the region.

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

Sources of Assurance (Internal and External)

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

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 different population groups and the drivers of health inequalities.	Integrated records and data sharing agreements in place
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.	Partnership decision making and integrated service models. An outcomes and performance framework in the RPA as a basis for joint accountability.	To create more of a single system approach.	The outcomes and performance framework in the RPA contain a number of leading measures which will indicate if we are changing 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	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

Boards as county-level planning and doing fora is critical to effective delivery though local integrated teams.			
There is currently a significant 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.	Improved retention of staff

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. Due to commence and Organisational Change Process 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.
- Mapping exercise of all the community services.
- Action plan devised by NAPC together with the leadership team.
- CTMUHB have 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 will be signed this summer to 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 care 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	31/07/2025
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	Gregory Padmore-Dix, Deputy Chief Executive / Executive Nurse Director
Pwrpas yr Adroddiad / Report Purpose	For Noting

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

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

Acronyms / Glossary of Terms

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Quality, Safety & Experience Committee at its meeting on 20 May 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

- The Committee were informed of a **cluster of maternity related Nationally Reportable Incidents (NRIs)** at Princess of Wales Hospital. The Committee were assured that all immediate make safes have been implemented and that investigations (internal and external review) aligned to the Incident Management Framework are underway to ensure that any action in terms of learning lessons and implementing improvements are made. Support is in place for staff and families impacted by the incidents.
- The Executive Director of Nursing shared the **challenges currently faced within the Legal Services Function**. The Committee noted that a recovery plan for the Patient Care and Safety Directorate has been initiated. This plan involves the temporary redeployment of key personnel to provide essential support. The focus areas include addressing legal functions and concerns and Learning from Events Reports



	(LFERS). The increase and impact of the number of open Coronial inquests were also noted. - During discussion on the Planned Care Group Highlight Report, Committee Members expressed their concern in relation to the numbers of Did not Attends being reported into Health, Safety & Fire Safety Committee for Manual Handling and Violence & Aggression training. Positive Escalation - The Committee commended the efforts of the relevant teams for the pace at which they worked to open the Endoscopy and Surgical Vanguard theatres, recognising the excellent feedback received from patients and the positive impact being realised by these theatres now being operational.
Advise	Care Group Highlight Reports were received with the following key highlights discussed: Children and Family Care Group – it was noted that the Special School Nursing provision is facing challenges due to vacancies and long-term sickness, impacting service delivery. The Committee were informed that ongoing discussions with head teachers in relation to education and health provision is underway. Unscheduled Care – Care Group – attention was drawn to the Ward Assurance Visits where unannounced internal visits resulted in red ratings for two wards due to environmental and infection control issues. The Committee were assured that there are robust improvement plans in place, supported by senior leadership teams, with daily improvement huddles and an overarching action plan. It was also noted that in these ward areas there are recruitment efforts for vacancies for qualified nurses and Health Care Assistants. The temporary move of the stroke services to Royal Glamorgan Hospital was discussed and workforce challenges were noted in terms of recruitment to stroke consultants and nursing leadership roles. Planned Care – Care Group – The Committee were informed that in terms of Critical Care Capacity, all three acute sites are at full capacity for many days each month. The temporary Intensive Care Unit at Prince Charles Hospital is being used until the new build is complete, with surge capacity available. It was noted that there are early morning



daily huddles chaired by the lead nurse for critical care to plan discharges and admissions, ensuring capacity for Level 3 patients.

In relation to the **trauma demand at Royal Glamorgan Hospital** a new trauma assessment unit has been created to support flow, and collaboration with unscheduled care colleagues is ongoing to improve the ortho-geriatric model.

- **Mental Health and Learning Disabilities Care Group** - the Committee were advised that the **psychology vacancies and medical staffing challenges** remain ongoing issues, with mitigating actions in place and regular monitoring.

The Committee welcomed the news that the care group now has a **quality dashboard** for incidents, aligning with all directorates.

- **Diagnostics, Therapies, Pharmacy & Sciences** – The Committee were advised that the **Laboratory Information Management System (LIMS)** is an ongoing risk which is being monitored.

The lack of **space in cell pathology** was noted as also presenting challenges with repatriating Service Level Agreements and recruiting consultants. It was noted that an options appraisal is being developed.

- **Primary Care and Community Care Group** – the update to the Committee focussed upon the challenges relating to the **“Community Dental Service: Paediatric Dental General Anaesthesia (GA)”**. The Committee recognised the urgency for additional regular GA lists to run in conjunction with the weekly Prince Charles Hospital list, to improve reduction of the backlog/waiting times for children. The Committee noted that there are ongoing discussions between primary and secondary care regarding the reinstatement of GA lists in RGH. The Committee acknowledged that if additional lists are provided and the backlog is significantly reduced, the service will require less theatre lists once the backlog is removed, releasing theatre lists for other service use.

- **Quality Patient Safety Dashboard** – the Committee noted the following key highlights:

	○ Ombudsman Cases: Significant improvement from over 80 open cases to 27, with only two actions overdue. ○ Inquest Management: the report now includes activity around inquest management, with ongoing development. ○ Regulation 28 Report: One Regulation 28 report was received during the period. ○ In response to a request from the Committee, data relating to Clinical Negligence activity has now been captured within the report with plans to refine and enhance this information moving forward • The Organisational Risk Register was received. Members recognised the action taken to ensure all risks were updated. Discussion was held on the emerging risks and Members noted these risks referred to in the report will follow through to the next iteration of the Organisational Risk Register as appropriate.
Assure	• The Committee welcomed the improvements being made to the Induction of Labour Leaflets (IOL) and communication around birth plans and decision making as a result of learning from the patient story and feedback from families which was shared with the Committee. Co-production on this activity was noted, which is paramount in recognising the importance of antenatal education, maintaining open conversations and informed choice in order to support personalised care for families during labour and following birth. • A new approach to Executive and Independent Member Walkarounds was endorsed utilising IHI methodology. The Committee recognised the importance of 'natural' conversations and flexibility around questions during visits to allow for open discussion and engagement with teams and service users. • The Committee welcomed the update on the Harm Free Care Agenda which focussed on the three key workstreams, Inpatient Falls Reduction, Nutrition and Hydration and Pressure Damage. The Committee endorsed the recommendations for the content of future updates in terms of effectiveness of the recommended interventions, identification of any new trends or emerging issues, staff and patient experience, progress on any additional training or policy amendments and the frequency of receiving the reports at the Committee.



	The Annual Assurance Report on Compliance with the Nurse Staffing Level (Wales) Act highlighted to the Committee the update for the reporting year 2024-2025. Assurance was received that the statutory requirements for section 25B wards have been completed. It was recognised that there is an ongoing review of ward moves following the Princess of Wales Critical incident and support to the senior nursing team on the creation of new templates when wards relocate.
Inform	- Endorsed the Quality, Safety & Experience Committee Annual Report for onward submission to the Board. - Several awards and recognitions were highlighted in the Clinical Executive Director reports, such as the: - Digital Exclusion in Maternity Care - The initiative, led by the Senior Midwife for Clinical Informatics at CTMUHB addresses the significant issue of digital exclusion among maternity service users. This initiative was recognised with the Chief Nursing Officer (CNO) for Wales and the Royal College of Midwives Wales (RCM) Quality Improvement award for 2025. - The CTM AHP Community Rapid Access and Admission Prevention Service Model has been shortlisted for the National Advancing Health Care Awards 2025. - The internal audit review of the service user/patient experience audit concluded with substantial assurance, highlighting the effectiveness and positive impact of the current processes. - Revalidation and Appraisal 2024-2025 – CTMUHB achieved 95.95% engagement with annual appraisal for CTMUHB in its entirety (99.46% for Primary Care and 94.26% for Secondary care). This is an improvement of 1.45% to the overall figure from 2023-24. - The Committee 'Approved' and 'Noted' the following items on the Consent Agenda: <i>For Approval</i> - Unconfirmed Minutes of the Meeting held on 25 March 2025. - Unconfirmed Minutes of the In-Committee Meeting held on 25 March 2025. - Ratification of Chairs Urgent Action - Medical Gases Management Policy. <i>For Noting:</i> - Non-Routine Committee Business (Forward Plan). - Annual Cycle of Business.

	○ CTMUHB QSEC Cycle of Business. ○ Clinical Policies Highlight Report. ○ Cancer Services Annual Report. ○ Bi-Annual Report CTM Radiation Safety Committee. ○ Antimicrobial Stewardship Report. ○ Outcome Report: Quality, Safety & Experience Committee Effectiveness Survey. ○ Health Inspectorate Wales (HIW) Improvement Plan Tracker Report. ○ HIW Tracker Inspection Improvement Plans. ○ Continuing Healthcare (CHC). ○ Infection Prevention Control Information. ○ Health, Safety & Fire Sub Committee Highlight Report. ○ Joint Commissioning Committee Quality, Safety & Outcomes Sub Committee Highlight Report. • The Private (Closed Session) of the Committee received the following matters: ○ Organisational Risk Register – received in closed session due to business sensitive risk content. ○ Controlled Drug Accountable Officer (CDAO) Report – received in closed session due to business sensitive content. ○ Update on cluster of incidents within maternity services at the Princess of Wales Hospital (Further detail received in closed session due to potentially identifiable content).
Appendices	Nil.

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	Learning, Improvement & Research



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

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 Charitable Funds Committee

Dyddiad y Cyfarfod / Date of Meeting	09/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Dilys Jouvenat, Independent Member
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance Simon Blackburn, Director of Communications, Engagement & Fundraising

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
CCLA	Churches, Charities and Local Authorities (Investment Management Limited)

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Charitable Funds Committee at its meeting on 9 July 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 an update on the arrangements for the control and management of the CTMUHB's Charitable Funds.
- 2.2 The Charitable Funds Committee will:
- Make and monitor arrangements for the control and management of CTMUHB's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with legislative framework.
 - Provide assurance to the Board in its role as Corporate Trustee of the charitable funds held and administered by the Health Board.
 - Oversee the strategic direction and development of the CTMUHB Charity.

3. Highlight Report

Alert / Escalate	Charity Fundraising Lottery and Related Policies Report – The Committee received an update on this initiative and noted the intended 'soft launch' in September 2025. The Committee also noted that the contract arrangement differed from the initial proposal of an in-house provision and asked that the operation of the contract be monitored carefully. The change of provision also means that the original scope of the lottery to staff members only, will need to be extended to include the public.
Advise	CTM NHS Charity Communication and Engagement Report – The Committee noted the following key highlights - There had been a sustained growth in staff engagement since the launch of the Charity's new hub site and has helped to serve as a testing ground for the external public-facing website. - Significant growth in online donations through the 'Just Giving' platform, with over 130 donations in the same six-month period this year compared to just one last year. This growth is attributed to dedicated online resources and engagement work. - Corporate Partnerships - successful fundraising activities from corporate partners like Johnson's Workwear, supporting the Snowdrop Centre. This partnership was inspired by personal connections and will continue throughout the year.

	• 'Creating space for Ellis and Others Like Him' Campaign - an external fundraiser initiated by a staff member with a personal story. The Charity has collaborated on this project, offering match funding and securing additional support. This appeal was successful, receiving positive coverage and serving as a model for future fundraising appeals. The Committee discussed match funding and the need for a clear process to ensure proper governance and risk management arrangements were in place and agreed that a procedure would be developed for the management of match funding initiatives and to ensure that any commitments align with the Charity's priorities and resources. CTM NHS Charity Forward Look – A comprehensive report was received, and the following key areas were highlighted to the meeting: • Charity Brand Development – Ongoing work with appointed partner which is now in the initial stages of stakeholder mapping. The Committee discussed the importance of being involved in the process to ensure robust governance and alignment with the Charity goals. It was agreed that the appointed brand development partner would be invited to attend a future Committee meeting to review and discuss projects. • Prioritising fundraising projects – the Committee discussed the need to a screening process to evaluate future project proposals to ensure that they are both aligned with the Charity's primary goals and objectives and likely to be delivered successfully.
Assure	General Charitable Funds Update to 31 March 2025 - The Committee noted the activity and balances on charitable funds as at 31 March 2025, noting a small decrease of £75k in the overall balance since the start of the financial year. The Charity had received £650k in income and had provided £730k in grants. The Committee noted the ongoing efforts to improve engagement with fund holders with regard to the Low Value and Low Use Funds with a new reporting system being implemented on the Oracle financial system for improved reporting and management.
Inform	The Committee approved the following items on the Consent Agenda: • Unconfirmed Minutes of the meeting held on 22 January 2025 • Committee Annual Report for 2024-25
Appendices	Nil.



4. Assessment

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

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

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

5. Recommendation

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



Agenda Item

5.4.3

CTM Health Board

Highlight Report from the Stakeholder Reference Group

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Julie Powell-Jones Planning Business Support Manager
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	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

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 16th July 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

Notification was received of the resignation from the Stakeholder Reference Group of the Merthyr Tydfil Carers Coordinator representative, and also the resignation of the Care and Repair Director in Bridgend. Thanks, were extended to both Members.

Three new member nominations were presented for ENDORSEMENT at SRG prior to Board APPROVAL.

A nomination was received from the Deputy CEO/Head of Services of MIND to replace Carers representation in Merthyr. Members endorsed this nomination and request approval from the Board.



	A second, 3rd Sector nomination was received from Interlink, Rhondda Cynon Taf. Members endorsed this nomination and request approval from the Board. A third nomination was received from Care and Repair, Bridgend for their new Director to replace representation on the SRG. Members endorsed this nomination and request approval from the Board. • Stakeholder Reference Group Annual Report 2024/2025 The Stakeholder Reference Group Annual Report 2024/2025 was circulated to Members for consideration prior to the meeting on 16th July 2025. The report was agreed by SRG Members for submission to the Board on 31st July 2025. • Terms of Reference The SRG Terms of Reference were circulated to Members for consideration prior to the meeting on 16th July 2025. No changes were proposed or subsequently made to the Terms of Reference for the period 2024-2025. Members ratified the Terms of Reference and agreed their submission to Board for the period 2025-2026.
Advise	• No items are included in this section
Assure	Health and Wellbeing Centre in the Llynfi Valley A presentation by the Assistant Director of Transformation, Strategic and Operational Planning provided an update to Members on the Health and Wellbeing Centre in the Llynfi Valley. Public engagement had brought to light five key areas for consideration:

	1- People wanted an excellent health care facility 2- Improved use of green technologies 3- Improving wider Llynfi Valley services in community settings and spaces. 4- Considering wellbeing and utilising building, 5- Challenging wider challenges such as transport links. Options are being explored to support the delivery of a facility to best meet the needs of families and service users in the Llynfi Valley. Diabetes 5 Year Strategic Action Plan The Chair welcomed the Head of Planning and Commissioning to provide a presentation on the CTMUHB Diabetes 5 Year Plan. It is estimated that 10% of the NHS budget is spent on treating diabetes, with 7% of the population currently living with diabetes. Type 2 diabetes (T2DM) makes up 90% of cases. A significant risk factor to developing T2DM is being overweight. A high proportion of CTM residents are overweight or obese and CTM has the 2nd highest percentage of registered patients with diabetes. Diabetes is associated with a number of potential complications. Improving diabetes management reduces the rate and cost of complications. Overarching priorities: 1. Review CTMUHB Diabetes Service 2. Deliver Service Innovation 3. Develop, deliver and evaluate diabetes prevention and remission services 4. Strengthen co-production 5. Develop a diabetes data dashboard Bereavement Support The Chair welcomed the CTMUHB Bereavement Support Lead to present. The Bereavement Lead's post was originally a secondment for 18 months with a remit to explore what the Health Board (HB) was doing well and what could be improved. Changes have been put into place, such as, regular All Wales Bereavement Link Nurse meetings, staff support, a sensitive service with a HB burial, updated communications and leaflets (Bereavement Booklets, including paediatric and pregnancy loss booklets) with relevant information such as funeral directors and support. A liaison contact is now available for families and regular staff training in dealing with bereavement is ongoing.

	A great deal of work has included supporting early pregnancy loss (<16 weeks), including a Standard Operating Procedure and working alongside Chaplaincy Teams to invite parents to a communal cremation service. If the family is unable to attend, then the family is given the option to receive an Order of Service. Face to face support groups are available across the HB and the Reflections Garden is available in PCH. In October 2022, the HB signed the Charter for Bereaved Families. Updates are returned to Welsh Government every 6 months to align to the Bereavement Framework. The Bereavement Leads post is now permanent.
Inform	• IMTP Update Members were informed that IMTP was approved by Welsh Government. Quarter 1 updates have been completed detailing how CTMUHB has been progressing. • Service Change Updates There were no service changes to report at the meeting of the SRG on 16th July 2025. • Integrated Performance Indicators An update was provided to Members on the May 2025 Report detailing the integrated performance indicators • Work Programme The Work Programme was circulated prior to the meeting of the SRG on 16th July 2025. • Any Other Business A suggestion was proposed to provide an update on the successful Health Board Veteran's Wellbeing Event at a future SRG Meeting.
Appendices	•

4. Assessment

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



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

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

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

6.1

CTM Health Board

Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
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	14/07/2025	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 red releases, lost hours, hip fracture recovery and stroke.

Please note that due to the recent merger of the two PAS systems, and our focus being on validating the waiting list and admitted patient care episodes, it has not been possible to provide an accurate position on the patients awaiting a follow up outpatient review in this report (continues to be validated), but we anticipate that it will be included in the next iteration of the performance report.

A one page summary of the UHB's recent performance against the highest profile indicators within the Welsh Government framework, which have been the focus of the Executive Directors over the past quarter, is provided overleaf. Over the past month improvements have been noted in 10 out of the 17 areas.

2.1 Executive Performance Indicators

The direction of the arrow shows whether the quantum of the measure has increased, decreased or statistically no significant change.
The colour is intended to show whether this is positive [green], negative [red] or no significant change/remains within control limits [amber].

Quality		Population Health	
16 NRI's remain open >90 days📉 <i>This is a reduction of 4 on the previous period & is at its lowest level observed</i> The rolling 12 month mortality rate is 2.57%➡ <i>Compared to the equivalent period last year the rate was 2.51%</i>	91.12 is the rate of E.coli per 100,000 population (2025/26)📈 <i>Compared to 2024/25 the rate was 81.52</i> 78.4% of complaints received a response within 30 days➡ <i>Compared to last month the rate was 75.0%</i>	During 2024/25 - 5.94% of adults who smoke made a quit attempt via the smoking cessation service➡ <i>Compared to 2023/24, 5.64% of smokers made a quit attempt</i> During the 2024/25 flu season campaign, 69.3% of adults aged 65+ received the influenza vaccine➡ <i>The 2023/24 campaign saw a compliance rate of 72.2%</i> 90.3% of children aged 5 were up to date with their vaccinations during Qtr 4 2024/25➡ <i>Compared to the previous quarter the rate was 90.1%</i>	
Operational Performance		People	
62.7% of patients were seen within 4 hours from arrival at an Emergency Department➡ <i>Compared to last month compliance was 61.1%</i> As at end of April 2025; 17 out of 24 KPI's for recovery from hip fracture are red i.e. scoring less than 75% (please refer to page 17) Provisionally 528 patients are waiting longer than 2 years for referral to treatment📉 <i>Compared to the previous period 1,177 patients had waited this length of time</i>	100% of GP Practices have achieved in-hours access standards during 2023/24➡ <i>The rate the previous year was also 100%</i> During May 59.8% of patients started their cancer treatment within 62 days➡ <i>The rate the previous period was 62.7%</i>	6.91% of staff have been absent due to sickness during the 12 mth period (Jun 24 to May 25)➡ <i>Compared to the previous year the rate was 6.83%</i> As at June 2025, 68.0% of staff have received their PADR➡ <i>Compared to June 2024 the rate was 65.8%</i>	The CTMUHB Nursing & Midwifery reported turnover rate to Feb 2025 is 5.13%📉 <i>Compared to Feb 2024 the rate was 8.29%</i> As at June 2025, 81.1% of staff have completed Level 1 mandatory training➡ <i>Compared to June 2024 the rate was 80.1%</i>
Finance			
The Month 2 YTD financial position is reporting a £3.7m deficit for 2025/26📈			

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

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management							
Performance Measure		Target	Key: Trend Target/Trajectory			Key: Hit Target	Target Failed
Prevention	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target	<				



CTMUHB Improving Population Health & Wellbeing

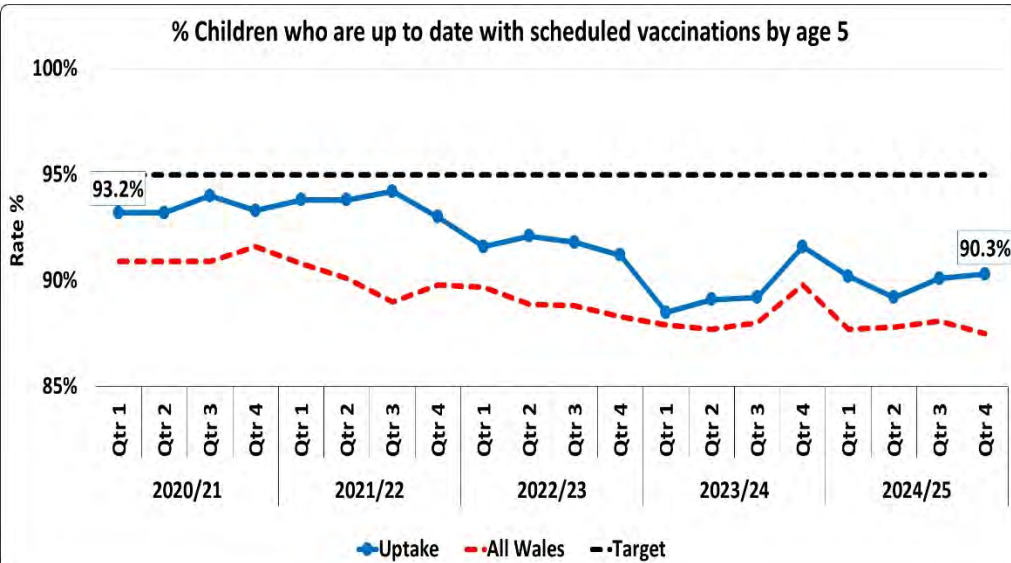
% of adult smokers who make a quit attempt via smoking cessation services – 5 % Annual Target	% of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks – 40 % Annual Target																																									
2024 / 25 - 5.94 %	2024 / 25 – 9.62 %																																									
CTMUHB % of adult smokers who make a quit attempt via smoking cessation services <table><tr><th>Year</th><th>Quit Attempt (%)</th><th>Target (%)</th></tr><tr><td>2020/21</td><td>4.0</td><td>5.0</td></tr><tr><td>2021/22</td><td>4.5</td><td>5.0</td></tr><tr><td>2022/23</td><td>4.5</td><td>5.0</td></tr><tr><td>2023/24</td><td>5.7</td><td>5.0</td></tr><tr><td>2024/25</td><td>6.0</td><td>5.0</td></tr></table>	Year	Quit Attempt (%)	Target (%)	2020/21	4.0	5.0	2021/22	4.5	5.0	2022/23	4.5	5.0	2023/24	5.7	5.0	2024/25	6.0	5.0	<table><tr><th colspan="3">CTMUHB</th></tr><tr><td>Estimated number of smokers</td><td>Estimated % of CTMUHB population who are smokers</td><td>Estimated number of smokers needing to access smoking cessation to reach 5% of smokers</td></tr><tr><td>53,868</td><td>14.7%</td><td>2,700</td></tr><tr><td>Number of smokers treated by the smoking cessation service</td><td colspan="2">Number of treated smokers followed up at their 4 week post quit date and who were CO-validated as successfully quitting during the quarter</td></tr><tr><td colspan="3">Q1 - Q4 2024/25</td></tr><tr><td>3,202</td><td colspan="2">308</td></tr><tr><td>5.94%</td><td colspan="2">9.62%</td></tr></table>			CTMUHB			Estimated number of smokers	Estimated % of CTMUHB population who are smokers	Estimated number of smokers needing to access smoking cessation to reach 5% of smokers	53,868	14.7%	2,700	Number of smokers treated by the smoking cessation service	Number of treated smokers followed up at their 4 week post quit date and who were CO-validated as successfully quitting during the quarter		Q1 - Q4 2024/25			3,202	308		5.94%	9.62%	
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What are the key challenges & actions in delivering smoking cessation targets?

Challenges: Resource – Exceeding the 5% target for a second year is extremely positive, which reflects the hard work of the team. 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 a number of reasons, including: - a large proportion of clients are receiving remote support via telephone, rather than face to face and it is logistically very difficult to obtain CO readings (collected in person) in this situation. - The majority of clients prefer a remote service and find it flexible and accessible. It 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, due in the autumn. All clients are followed up at 4 weeks to assess their quit status and this is recorded as ‘self-reported’ if CO validation cannot be undertaken. Consequently, the overall quit rate (self reported & CO validated combined) for 2024/25 is 50%.	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.14.7% with the all Wales rate being 12.8%. 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 in 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.

% 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 4 2024/25 Local Authority Uptake

Merthyr Tydfil LA	86.6%
RCT LA	90.3%
Bridgend LA	92.0%
CTMUHB	90.3%

Quarter 4 2024/25 Welsh HB's Uptake

ABUHB	86.5%
BCUHB	89.5%
C&VUHB	84.6%
CTMUHB	90.3%
HDUHB	85.6%
PTHB	89.6%
SBUHB	88.1%
All Wales	87.5%

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

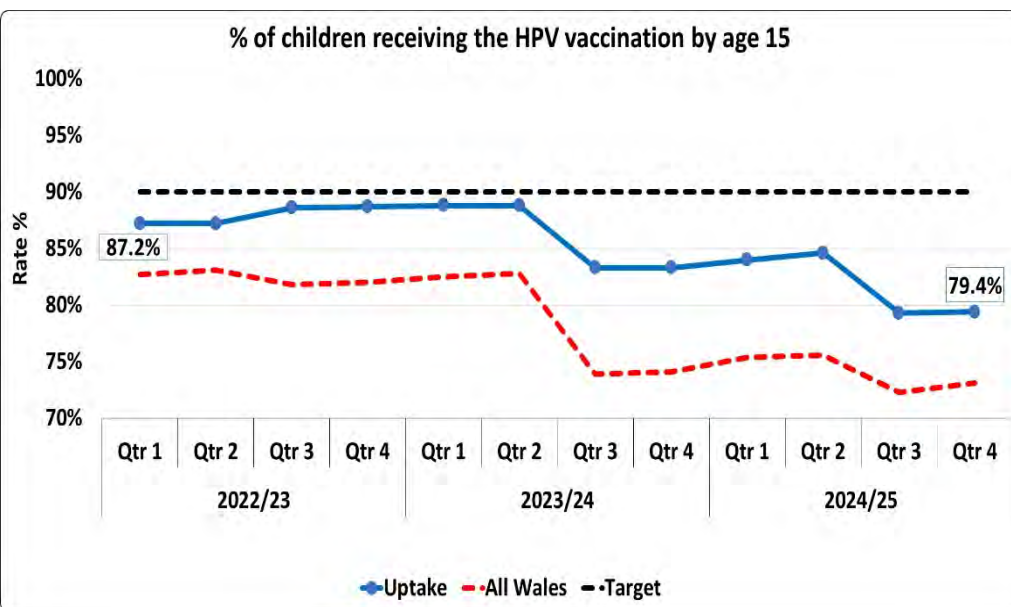
Challenges:

- Scheduled Immunisations** – The changes to the childhood Immunisation schedule start 10th July, however there is a risk as the CYPRIS scheduling system will not be updated in time for commencement of the immunisation programme.
- MMR uptake** – 95% uptake of 2 doses of MMR is needed to prevent transmission, smaller outbreaks of measles have been identified in Wales in the past 2 years.
- Influenza** – challenges in delivering to 3 year old's attending LA nurseries in Merthyr & RCT areas remains. Combined uptake for 2 & 3 yrs old at the end of the season is 44.2% (43.6% in 3 year olds which compares to 54.5% in 2023/24).
- 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** – the specialist immunisation team has given priority to informing all childhood vaccinators and advisors of the proposed changes and challenges with CYPRIS and how to manage these, including face to face visits, sharing PHW awareness sessions and hosting local sessions.
- MMR uptake** – the annual COVER report for year ending 2024/25 is now available. with CTM's MMR uptake 1 dose at 2nd birthday at 94.8% & 2 doses at 5th birthday at 92.2%; these are both higher than the Welsh average. The childhood immunisation schedule changes include moving the second dose from 3 years & 4 months to 18 months of age for children born from 1st July 2024 and it is anticipated to increase uptake of the second dose from January 2026.
- Influenza** – planning for the delivery of fluenz to children who attend LA nurseries in Merthyr and RCT areas is underway.
- Data systems** – Work is ongoing at a national level to resolve this. GP practices in CTM are being asked to support entering Fluenz directly on to WIS (Welsh Immunisation System) as well as the mandatory request for those children aged 16+, although an API to the child health and WIS systems would be preferable.
- Transition from Health Visiting to School Nursing** - The ISSAC (Immunisation Standards for School Age Children) have been reviewed and are awaiting national sign off.

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



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

Quarter 4 2024/25 Local Authority Uptake

Merthyr Tydfil LA	76.7%
RCT LA	79.5%
Bridgend LA	80.3%
CTMUHB	79.4%

Quarter 4 2024/25 Welsh HB's Uptake

ABUHB	66.1%
BCUHB	70.8%
C&VUHB	68.8%
CTMUHB	79.4%
HDUHB	74.1%
PTHB	77.3%
SBUHB	85.6%
All Wales	73.1%

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

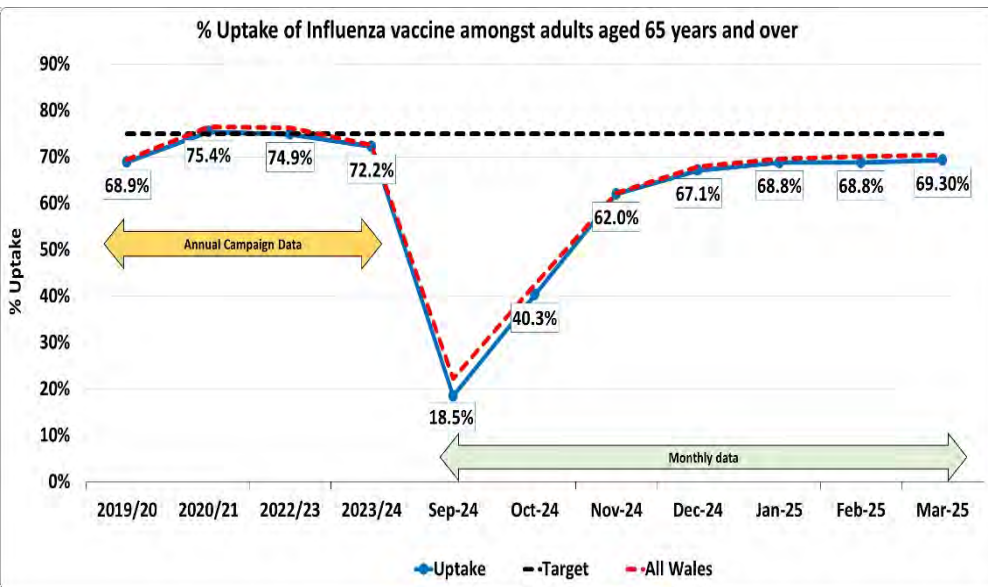
Challenges:

- 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 evening 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 a number of address and contact details are not always up to date.
- 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 which proved successful during August 2024.
- Personal data accuracy** (address, contact number, school attended) - data cleansing pilot with RCT (initially) underway with the view of improving accuracies of personal data held by both organisations and also identifying/supporting electively home educated children. Following this pilot, aim to expand the process to Merthyr Tydfil and Bridgend. Validation of existing lists (where contacts are unavailable) via support from GPs and schools continues.
- Obtaining consent** – A newly developed E-consent system was successfully piloted in May 2025. This pilot is being extended in September, with the aim of being paper free by January 2026.

% 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:

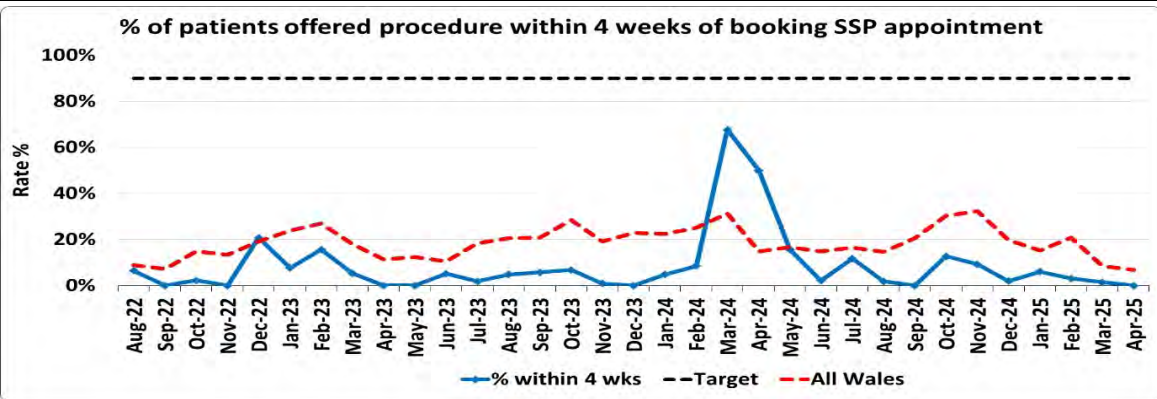
- Vaccine fatigue** – across all health boards and vaccination campaigns there is an increasing apathy towards vaccination, particularly since the COVID-19 Pandemic.
- Joint Committee on Vaccination and Immunisation (JCVI)** and Welsh Health Circulars (WHCs) instructed a change in priority to the start of the adult flu vaccination campaign, moving the required start date back to 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:

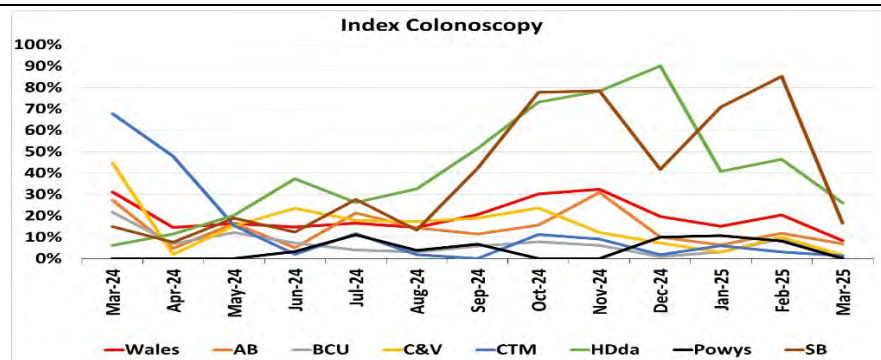
- Vaccine fatigue** - Vaccine Programme Wales is supporting health boards with the establishment of a misinformation and vaccine literacy group in line with and the HB vaccine equity strategic plan. The Health Protection Team will be attending the community leaders' network with hopes of establishing 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 % - Apr 2025 = 0 %



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



Status as at March 2025		
Health Board	Compliance	Rank
HDda	26.0%	1st
SB	16.7%	2nd
AB	6.9%	3rd
C&V	1.6%	4th
CTM	1.4%	5th
BCU	0.7%	6th
Powys	0.0%	7th

How are we doing & what actions are we taking?

- The pan CTM Bowel Screening Wales (BSW) assessment work programme has concluded and patient booking underway.
- Sick absence amongst the BSW Endoscopist Team has impacted on waiting times, however this is expected to improve now that all Specialist Screening Practitioners have now returned to work following sickness absence.
- A shortage of accredited BSW Endoscopists continues to impact activity. It is expected that one additional Endoscopist will achieve accreditation shortly.
- As of 2nd July there were 170 patients waiting for an index colonoscopy, of which, 115 have a booked appointment. Unfortunately, 132 patients will have waited longer than 4 weeks for their procedure and of these, of these 39 patients will have waited over 8 weeks.

The operational challenges that have an impact on activity are:

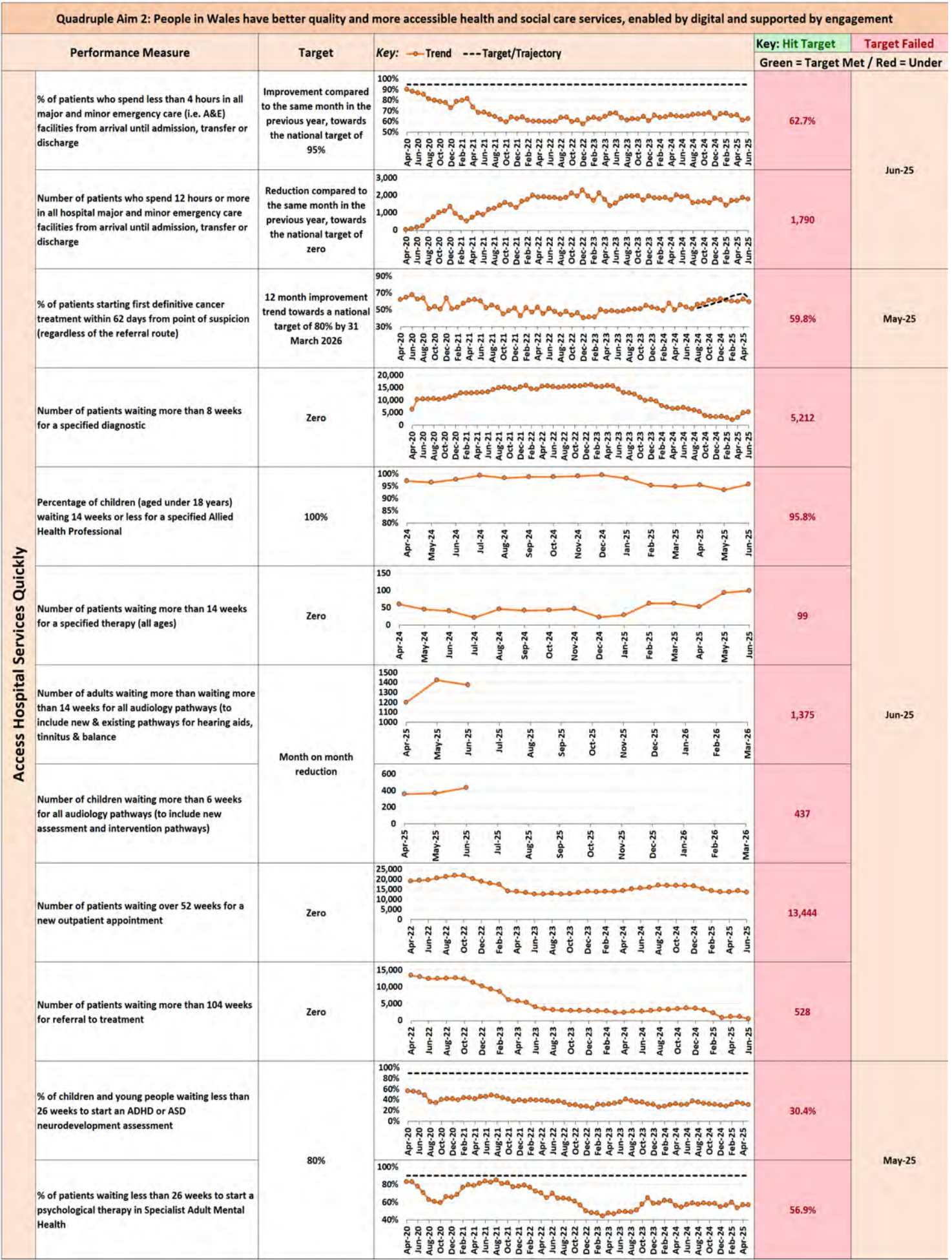
- Participant, patient choice and refusal remain an issue when booking across CTM.
- Providing adequate cover for periods of leave and on-call commitments, particularly due to the limited pool of BSW accredited consultants. This continues to be managed through the 6-4-2 process which has seen an increase 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.

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).

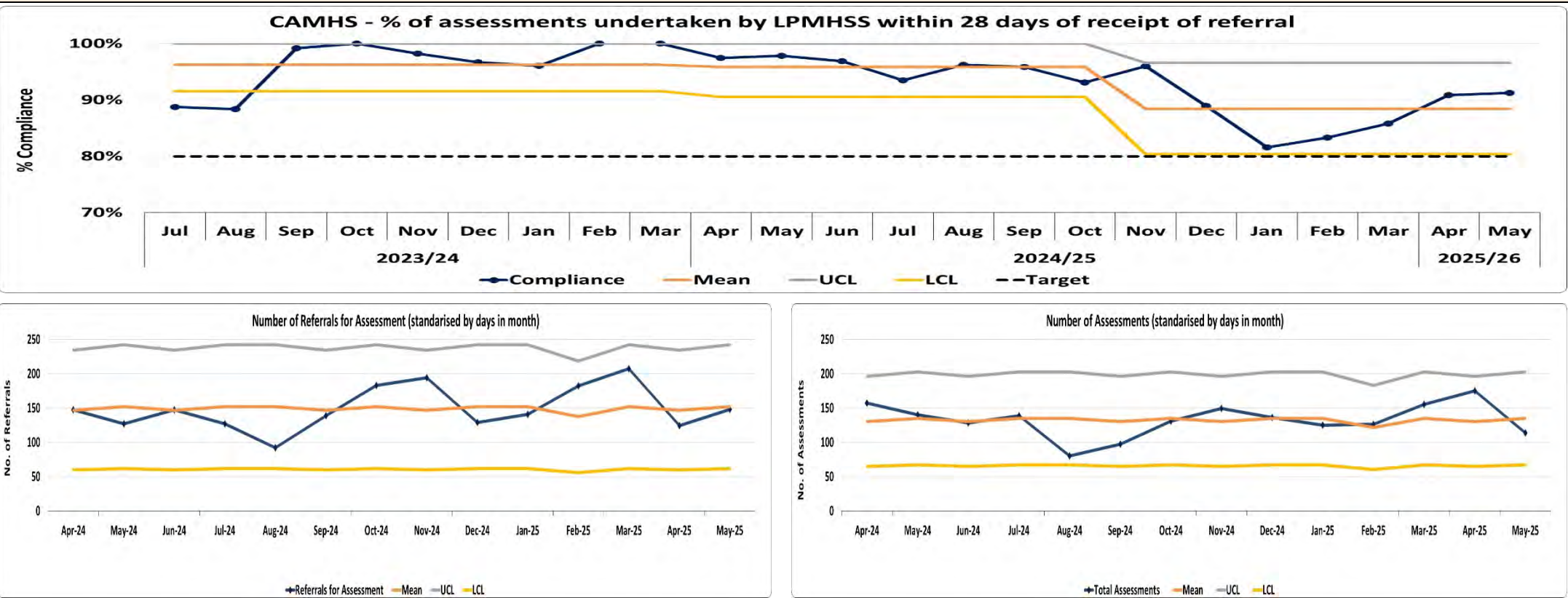
2.3 Welsh Government Performance Indicators: Quadruple Aim 2: Quality & Better Access to Services





CTMUHB Mental Health & Learning Disabilities Care Group
CAMHS & Specialised Services – May 2025

% of CAMHS assessments undertaken by LPMHSS within 28 days of receipt of referral (91.2 %) - 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 May the compliance for the CAMHS service observed a rate of 91.2%.

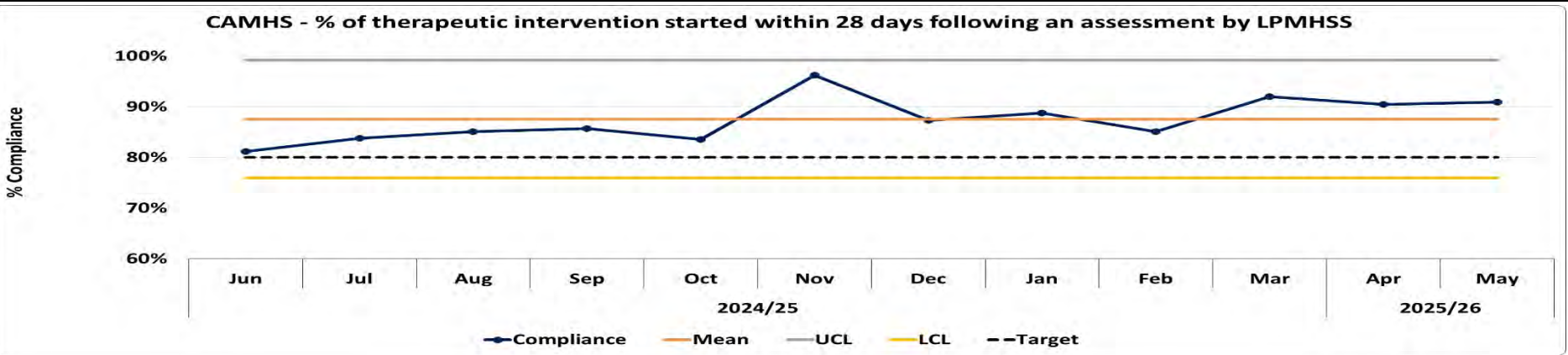
For the past two years we have seen that performance has notably improved in this area of the CAMHS service with compliance continually maintained above the WG target of 80% from July 2023.

As seen in the charts to the left, the number of referrals & assessments each month remains within normal limits, given the variability in the number of working days in the month.

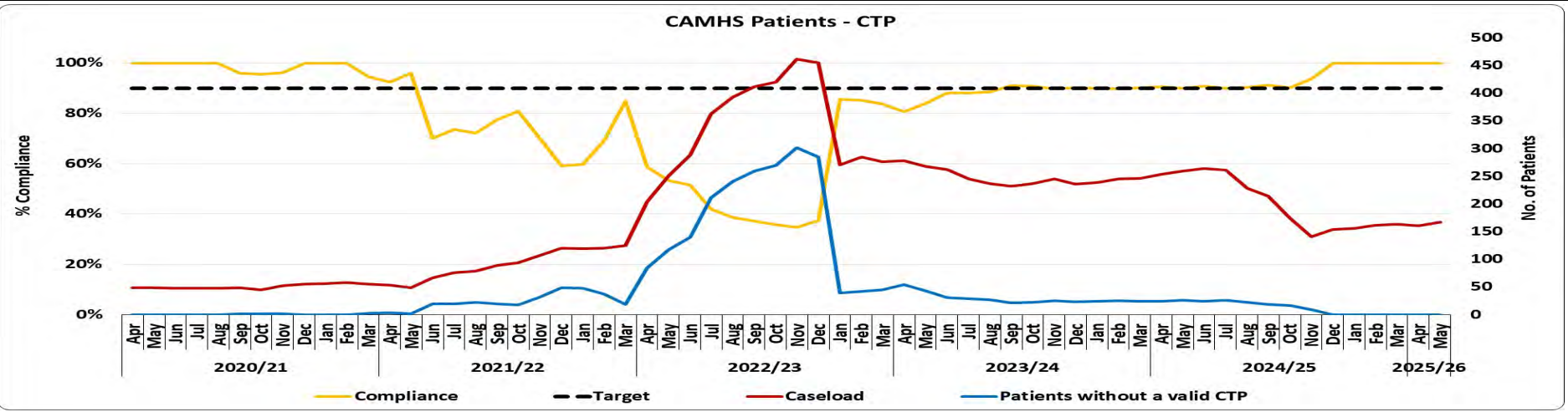
CAMHS - % of therapeutic intervention started within 28 days following an assessment by LPMHSS (90.9 %) - Target 80 %

Compliance for the proportion of therapeutic interventions starting within 28 days following an assessment by LPMHSS was 90.9% during May and continues to surpass the WG set target of 80%.

The Directorate continues to develop its local groups in partnership with the third sector. The Service also continues to engage with the SilverCloud digital offer and attend All Wales co-ordination meetings from the Powys Hub.



% 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 May, surpassing the WG set target of 90%.

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

How are we doing and what actions are we taking?

Actions being taken in CAMHS:

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

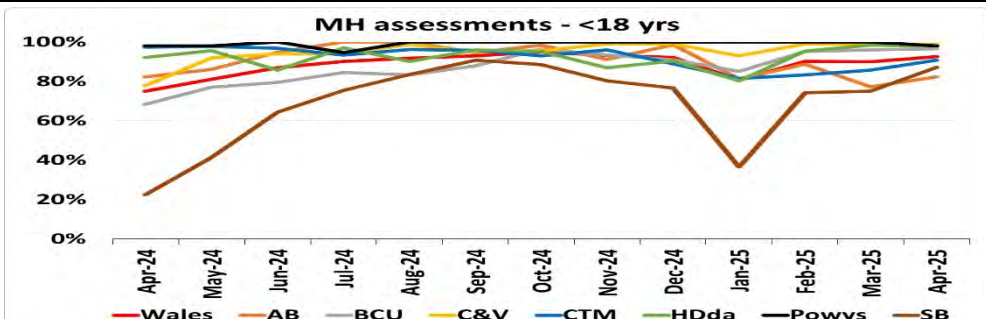
Outputs of improvements:

- **Part 1a:** Our approach to the management of this service includes closely monitoring the waiting times for assessment during the month. As at the end of May we had 120 patients on the waiting list; a 36% reduction from the 188 patients waiting at the start of April 2025.
- **Part 1b:** We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions delivered in May was 66, which is around the monthly average of interventions carried out during the past twelve months.
- The introduction of referral-based access to the online digital platform SilverCloud, early last year, has further helped with providing interventions in a timely manner.
- **Part 2:** The results of the caseload audit completed at the end of last year is helping us to focus on quality in relation to CTP's. 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 167 in comparison to 51 pre-Covid.

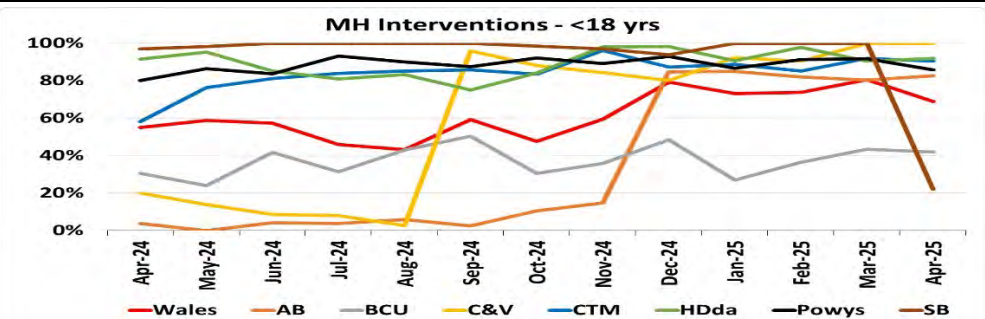
Main areas of risk:

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

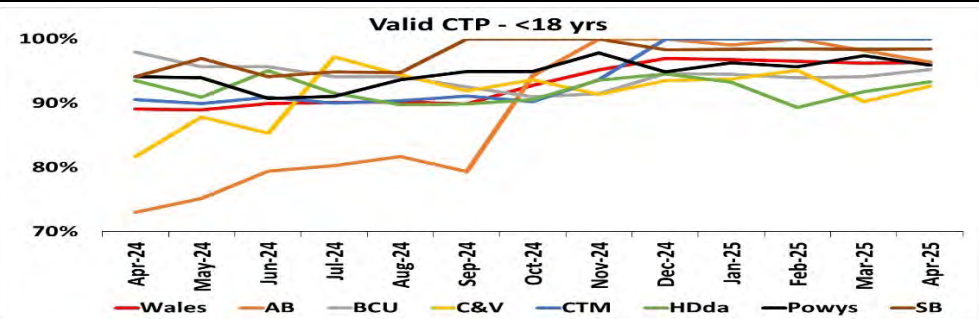
How do we compare with our peers?



Status as at April 2025		
Health Board	Compliance	Rank
C&V	98.9%	1st
HDda	98.1%	2nd
Powys	98.0%	3rd
BCU	96.7%	4th
CTM	90.9%	5th
SB	87.2%	6th
AB	82.4%	7th

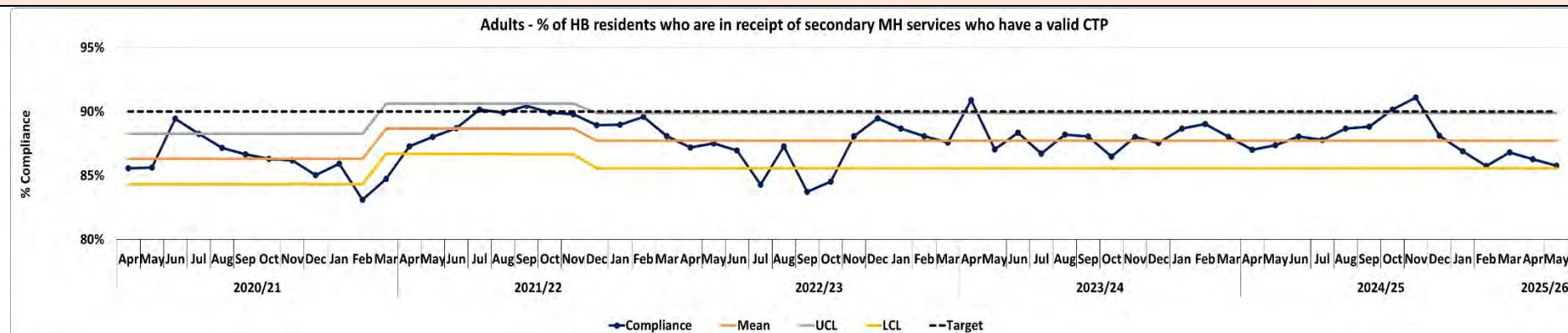
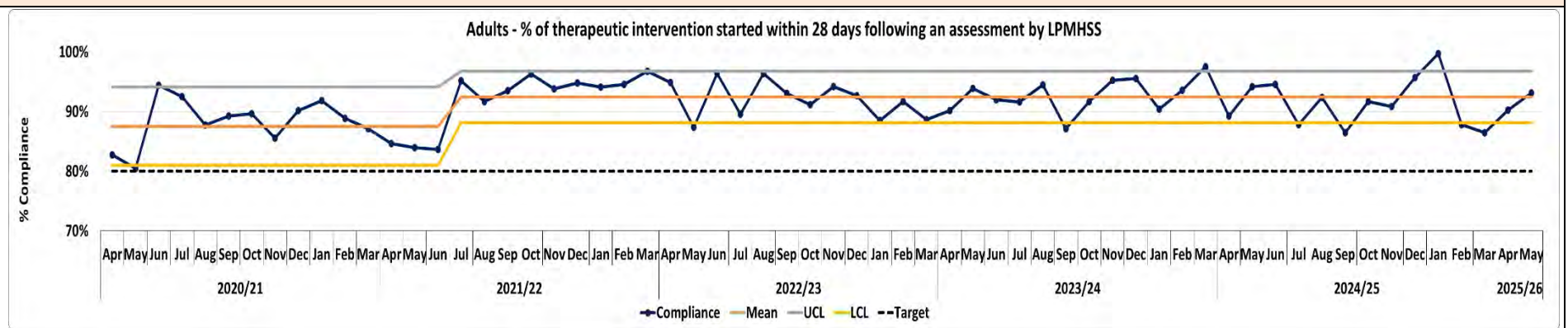


Status as at April 2025		
Health Board	Compliance	Rank
C&V	100.0%	1st
HDda	92.0%	2nd
CTM	90.5%	3rd
Powys	85.7%	4th
AB	82.7%	5th
BCU	41.9%	6th
SB	22.0%	7th

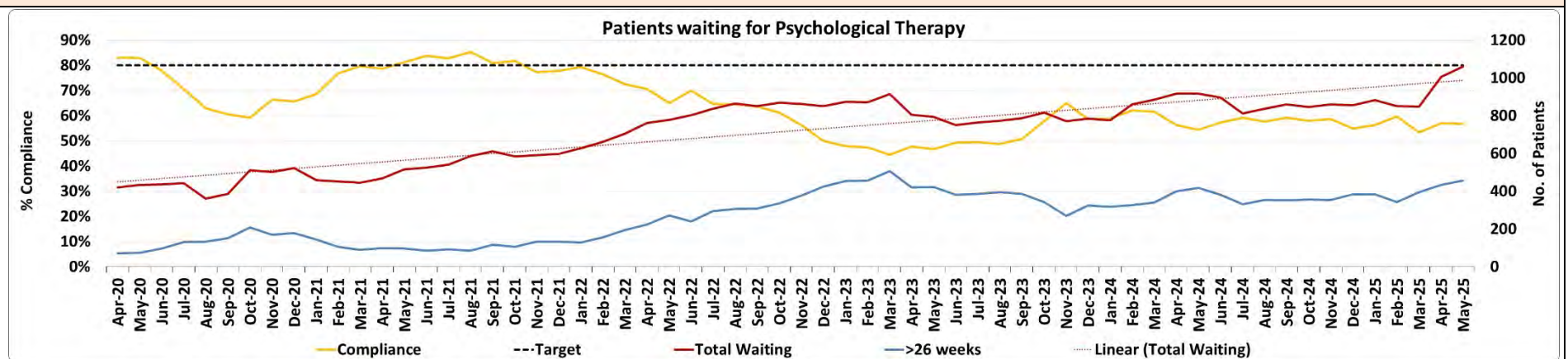


Status as at April 2025		
Health Board	Compliance	Rank
CTM	100.0%	1st
SB	98.4%	2nd
AB	96.4%	3rd
Powys	95.9%	4th
BCU	95.2%	5th
HDda	93.3%	6th
C&V	92.7%	7th

Referrals during May totalled 769, which is the same as the monthly average for 2024/25, but lower than pre-Covid, where levels were in the region of 1,000 to 1,100.



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



138/510



Adult Mental Health Services - continued

How are we doing?

Part 1a: During May compliance across all teams fell to below the target of 80%. A combination of increased demand and a reduction in capacity of both admin and clinical staff contributed to the fall in performance.

Part 1b: Performance continues to be above target and is at 93.2%.

Part 2: Overall compliance for both Adult, Older Adult and Learning Disability Services was 85.8% with compliance for the services shown below:

- Adult Services – 84.3%
- Older Adult Services –90.6%
- Learning Disability Services – remaining static at 85.6%.

Psychological Therapies: The overall waiting list position at the end of May stands at 1,063 patients. Those patients waiting over 26 weeks currently stands at 606 service users. The Psychological Therapies Waiting Lists associated with this WG metric is comprised of 8 waiting list service areas across adult and older adult mental health. Currently, 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:** Long term sickness has impacted the overall service capacity due to the cancellation of appointments and reduced number of assessments available. Sickness across the teams is being managed through appropriate policies and procedures. Overtime and bank is being used to increase capacity and an improvement is expected through June & July.
- **Primary Care:** Vacancies within the Health and Wellbeing Teams in some GP surgeries (Taf and Merthyr), who act as “gatekeepers”, has resulted in a slight increase in referrals.
- **Room availability:** Lack of available clinical rooms within the Rhondda and Bridgend localities is impacting on the amount of appointments available.
- **Administrative shortages:** Vacancies and sickness have delayed referral processing and hindered patient booking. Outcomes and waiting list validation has suffered. Across the service vacancies and long-term sickness equates to a 46% loss in admin support. With team members distributed across five locations, the current capacity stretches resources thin, impacting on service delivery. This has been escalated to ensure visibility and support at the highest levels. Plans are being enacted to rebalance the admin capacity to support referral and appointment processes and urgent targeted admin recruitment is underway.
- **IT systems:** Bridgend locality has recently moved to CTM systems for standardisation, however there are a number of issues reported, including duplicate patient records which require validation. The team are unable to complete this task due to additional workload and capacity that admin cannot meet. This could have impacted on the accuracy of the part 1a performance.

Part 2:

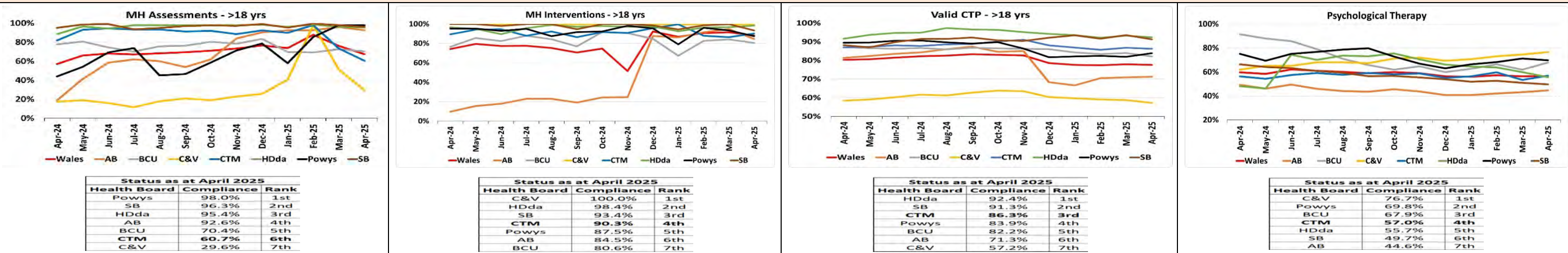
- **Medical capacity:** Sickness and vacancies have contributed to reduced capacity for CTP appointment reviews. Vacancies have resulted in a reduction of available medic sessions for completion of CTP reviews, however this is being mitigated through the use of locum doctors. The revised outpatient redesign model proposes transfer of CTP cases to Advanced Clinical Practitioners who are proven to be more efficient in terms of CTP compliance and there is ongoing exploration of redirection of medical vacancy funds in Cynon CMHT to enable this. A challenge around this work is the availability of administration staff to validate the CTP register.
- **Local authority:** LA compliance for CTP’s remains below target. Service Managers within the LA advise that sickness absence is the main contributory factor. They have advised on improvement actions, which include use of agency and monitoring performance through supervision. Multi-agency meetings have been established between CTM and LA, with on-going discussions around compliance and ways to improve.
- **Admin shortages:** Vacancies and sickness within the admin teams are a contributory factor to inefficient waiting list management and the inability to meet compliance targets. Across the service there are 5 vacancies and a number of long term sickness absences. The admin pressures have been escalated through OMB, QSE, and SMT to ensure visibility and support at the highest levels.
- **Service Redesign.** There is not a consistent approach to CMHT inclusion criteria across the service due to historic locality working. We are in the process of reviewing secondary care services as one of the IMTP priorities, including a demand and capacity review.

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

Actions taken to improve position:

- Current staff have increased working hours where possible.
- Vacancy tracker monitoring in place & prompt advertisement of posts.
- Review of longest CMHT waiters and longest LPMHSS waiters undertaken to inform D&C work.
- Restructuring posts within CMHT & reviewing staffing structure in LPMHSS.
- CMHT CAAP & Consultant psychologist are providing one session a week into RTE locality to target the longest waiters.
- Psychological therapies - programme & workstreams are underway including, demand & capacity, waiting list improvement, ensuring equity of care and integrated pathways & improved data quality and reporting.

How do we compare with our peers?



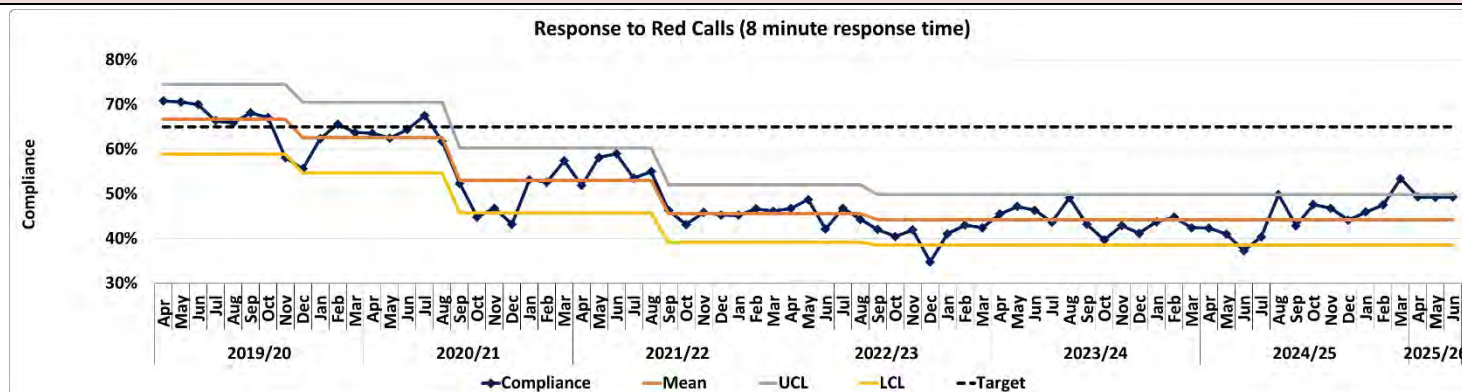


CTMUHB Unscheduled Care Group - Please note 2025/26 trajectories for improvement are still in development

Emergency Ambulance Services – June 2025

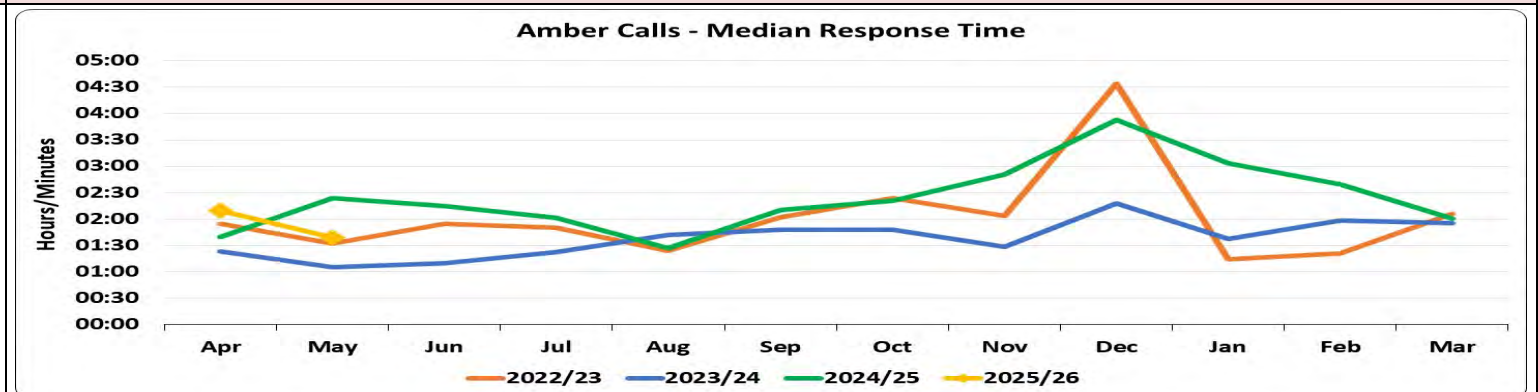
% of emergency responses to Red Calls arriving within 8 minutes (Target 65 %)

June 2025 – 49.3 %



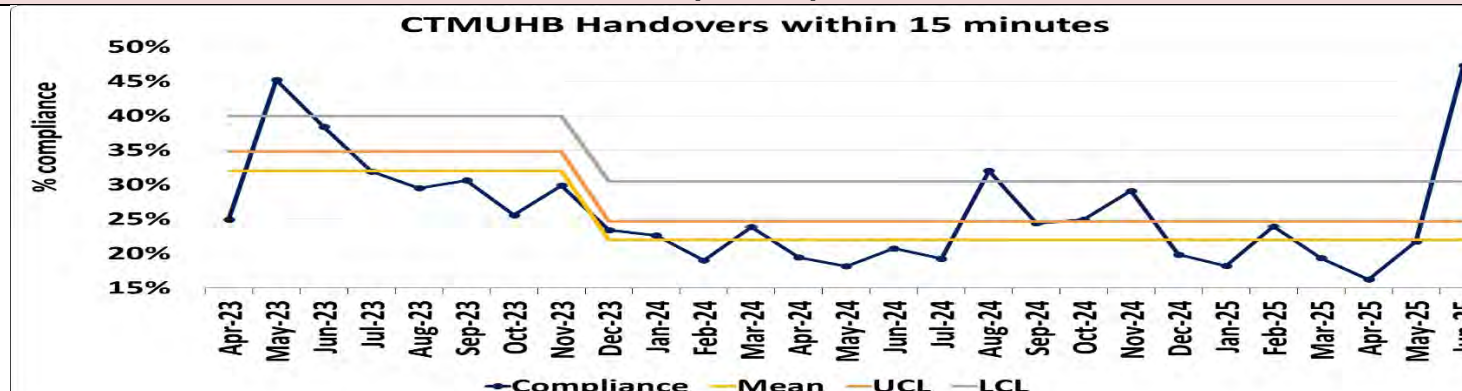
Median emergency response time to Amber Calls – Target is 12 month reduction trend

May 2025 - 1 hour 39 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.

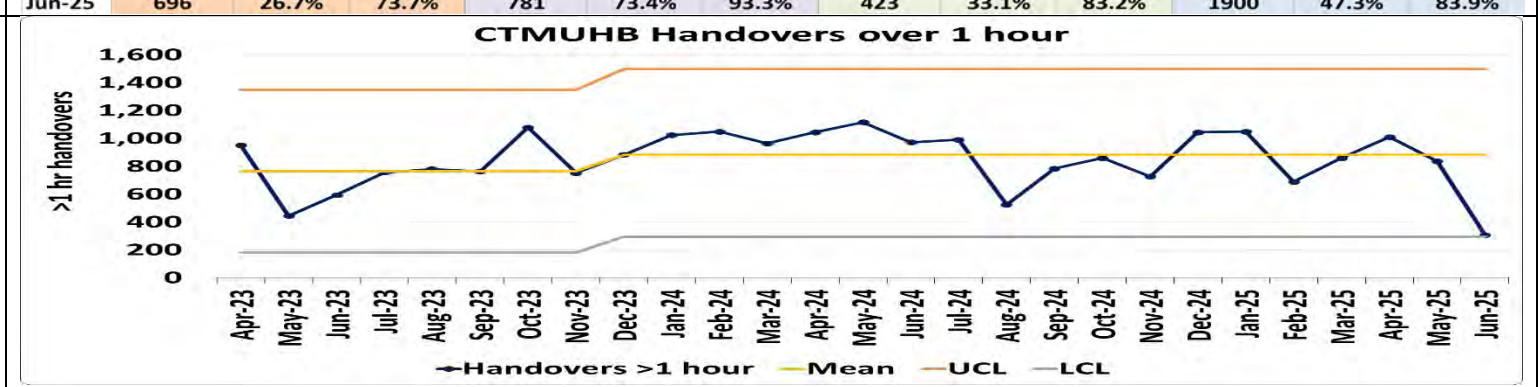
Total handovers – 1,900 of which 899 (47.3 %) of handovers were within 15 minutes



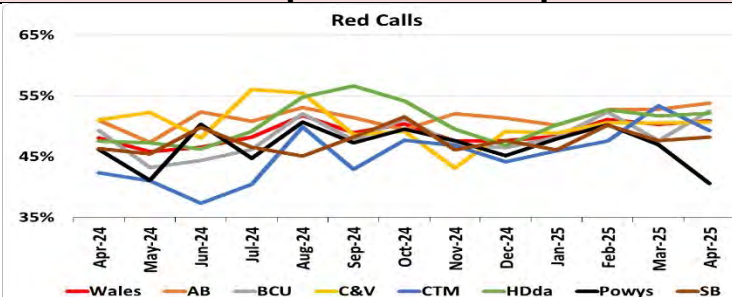
Number of ambulance patient handovers over 1 hour – Target Zero

306 handovers were over 1 hour (83.9 % of handovers were within 1 hour)

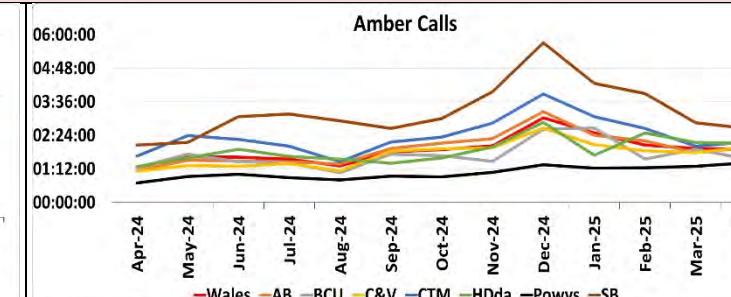
Period	PCH			RGH			POW			CTMUHB		
	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins	Handovers	% <15 mins	% <60 mins	Total Handovers	% <15 mins	% <60 mins
Jun-24	796	14.7%	49.2%	759	30.0%	66.0%	596	16.9%	47.8%	2151	20.7%	54.8%
Jul-24	856	17.1%	53.4%	785	21.5%	60.8%	560	19.5%	49.3%	2201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



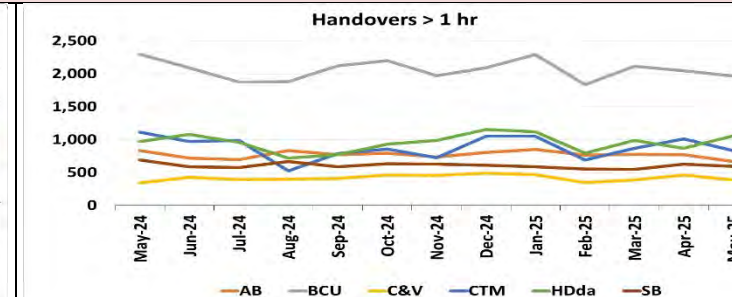
How do we compare with our peers?



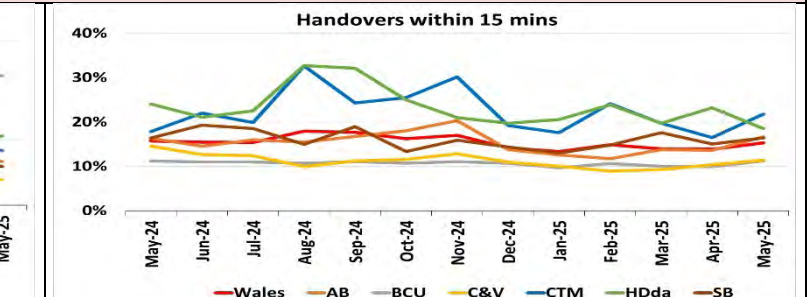
Status as at April 2025		
Health Board	Compliance	Rank
AB	53.8%	1st
BCU	52.5%	2nd
HDda	52.1%	3rd
C&V	50.7%	4th
CTM	49.3%	5th
SB	48.2%	6th
Powys	40.6%	7th



Status as at April 2025		
Health Board	Compliance	Rank
Powys	01:25	1st
BCU	01:32	2nd
AB	01:57	3rd
C&V	01:58	4th
HDda	02:06	5th
CTM	02:09	6th
SB	02:39	7th



Status as at May 2025		
Health Board	Compliance	Rank
C&V	390	1st
SB	593	2nd
AB	669	3rd
CTM	836	4th
HDda	1,059	5th
BCU	1,966	6th



Status as at May 2025		
Health Board	Compliance	Rank
CTM	21.8%	1st
HDda	18.5%	2nd
AB	16.6%	3rd
SB	16.4%	4th
C&V	11.4%	5th
BCU	11.2%	6th

Emergency Ambulance Services continued overleaf:



How are we doing?

Response to Red Calls per WAST Operational Area				
Jun-25	Total Responses	Responses within 8	% within 8 mins	12 Month Average
Merthyr	134	83	61.9%	61.2%
RCT	351	153	43.6%	42.7%
Bridgend	194	99	51.0%	46.0%
CTM	679	335	49.3%	47.1%

Response to Red Calls: Response times to life-threatening calls for the CTM area during June was just under 50%, with the 12 month average being 47%. The volume of Red Calls during June totalled 679; lower than the twelve month average of 773 and fewer than the equivalent period of 2024 (759).

The National compliance was 50.7% and continues to remain below the minimum expected standard of 65% of Red Calls to be responded to within 8 minutes.

Median Response to Amber Calls: The median response times for serious, but not immediately life threatening calls was 1 hour and 39 minutes during May; a half hour shorter than the previous month, and 44 minutes less than the equivalent period of 2024. The chart (page 14, top right) demonstrates fluctuations with response times ranging between 87 and 232 minutes during the past twelve months.

Ambulance Handover Compliance & Lost Hours: During June, ambulance conveyances to ED totalled 1,900, which is just under 12% (251) fewer than the equivalent period of 2024. Performance against the 15 minute handover observed a marked improvement to 47.3%, largely due to increased performance at RGH (73.4%). The number of patients and ambulance crews detained longer than an hour also improved greatly, reducing to 306 patient breaches. The 12 month average is 807 patient breaches, which is around 13% lower than the equivalent 12 month timespan of the previous year (Jul 23 to Jun 24).

During June the total number of lost hours notably reduced to 724 hours lost to the ambulance service following notification to handover at our emergency departments; representing a 78% reduction (2,634 hours) on the same period of 2024 (*waits longer than 15 minutes are counted*).

Hospital Handovers in minute time groups								
Jun-25	0 - 15	15 - 30	30 - 45	45 - 60	60 - 120	120 - 180	180+	Total Handovers
PCH	186	157	105	65	127	53	3	696
RGH	573	96	42	18	22	17	13	781
POW	140	113	72	27	37	18	16	423
CTM	899	366	219	110	186	88	32	1,900

Immediate (Red) Release Requests: received when a WAST crew, which is currently with a patient at hospital, needs to be released to respond to an urgent call totalled 26 during May. The ED services were able to meet all of those requests, with the expected standard being 100%.

Period	PCH			RGH			POW			CTMUHB		
	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
May-24	10	9	90.0%	17	17	100.0%	11	11	100.0%	38	37	97.4%
Jun-24	13	12	92.3%	10	9	90.0%	12	11	91.7%	35	32	91.4%
Jul-24	9	9	100.0%	11	11	100.0%	9	9	100.0%	29	29	100.0%
Aug-24	11	10	90.9%	4	4	100.0%	8	8	100.0%	23	22	95.7%
Sep-24	9	9	100.0%	10	10	100.0%	12	11	91.7%	31	30	96.8%
Oct-24	23	23	100.0%	10	10	100.0%	6	6	100.0%	39	39	100.0%
Nov-24	16	16	100.0%	11	10	90.9%	3	3	100.0%	30	29	96.7%
Dec-24	18	18	100.0%	18	17	94.4%	10	9	90.0%	46	44	95.7%
Jan-25	14	14	100.0%	25	24	96.0%	9	8	88.9%	48	46	95.8%
Feb-25	6	6	100.0%	11	11	100.0%	4	4	100.0%	21	21	100.0%
Mar-25	11	11	100.0%	10	10	100.0%	6	5	83.3%	27	26	96.3%
Apr-25	10	10	100.0%	14	12	85.7%	1	1	100.0%	25	23	92.0%
May-25	15	15	100.0%	11	11	100.0%	0	0	No requests	26	26	100.0%

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

What actions are we taking & when is improvement anticipated?

Development of CTM's Urgent & Emergency Care Rapid Improvement Plan continues with trajectories for improvement yet to be finalised. However, the improvement plan is based on achieving the following:

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

The above improvements will be 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 August 2025.
 - Sign off Internal Professional Standards.
- Acute Medicine Transformation Programme (STAMP) – POW – 3 workshops complete – 2 further planned for early July.
 - New investment agreed for x3 Consultant Acute Physician posts. Targeted recruitment drive currently underway.
 - Single Point of Access (SPOA) meeting with Primary & Community Care. Programme established.
 - Targeted recruitment of Acute Medicine Consultants following new investment to provide 7/7 cover.

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 June & thus far July; 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. Subsequently there is a heavy reliance on locum and agency staff to support rotas across the three ED's. That being said, a demand and capacity exercise and realignment of out-turn funding has identified opportunities to invest in more Emergency Medicine posts.



CTMUHB Unscheduled Care Group – Please note 2025/26 trajectories for improvement are still in development

Emergency Unit Waits – June 2025 (Provisional Position) - Total Attendances = 16,845

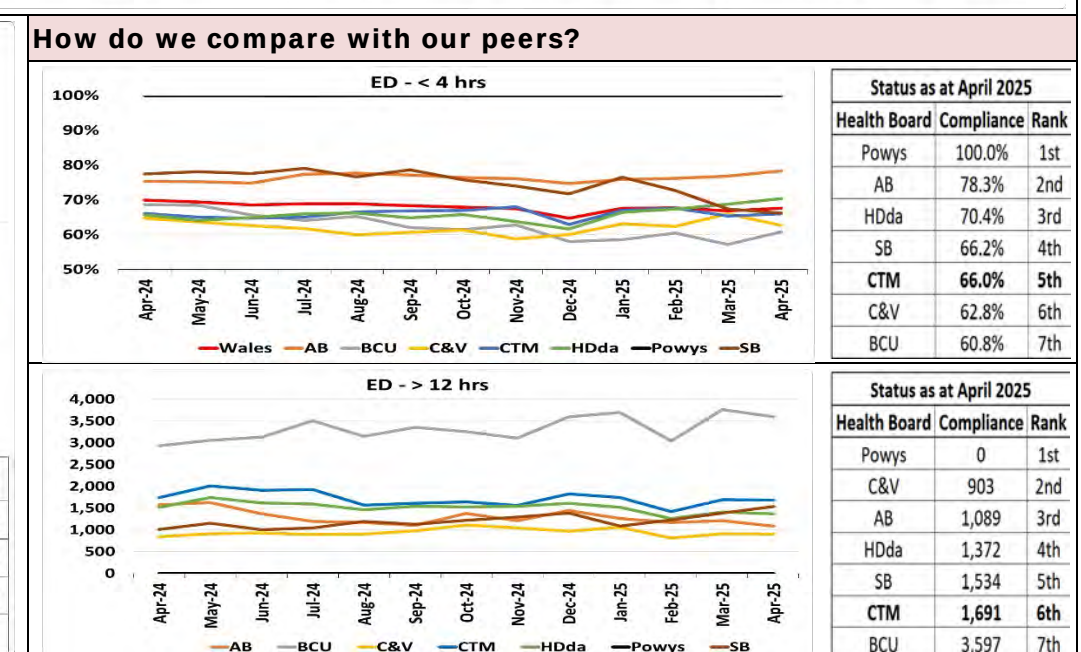
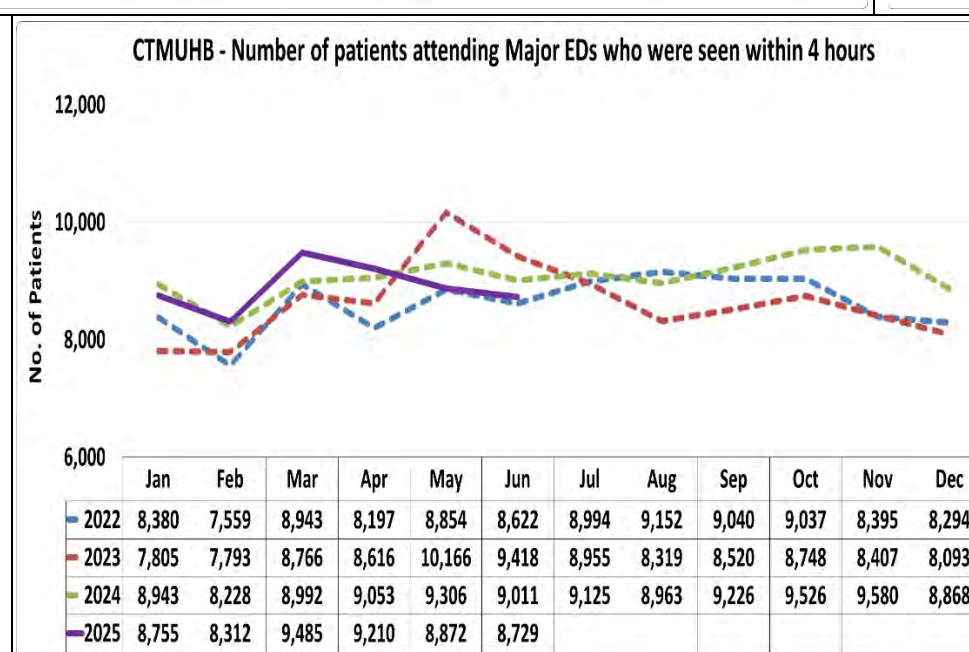
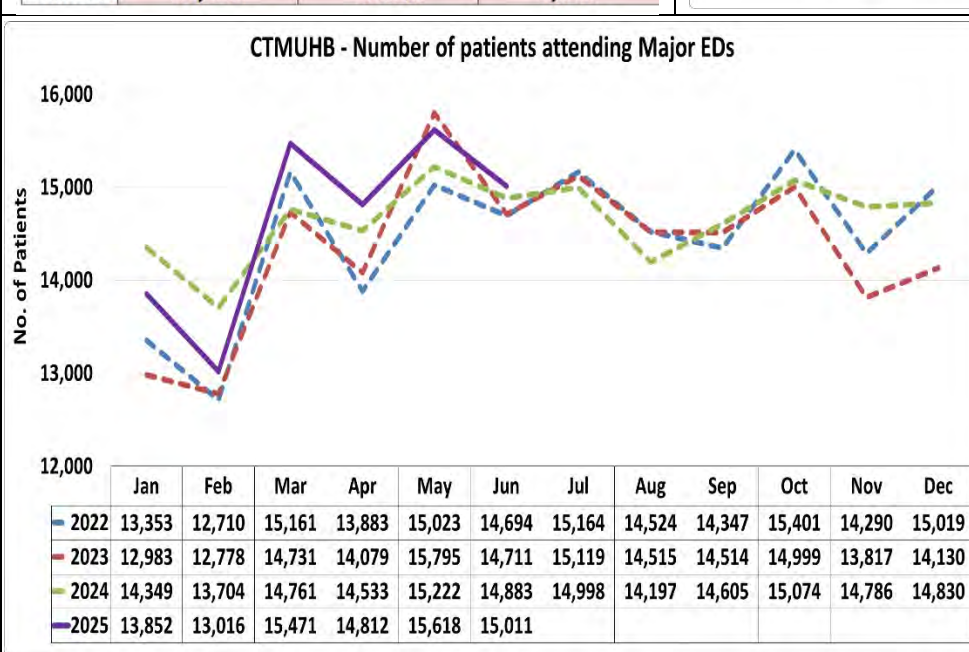
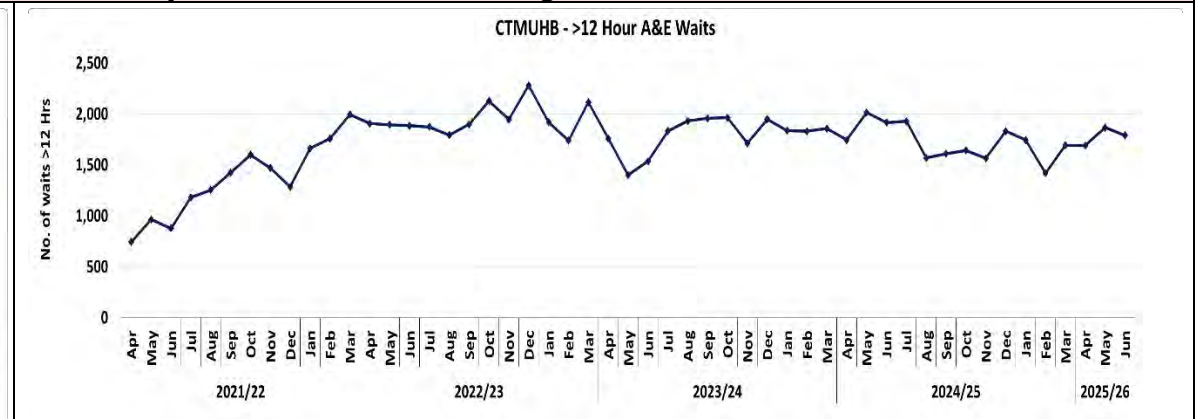
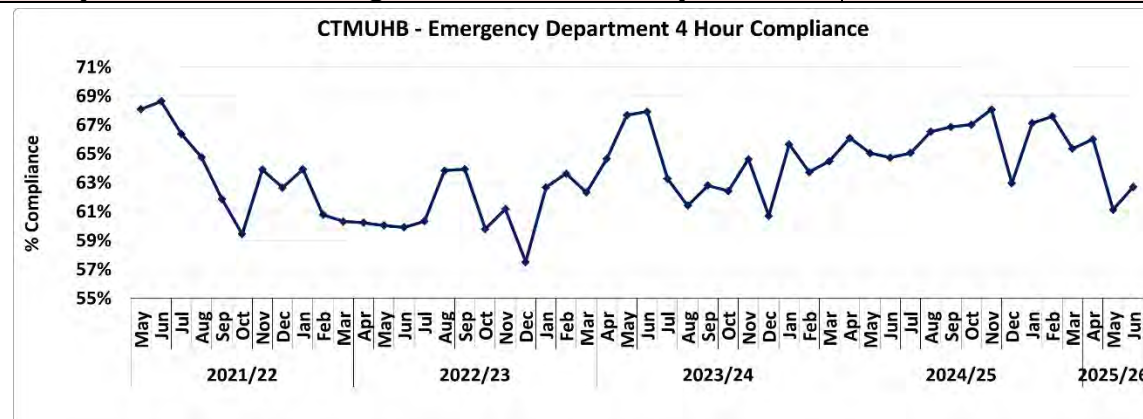
% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge – Target is improvement compared to the same month in the previous year, towards the national target of 95%

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

62.7 % were seen within 4 hours (Patients Waiting >4 hours 6,282)

1,790 patients were waiting over 12 hours

Period	Attendances	CTMUHB 4 Hrs %	> 12 Hrs
Jun-24	16,650	64.7%	1,915
Jul-24	16,808	65.1%	1,928
Aug-24	15,640	66.5%	1,569
Sep-24	16,241	66.9%	1,610
Oct-24	16,822	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%	1,419
Mar-25	17,322	65.4%	1,692
Apr-25	16,501	66.0%	1,691
May-25	17,358	61.1%	1,867
Jun-25	16,845	62.7%	1,790



How are we doing?

The chart above shows that throughout June the total number of ED attendances at our three acute hospital sites was around 1% higher than those observed during June 2024 and 2% higher than the same period of 2023. Overall numbers of Minor Injuries and ED attendances totalled 16,845, which is 1.2% higher than those observed during the equivalent period of 2024 (16,650).

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at our emergency care facilities during June is provisionally 62.7%, which as it currently stands is below the 12 month average (65.5%), and continues to remain well below the WG compliance target of 95%.

The twelve hours performance observed that 1,790 patients were waiting in excess of 12 hours and for the past year the rate of 12 hour patient breaches has been around 11% of the total attendances.

What actions are we taking & when is improvement anticipated?

- Pre-emptive measures are already in place to create offload space by reassigning patients into bed spaces or an ambulance where patients may become fit to sit.
- Experience triage/senior decision maker to maximise fit to sit decision, quick turnaround and front loading of investigations.
- Urgent Treatment Centre (UTC) at PCH.
- Implementation of Strategic Transformation of Acute Medicine Programme (STAMP) across all 3 acute sites.
- 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 for POW in progress; awaiting financial approval against out-turn funding.

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 levels 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.
- Recruitment to Medical Workforce due to availability.
- Following the transition of Medical Bank and Agency providers during June, some technical issues have been identified and an interim solution for booking shifts for 2-3 weeks in advance has been established.



Data sourced from the National Hip Fracture Database (NHFD)

Improvement actions & risks

Data reported Quarterly – latest period to April 2025

(please note that the information below is updated quarterly)

National Falls & Fragility Fracture Audit Programme

Annualised values based on cases averaged over 12 months to end of April 2025 (except KPI's 6 & 7 which are delayed to allow for follow up data to be included). Source National Hip Fracture Database 9th June 2025)

Key Steps	KPI - Expected WG target of 75%		Wales Average	NHFD overall performance	Prince Charles Hospital	Royal Glamorgan Hospital	Princess of Wales Hospital
					Average cases		
					247	374	110
Getting to the right place	0	Admission to specialist ward	13%	9%	35%	11%	31%
	1	Prompt orthogeriatric review	69%	88%	0%	0%	46%
Getting up after surgery	2	Prompt surgery	52%	58%	71%	57%	84%
	3	NICE compliant surgery	66%	70%	53%	64%	58%
	4	Prompt mobilisation	76%	82%	64%	57%	78%
	5	Not delirious post op	59%	67%	0%	1%	81%
Getting back home again	6	Return to original residence	74%	74%	71%	68%	75%
	7	Bone medication	57%	55%	1%	16%	51%

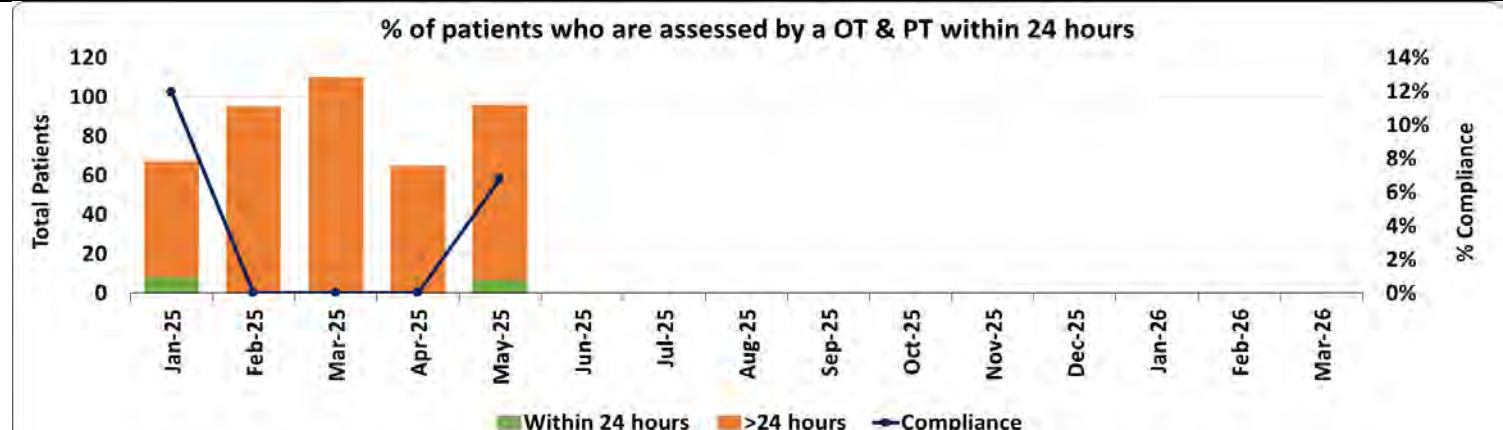
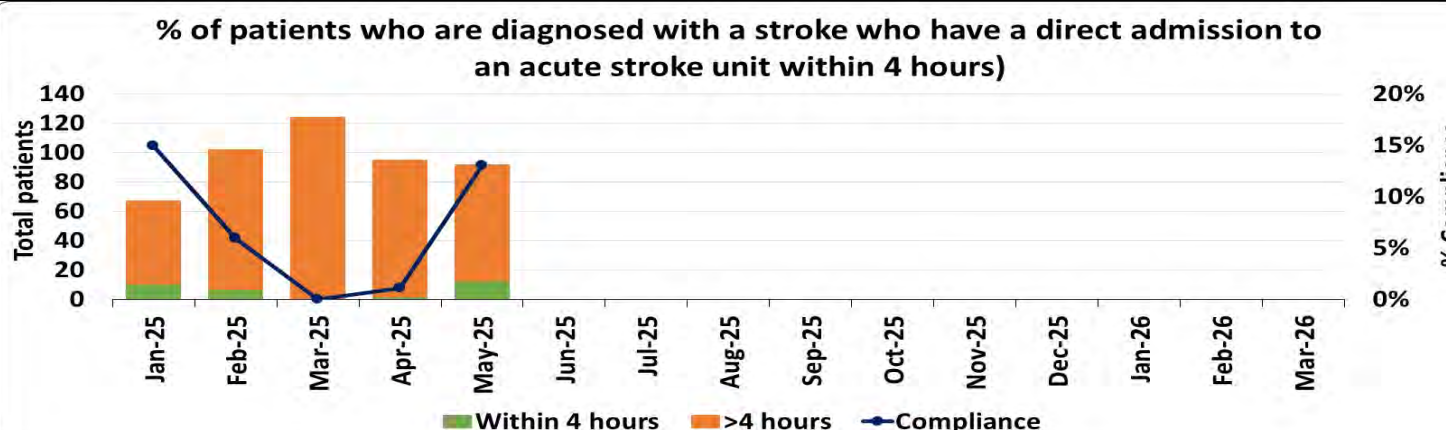
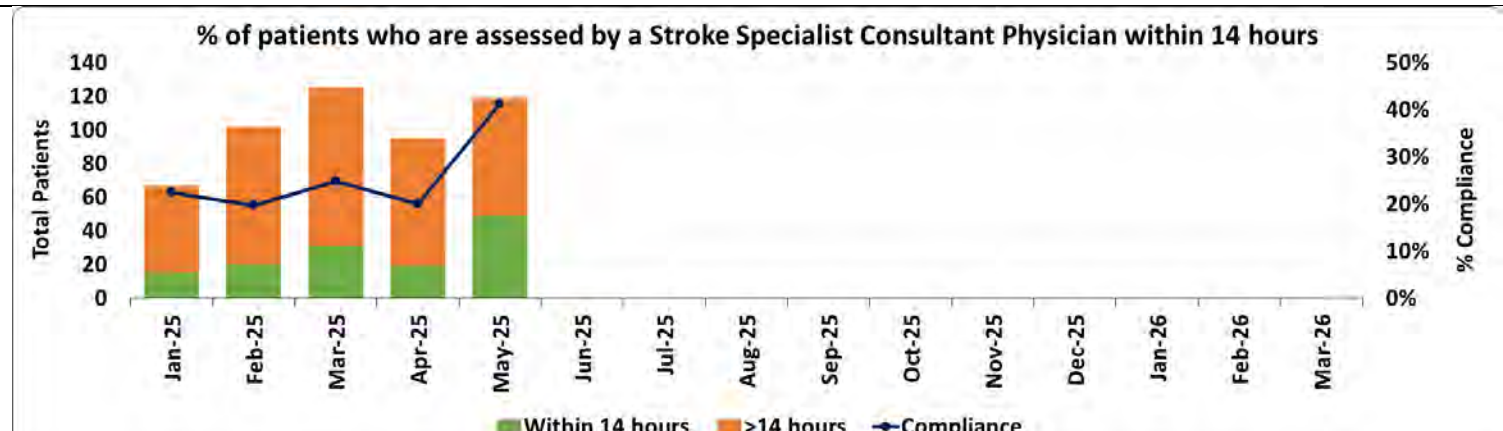
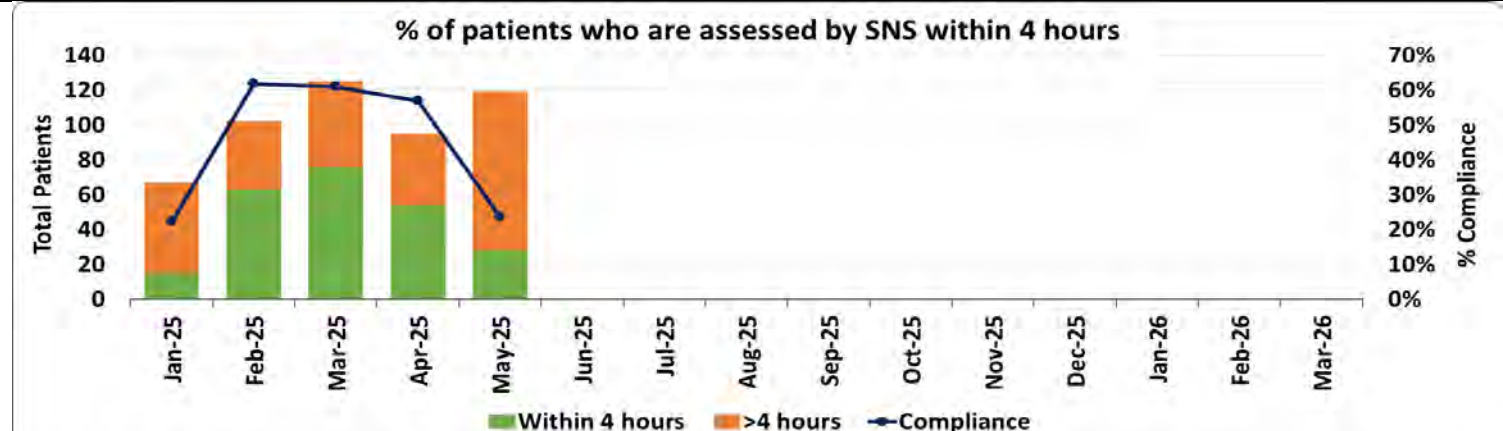
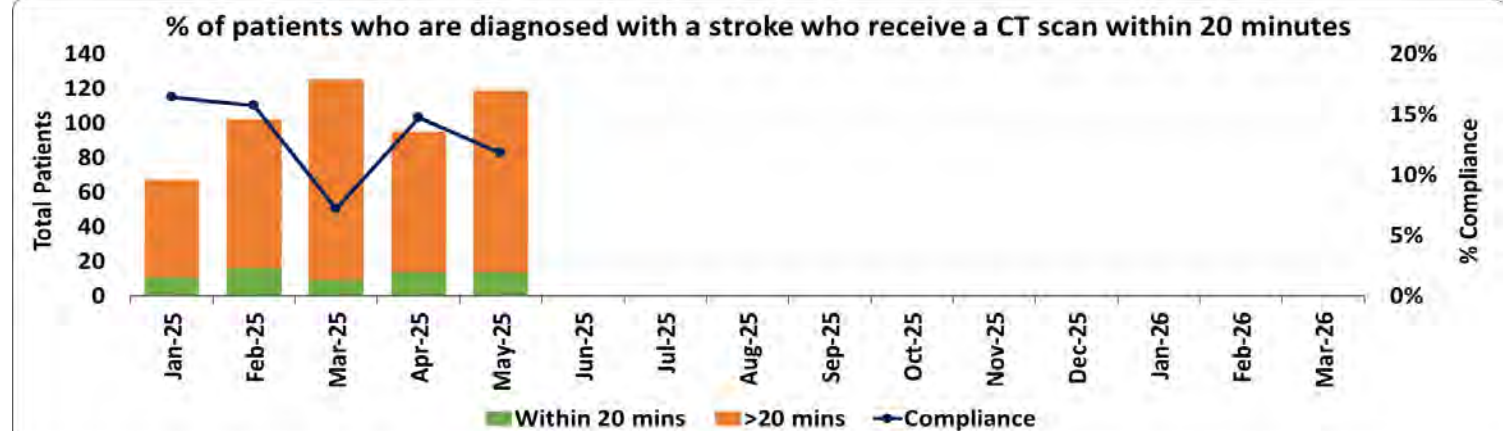
RAG Rating Definitions	
Red: Greater than 10% below 75% expectation	R
Amber: Within 10% of 75% expectation	A
Green: At or above 75% expectation	G

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

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

The national SSNAP data standards were amended at the end of September 2024, with new targets introduced, as shown below:

Stroke Quality Improvement Measures		
Current month stats: May 2025		
% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit (< 4 hours)		
Stroke Unit Admissions	No. within 4 hrs	% Compliance
92	12	13.0%
% of patients who are diagnosed with a stroke who receive a CT scan within 20 minutes		
Patients diagnosed as stroke	Scanned <= 20 mins	% Compliance
119	14	11.8%
% of patients who are assessed by SNS within 4 hours		
Assessments	Assessed <=4 hrs	% Compliance
119	28	23.5%
% of patients who are assessed by a stroke specialist consultant physician within 14 hours		
Assessments	Assessed <=14 hrs	% Compliance
119	49	41.2%
% of patients who are assessed by OT & PT within 24 hours		
Assessments	Assessed <=24 hrs	% Compliance
96	7 patients received OT & 6 patients received PT within 24 hrs	6.8%



Stroke continued on the next page...

**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 due to senior specialist medical workforce challenges. Following recent recruitment process a 5th Stroke Consultant has been appointed and will start in post in January 2026. There is an ongoing reliance on agency staff to fill temporary gaps.
- Despite the temporary centralisation, there are flow constraints to the Stroke Unit with patients attending on all three acute sites for transfer to a stroke bed. The configuration of the Stroke Unit separates the acute and step-down rehabilitation patients between Ward 20 and Ward 19 at RGH, with acute stroke patients being admitted to Ward 20. Central monitoring has been installed on Ward 20 to support the acutely unwell patients.
- 11.8% of patients (14 out of 119) 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.
- 23.5% of patients (28 out of 119) were assessed by a Stroke Nurse Specialist within 4 hours. This is a new SSNAP target introduced in October 2024 and we will continue to monitor this performance. The stroke nurse workforce is now consolidated at RGH with limited weekend cover. This KPI has also been affected by sickness within the stroke nurse team.
- 41.2% of patients (49 out of 119) were seen by a Consultant Stroke Physician within 14 hours – this standard has changed from 24 hours. This standard will continue to be difficult to achieve whilst the consultant provision is a five-day service. A minimum of six consultants is required to achieve seven day working.
- 7 of the 96 Occupational Therapy assessments & 6 of the 96 Physiotherapy assessments were recorded on SSNAP as being carried out within 24 hours. However there have been some data entry/quality delays with SSNAP which have subsequently been addressed and internal data collection suggests therapy performance at OT 88%, Physio 87%, SLT for communication 93% and SLT for swallow assessment 88% once patients have been admitted to the unit demonstrating the positive impact of patients being admitted as soon as possible.
- There has been an improvement in the number of patients admitted to the Acute Stroke Unit within 4 hours (12 out of 92). In April no patients were admitted to ASU within 4 hours.

What actions are we taking & when is improvement expected?

- Consultant workforce improvements will be realised over the next six months, with one new consultant appointment. Following the temporary centralisation of stroke services at RGH, the senior medical workforce has combined, although there is an ongoing reliance on locum staff. The resident doctors (previously on the POW and PCH sites) have combined to one team and are now rostered to rotate through both sides of the Stroke Unit to support the full hospital stroke pathway. The consultant position will improve with recruitment later in the year together with a return from maternity and long-term absence. The combined Stroke Nurse workforce is also supporting stroke patients arriving at RGH.
- A plan has been submitted to increase the rehabilitation bed base at YCR (from 8 to 27 beds). This expansion would require additional therapy provision to ensure patients access stroke-specific therapy rehabilitation. This expansion would improve timely access to rehabilitation and aid flow, supporting improved admission to the Stroke Unit within 4 hours. Currently awaiting IMTP outcome.
- There is a dedicated therapy bay within the Stroke Unit at RGH which is a positive addition to the unit and enables patients to have access to therapy in a suitable environment within the ward. This has been a great improvement on the previous limited therapy spaces in POW and PCH. A number of complex factors are affecting maximum utilisation, but improvement plans across the pathway will have a positive impact.
- The Therapy 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 therapy teams have offered training and support to nursing colleagues who have moved to the unit who may not have worked in stroke care recently/previously.
- Following a quality and assurance review to Ward 20, an overarching improvement action plan has been developed, encompassing immediate improvements, workforce (medical and nursing) plans, ward based improvement huddle actions and estates actions. The action plan is overseen by the Lead Nurse and Directorate Manager, with fortnightly touchpoint meetings with COO, Deputy COO, Exec Director of AHPs and USC Director of Ops.
- Improvements are being noted in all areas and reflected in AMaT scoring and training compliance.
- Valuable support being provided by iCTM team to improve ward communications, stock and storage and promotion of Simply Do actions.
- Service Redesign programme in place with review of acute and community pathways alongside bed modelling.
- MDT Stroke Unit Improvement huddles have been established and are currently focused on junior staff (both nursing, therapy and admin staff) to encourage engagement in improvements. These are also being supported by the iCTM team.
- Successful appointment of second Ward Manager which will enable full seven day ward manager cover for the Stroke Unit. This will be invaluable in both providing direct support to staff and driving improvements.

What are the main areas of risk?

- Continuing training needs for nursing workforce on Ward 19 as previously not accustomed to stroke care.
- Consultation has now closed and staff transport from POW to RGH will cease from 1st September. Concerns raised by some staff as they are not able to drive and public transport is not an option. Working through possible rostering solutions but this is proving challenging.
- High vacancy rate within the Ward 20 template of the Unit and reliance on bank and agency staff. 4.2 wte RNs recently appointed along with 6.0 wte HCSWs. Ongoing RN recruitment in progress.
- High reliance on locum consultants to enable the service to run adequately.
- Lack of office accommodation for secretarial, therapies and consultant staff at RGH and delays in moving the MDM room to within the ward template.
- RGH demand – increased diagnostic demand for Doppler, Echo and MRI.
- Increased pressure on WAST due to having to transfer self-presenters; mitigated by commissioned EMS crew.
- The ability to report data has been disrupted by a combination of the changes in how SSNAP requires data to be recorded manually. SSNAP reporting has now been re-established although some data quality issues remain.
- Lack of 7/7 working for CNS, Medical or Therapy teams.
- Lack of psychology support available to our patients post-acute stroke.
- The lack of flow into and out of the Stroke Unit for patients who no longer need to be on the acute pathway.
- The mixed acute/rehab model on the stroke unit
- Unmet need for rehab
- Ring-fencing stroke beds continues to be a challenge.



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	5,000	5,212									

Number of Patients waiting >8 Weeks for a Diagnostic Test June 2025		
Cardiology Cardiology Services	Echo Cardiogram	244
	Cardiac CT	33
	Cardiac MRI	10
	Diagnostic Angiography	57
	Stress Test	7
	DSE	19
	TOE	5
	Heart Rhythm Recording	88
	B.P. Monitoring	0
Bronchoscopy		0
Colonoscopy		563
Gastroscopy		341
Cystoscopy		75
Flexi Sig		422
Radiology	Non-Cardiac CT	995
	Non-Cardiac MRI	33
	NOUS	1,772
	Non-Cardiac Nuclear Medicine	22
Imaging		18
Physiological Measurement		117
Neurophysiology		321
		70
Total		5,212

How are we doing?

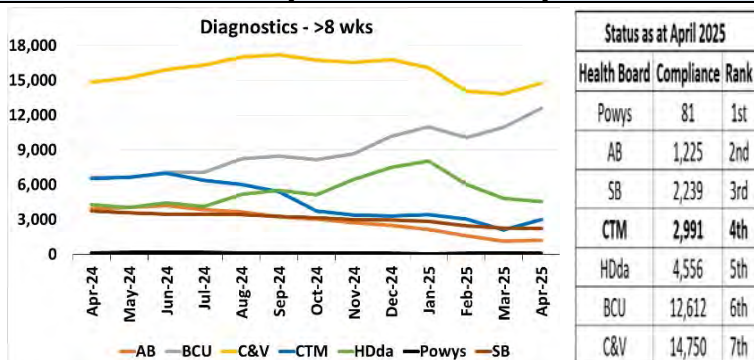
Provisionally, at the end of June, 5,212 patients have been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is a 4.2% growth on the previous period, but a 25% reduction on the equivalent period of last year.

In comparison to the previous month, we observe that during June the number of patients breaching a cardiology diagnostic has increased by 194 patients to 463 patients waiting longer than the desired timeframe.

Endoscopy diagnostics has seen a small reduction this month, although there remains 1,401 patients waiting in excess of 8 weeks for a procedure. Good progress has been made in reducing the number of patients breaching for cystoscopy, whereby a reduction from 197 patients to 75 breaching patients is seen this month.

The NOUS service has remained fairly static this month, but is currently reporting 1,772 breaching patients with no additional funding approved for 2025/26.

How do we compare with our peers?



What actions are we taking & when is improvement anticipated?

Radiology:

- Trajectories for NOUS and CT show scanning capacity shortfalls with the additional demand trends.
- No further additional funding has been approved to staff the unfunded CT sessions at POW or additional lists across the HB. D&C has demonstrated a maintained increased growth in demand for CT and an observed deteriorating position.
- No further additional funding for NOUS to support RTT vascular or USGI work, consequently the service is now observing a deteriorating position.
- MRI has a small cohort of GA Paeds patients that need coordinating with the anaesthetics department, coupled with Arthrograms which need Consultant Radiologist input.
- Breast compliance is being maintained.
- Agency/bank locum radiographers booked at RGH to cover vacancies and provide additional radiographer support to theatre for elective T&O work.
- Radiology reporting timescales 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.

Endoscopy:

- D&C modelling has been completed to inform the development of a recovery plan. The plan (subject to approval and funding) is anticipated to run from Aug 2025 to Jan 2026 in order to achieve the 8-week diagnostic target across Endoscopy.
- Modelling has illustrated a core capacity shortfall to meet USC, RTT and surveillance pathway patients, as there are insufficient trained staff to fully operate the 3rd theatre at PCH. Indications are that this theatre, when fully staffed, will resolve the demand-capacity deficit, however this is unlikely to be achieved using existing staffing until the summer of 2026.
- Weekend lists are being carried out during July and August.
- Insourcing of a nursing team has been approved for the 3rd theatre at PCH during June & July.
- We are in the process of appointing an Agency Consultant to support with WLI/backfill in order to maximise utilisation of Endoscopy lists Pan CTM during July and August. This is to counteract the expected increase in annual leave and mitigate against potential reductions in activity.

What are the main areas of risk?

Radiology:

- D&C imbalance shown in most D&T services as demand has risen. CT colon demand likely to rise further as a result of the revised BSW criteria and reduced age limit for screening patients; linked to Endoscopy additional capacity being commissioned. Pathology sampling has already seen this increase - currently being supported to outsourcing through the planned care recovery proposals.
- There are no additional CT funded schemes running at the moment.
- The business case for additional CT staffing is yet to be approved.
- Sustained increase In Hours/Out of Hours CT emergency demand at RGH.
- Increased pressure at RGH due to changes in pathways since the POW Critical Incident - bolstered by temporary staff.
- NOUS – recruitment and training are underway to help build a resilient workforce, but this will take time to embed. National changes to obstetric protocols will put further pressure on the service and reduce capacity to scan NOUS patients. Further additional funding is required to continue WLI/additional clinics into 2025/26 to recover current performance.
- Number of the Ultrasound team are suffering RSI symptoms; either not scanning or on reduced lists.
- Further pressure is observed where Planned Care RTT WLI schemes are increasing demand on Radiology Services and driving increased waiting list numbers.
- There are no ongoing approved waiting list schemes currently running with an expected continued growth in waiting numbers and patients breaching >8 weeks.

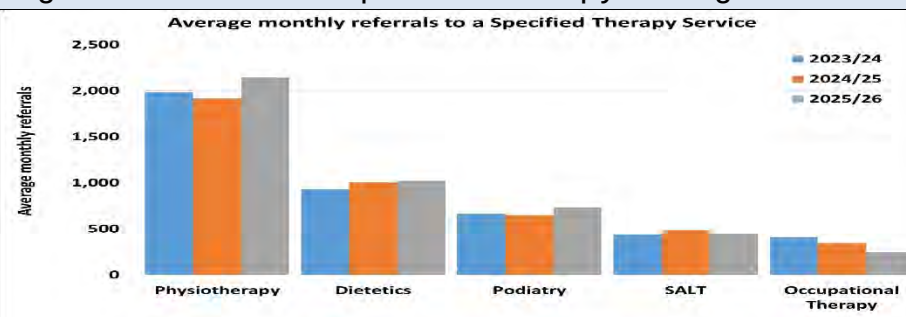
Endoscopy:

- Achieving the target by Jan 2026 is dependent on funding and approval of the recommended option in the Recovery Plan. Pathology services would need to be able to accommodate any additional activity associated with the recovery plan.
- Cross site working continues to improve, however there are significant risks associated with resistance to full implementation of a single pan CTM waiting list.
- Lack of WLI/backfill uptake from Endoscopists, particularly over the summer.
- Launch of a new TNE service in POW will enable significant scale up from the current pilot level of provision. This has been delayed due to the need for OCP and is also dependent on the purchase of a £35k drying cabinet.
- Inadequate nursing establishment at PCH for 30 sessions, in addition to sickness and staff turnover means the substantive nursing workforce is highly fragile pan CTM.
- There are 2 Consultant vacancies in POW.

Therapies – June 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 June 2025	Total Waits	Waits >14 wks	% >14 wks
Dietetics	869	9	1.0%
Occupational Therapy	226	2	0.9%
Physiotherapy	1,720	84	4.9%
Podiatry	683	3	0.4%
Speech & Language	433	1	0.2%
Total	3,931	99	2.5%



Therapies - How are we doing?

During June there were 99 patients waiting in excess of 14 weeks for an initial therapy assessment (the majority being Physiotherapy patients 84) and as it currently stands is more than double the number of breaching patients compared to the same period of 2024.

What actions are we taking & when is improvement anticipated?
1. Implement a comprehensive training program for all staff, focusing on customer service, product knowledge, and problem-solving skills. This will be completed by the end of Q3 2023. 2. Introduce a new loyalty program to incentivize repeat purchases and increase customer retention. This will be launched in Q4 2023. 3. Optimize the website and mobile app to improve user experience and streamline the purchasing process. This project is ongoing and expected to be completed by Q1 2024. 4. Enhance inventory management to ensure product availability and reduce stockouts. This will be implemented by Q2 2024. 5. Implement a robust feedback system to gather customer insights and address concerns promptly. This will be completed by Q3 2024.

- | |
|--|
| <ul style="list-style-type: none"> • Continue to ensure administrative staff are applying the RTT rules appropriately. • Exploring the opportunity to integrate Community Health Pathways into the Therapies triage processes with the intention to improve quality and appropriateness of referrals. Engagement with Primary care service to deliver first line interventions to enable improved access and timeliness for those needing AHP provision. • Admin team continue to work on improving use of WPAS and pursuing set up of text and remind function for greater efficiency – already initiated in the Children's Speech & Language Therapy service. |
|--|

% 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 June 2025	Total Waits	Waiting < 14 wks	% <14 wks
Dietetics	162	162	100%
Occupational Therapy	98	98	100%
Physiotherapy	440	396	90%
Podiatry	51	51	100%
Speech & Language	286	286	100%
Total	1,037	993	95.8%

[illegible]

What are the main areas of risk?

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

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

Insufficient Dietetic staffing in Type 1 Diabetes leading to 6 adult patients waiting >14 weeks. This is likely to continue. Significant wait for Adult Weight Management Service continues.

Audiology Services – June 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:

[illegible]

Number of children waiting more than 6 weeks for all audiology pathways
Target - Month on Month Reduction

Includes new assessment & intervention pathways:

[illegible]

Audiology - How are we doing?

There are 1,375 adults waiting beyond the target for adult hearing pathways (>14 wks) and 437 children waiting more than 6 weeks for audiology assessment pathways.

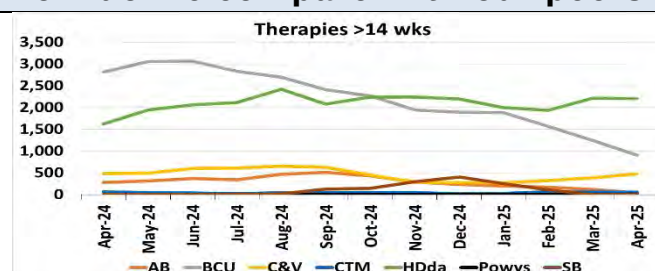
What actions are we taking & when is improvement anticipated?
1. Implement a comprehensive training program for all staff, focusing on customer service, product knowledge, and problem-solving skills. This will be completed by the end of Q3 2024. 2. Introduce a new loyalty program to incentivize repeat purchases and increase customer retention. Launch scheduled for Q4 2024. 3. Optimize the website and mobile app to improve user experience and streamline the purchasing process. Updates will be rolled out in stages throughout 2024. 4. Enhance inventory management to ensure product availability and reduce stockouts. Implementing a new system by Q2 2025. 5. Strengthen social media presence through targeted advertising and engaging content creation. Ongoing effort, with a major campaign planned for Q1 2025.

- Revised admin process to limit the number of children waiting >6 weeks.
- Trialing a reduction in appointment time for new assessments from 1 hour to 45 minutes; increasing capacity by 25% for new adult hearing assessments.
- Review of ENT D&C across CTM. Results show that between 50-70% of the capacity we allocate to ENT clinics are used. A revised pathway to allow the release of this unused capacity into Audiology to address waiting lists is being proposed.

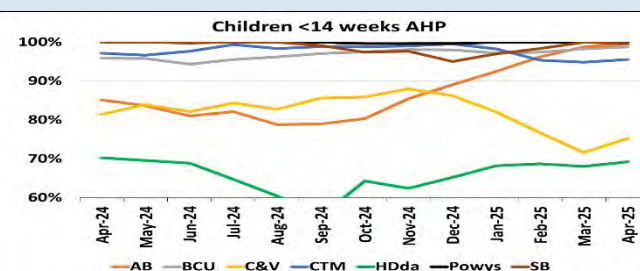
What are the main areas of risk?

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.

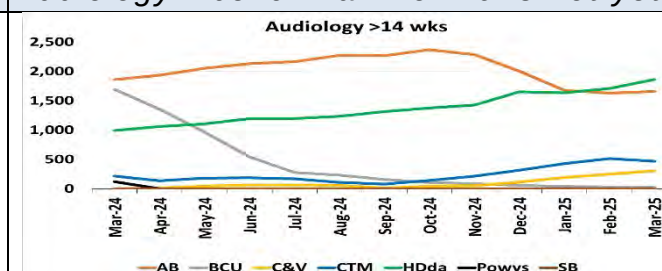
How do we compare with our peers?



Status as at April 2025		
Health Board	Compliance	Rank
SB	3	1st
Powys	6	2nd
AB	45	3rd
CTM	53	4th
C&V	475	5th
BCU	904	6th
HDda	2 207	7th



Status as at April 2025		
Health Board	Compliance	Rank
Powys	100.0%	1st
SB	99.6%	2nd
AB	99.6%	2nd
BCU	98.8%	4th
CTM	95.5%	5th
C&V	75.2%	6th
HDda	69.2%	7th



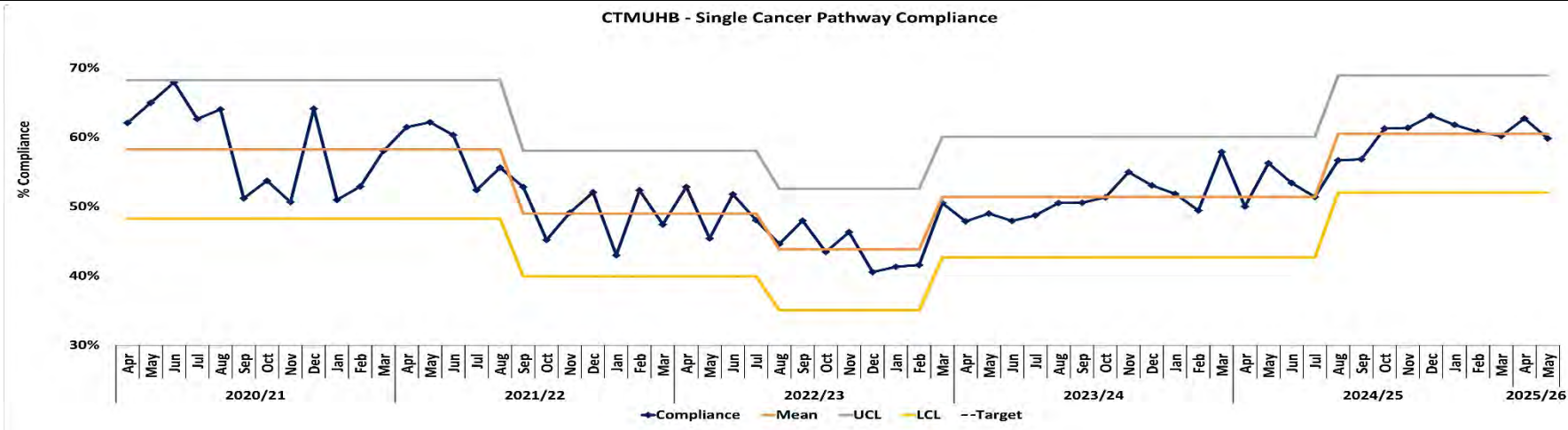
Status as at March 2025		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
BCU	23	3rd
C&V	308	4th
CTM	471	5th
AB	1,657	6th
HDda	1,862	7th



CTMUHB Planned Care Group

Single Cancer Pathway (SCP) May 2025 – 59.8 %

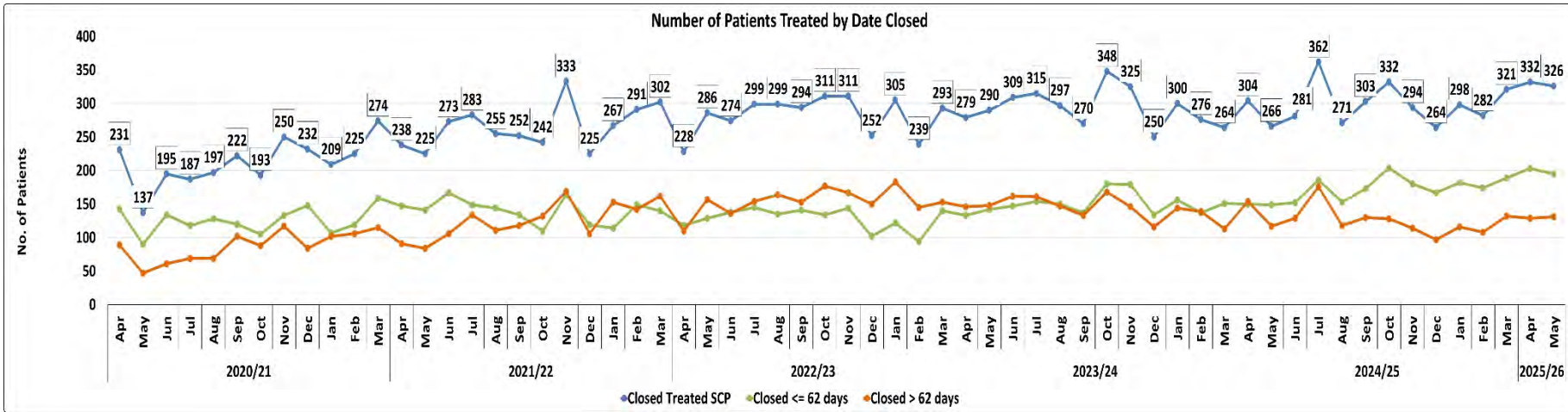
% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Target - 12 month improvement trend towards national target of 80% by 31st March 2026



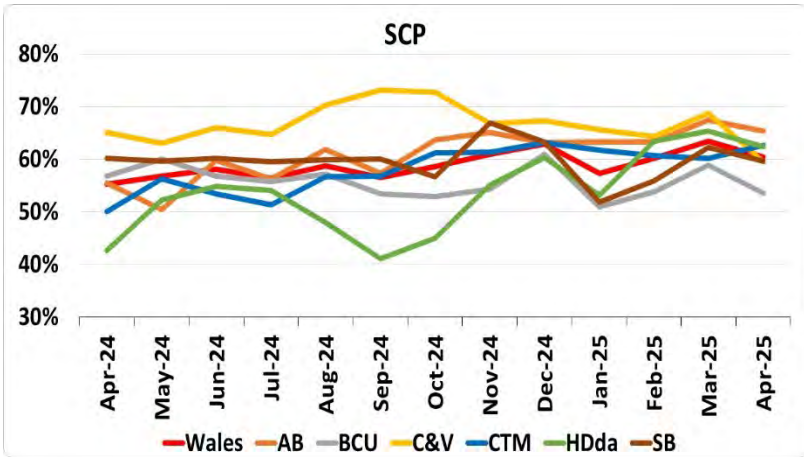
CTMUHB - SCP % Treated Without Suspensions - May 2025				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated against Target of 80%
Head and neck	2	11	13	15.4%
Upper GI	14	8	22	63.6%
Lower GI	12	23	35	34.3%
Lung	17	19	36	47.2%
Sarcoma	1	2	3	33.3%
Skin (exc BCC)	69	5	74	93.2%
Brain/CNS	2	1	3	66.7%
Breast	30	10	40	75.0%
Gynaecological	8	14	22	36.4%
Urological	26	35	61	42.6%
Haematological	12	3	15	80.0%
Children's	1	0	1	100.0%
Other	1	0	1	100.0%
Total	195	131	326	59.8%

Compliance during May was 59.8% and falling just below the current mean (60.5%). Four of the tumour sites reached the desired target threshold of 80% this period, as seen in the table above. Predicted compliance for June currently stands at 58.9%. The delays at first outpatient (25%) and diagnostic stage (49%) continue to be the most significant factors in not achieving the target and remain our greatest concern. Diagnostic delays remain in radiology, endoscopy and pathology with tertiary delays for diagnostics & treatments also continuing.

Patients Treated by Closed Date



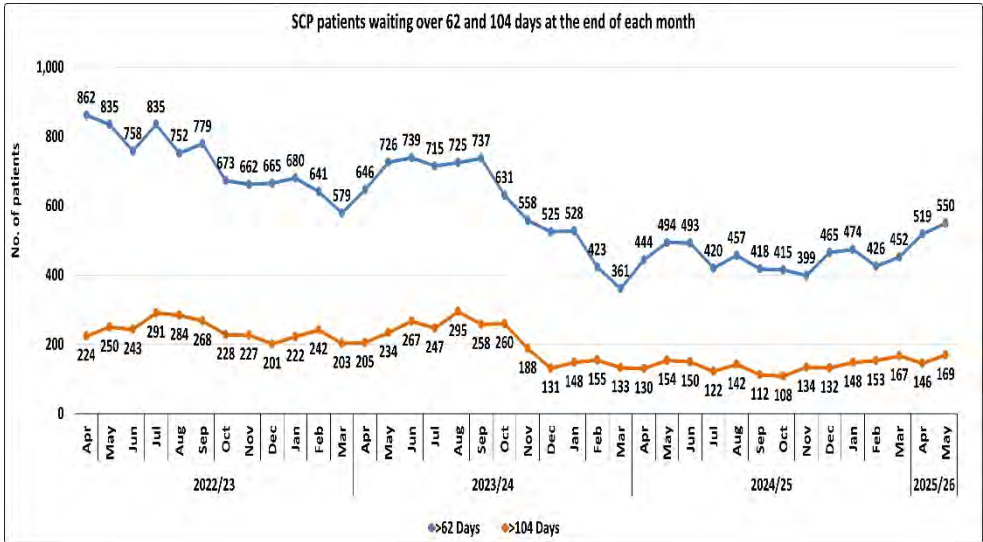
How do we compare with our peers?



Status as at April 2025		
Health Board	Compliance	Rank
AB	65.3%	1st
CTM	62.7%	2nd
HDda	62.4%	3rd
SB	59.7%	4th
C&V	59.5%	5th
BCU	53.5%	6th

Cancer treatment volumes have seen a small increase during the past 12 months with the monthly average (Jun 24 to May 25) equating to 306 treatments per month and the monthly average seen in the equivalent time span of 2023/24 being 294.

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



What actions are we taking & when is improvement anticipated?

- Rollout of digital vetting continues.
- Continuing outsourcing of pathology.
- Increased focus on time to first appointment through capacity review, booking analysis and standing item in the regular Friday cancer performance meeting.
- Urology diagnostic task & finish group setup to improve urology diagnostic performance.
- Focus from Gynaecology specialty on improving performance.
- Additional endoscopy is being undertaken via insourcing to increase activity and reduce waiting times
- MDT leads are undertaking an audit to understand our compliance with the national optimal pathways and straight to test guidance.

What are the main areas of risk?

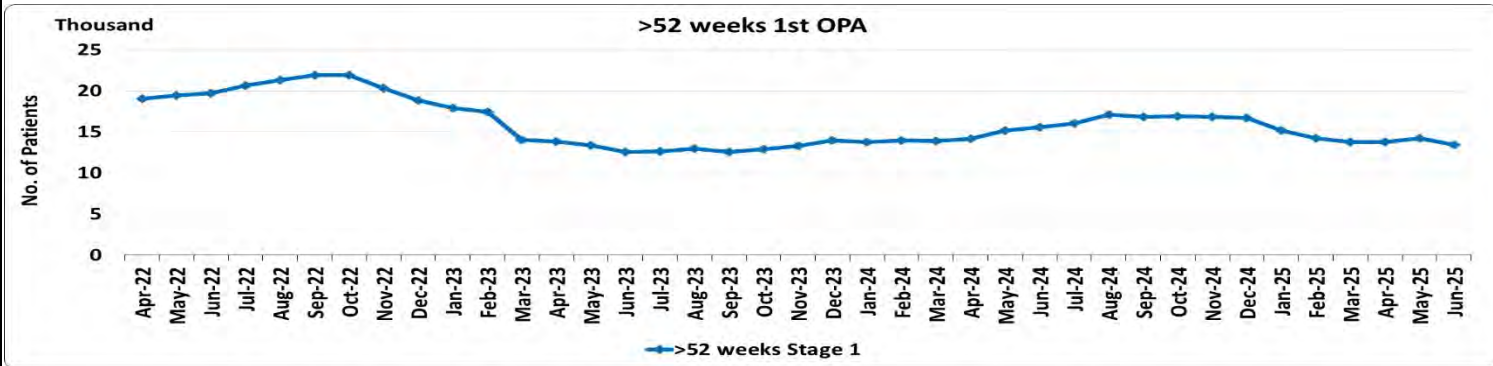
- National shortage of isotope affecting breast and urology cancer pathways.
- Sustainability of CTM Pathology and impact when disaggregating services from SBUHB.
- Delays in tertiary investigations & treatments at SBUHB, Velindre Cancer Centre and C&VUHB.
- Implementation of genomic testing for new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



CTMUHB Planned Care Group

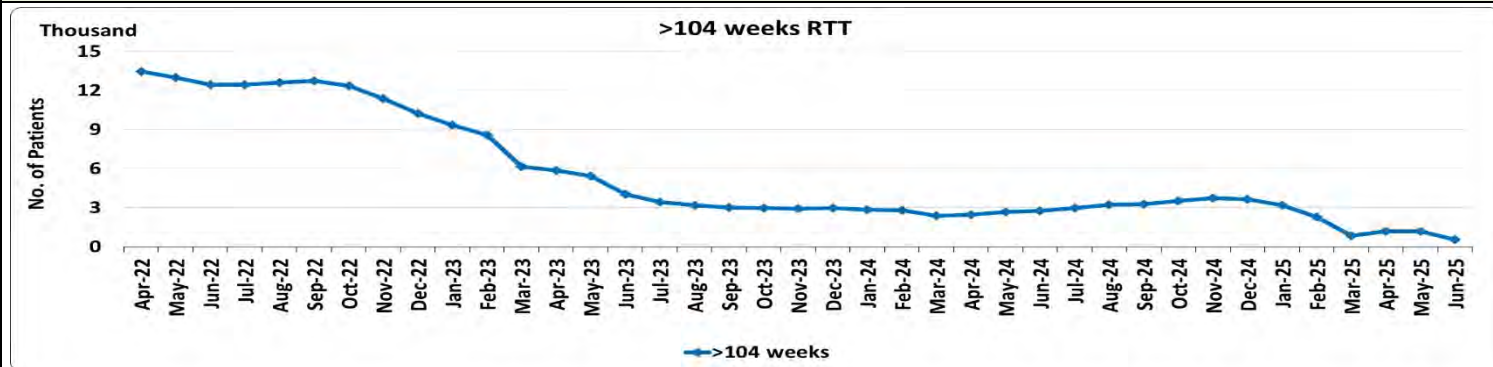
Referral to Treatment Times (RTT) – June 2025 (Provisional Position)

Number of patients waiting **over 52 weeks** for a **new outpatient appointment** **(13,444)** Target is Zero



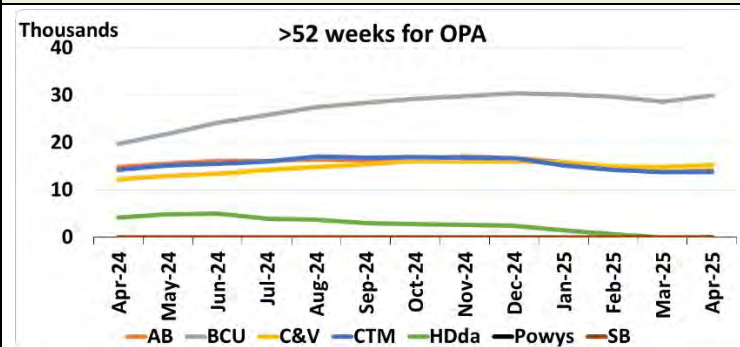
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of June is 13,444; a small reduction of 5.4% (766) on the May reported position, but is around 14% (2,126) fewer than the position reported during June 2024.

Number of patients waiting **>104 weeks RTT (528)**
Target is Zero

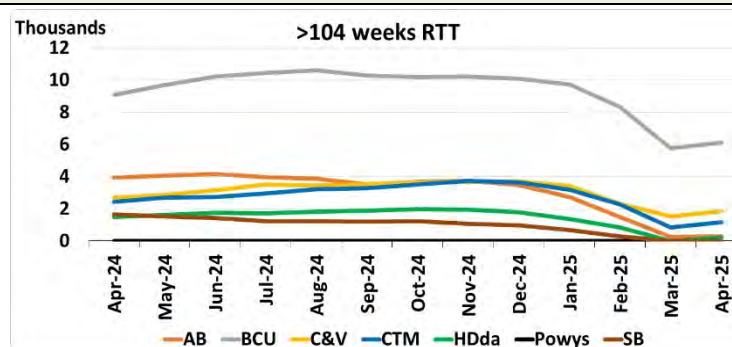


The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of June is 528. As it currently stands this is a reduction of 649 patients from the reported May position.

How do we compare with our peers?



Status as at April 2025		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
HDda	33	3rd
CTM	13,733	4th
AB	14,124	5th
C&V	15,337	6th
BCU	29,931	7th



Status as at April 2025		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
HDda	208	3rd
AB	280	4th
CTM	1,168	5th
C&V	1,863	6th
BCU	6,106	7th

Total number of open pathways per specialty - June 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	7	0	0	0	516
Cardiology	1,654	436	892	0	6,438
Clinical Immunology	84	115	115	0	362
Colorectal	464	0	210	0	3,003
Dermatology	684	631	676	0	5,523
Diabetic Medicine	103	5	5	0	581
Diagnostics	0	0	3	0	4,896
Ear, Nose & Throat Service	964	2,787	3,817	0	11,331
Endocrinology	35	86	86	0	1,076
Gastroenterology	946	74	262	0	3,408
General Medicine	66	93	128	0	701
General Surgery	768	142	731	0	4,854
Geriatric Medicine	21	1	5	0	460
Gynaecology	2,008	958	2,001	0	9,102
Haematology (Clinical)	78	63	66	0	507
Nephrology	67	36	38	0	284
Ophthalmology	857	3,430	4,393	0	15,565
Oral Surgery	413	449	639	0	2,920
Orthodontics	97	62	62	0	474
Orthopaedics	2,681	1,543	4,462	524	14,263
Paediatrics	81	2	3	0	2,530
Pain Management	151	347	365	0	1,723
Respiratory Medicine	168	373	441	0	3,009
Restorative Dentistry	25	22	22	0	95
Rheumatology	250	184	301	0	1,915
Sport and Exercise Medicine	0	0	0	0	11
Therapies	0	0	0	0	1,076
Urology	1,743	1,286	2,204	0	8,388
Vascular Surgery	27	319	337	4	1,074
Total	14,442	13,444	22,264	528	106,085

RTT continued on the next page...

	Referral to Treatment Times (RTT) continued - June 2025
What actions are we taking & when is improvement anticipated? <u>Orthopaedics:</u> • Ongoing insourcing activity in PCH for long waiting patients. • Continual validation of the waiting list & validation of outsourcing trackers to ensure all patients outcomes have been transacted appropriately, ensuring clean waiting lists. • Working with Pre-assessment to ensure consistency of process pan CTM and that patients are fit and optimised for surgery. <u>Cardiology:</u> • Extensive validation being undertaken. • Meeting to discuss pooling of waiting lists held in June and an outline implementation plan agreed. • D&C plan completed and additional capacity required to achieve trajectory identified. • Awaiting confirmation of insourcing plan for 2025/26 <u>Dermatology:</u> • Continue to maintain waits under 104 weeks. Plans in place to achieve 52 weeks by the end of Q4 - WLIs coordinated to ensure this position. • Continue to maintain 10-12 days for stage 1 USC across the Health Board. • POW – Suitable Lesion referrals redirected to Medical Illustration. • Interview taking place to appoint a Paediatric Consultant. • POW – flexibility with clinic appointments allowing for overbooking. <u>ENT:</u> • As anticipated there are no patients waiting beyond 104 weeks at the end of June. • Plan in place to clinically validate all those stage 4 patients waiting over 52 weeks. <u>Gastroenterology & Endoscopy:</u> • Ongoing clinical & clerical validation of existing stage 1 Gastro waiting list to ensure that only patients requiring a first appointment remain. Anticipate full validation down to 36 weeks by end of July. • Additional weekend and evening clinics to help support the backlog of first appointment to achieve and maintain the 52 week Gastro position. • Full Gastro D&C undertaken to understand service constraints – early analysis shows slightly more capacity than demand at stage 1 – however there is a significant backlog to clear before being able to maintain position. • Full Endoscopy D&C undertaken to inform the development of a recovery plan. The recovery (subject to approval and funding) is anticipated to run from Aug 25 to Jan 26 to achieve the 8-week diagnostic target. • A plan has been developed for structured clinical review of long waiting surveillance patients pan CTM. • Weekend Endoscopy lists are being carried out during July and August. • Insourcing of a nursing team has been approved for the 3rd theatre at PCH. A procurement process is underway for Insourcing (Nursing and BSW accredited Endoscopist) during August to address the BSW backlog. <u>General Surgery:</u> • The merger of the WPAS system in May has allowed for a Pan CTM approach to waiting list management and booking. • PCH Theatre refurbishment was completed in May, backfill sessions have been in the highs. The day surgery area has 15 trolleys, with the ratio of staff to manage patients - further investment is required to staff the additional 8 trolleys to maximize capacity, this is likely to be pursued via ACCTTO Directorate. • Completion of the POW roofing refurbishment will allow the expansion of theatre sessions, however the RGH upgrade of air ventilation theatre systems in October will impact elective activity with Cancer cases being priority. • Vanguard theatres came online in April at RGH - all long waiting cases are under review for suitability for treatment in the Vanguard. • Awaiting roll out of e-Vetting to include all sites to improve turnaround time. • Cancer referrals are increasing - teams are undertaking additional clinics to support. <u>Gynaecology:</u> • Administrative and clinical validation work is ongoing to manage demand into 2025. Clinical validation & re-allocation of long waiting 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. • Weekend operating commenced at the end of June. Ongoing discussions with theatre teams to secure weekend operating through July and August. • Service Improvement Group in development to include outpatient transformation and theatre utilisation. TOR in development. • Meeting scheduled with pre-assessment to discuss capacity and pathways. <u>OMFS:</u> • As anticipated there are no patients waiting longer than >104 week at the end of June. <u>Ophthalmology:</u> • Continue to maintain waits under 104 weeks with plan to reduce to 86 weeks by end of Q2 & continuing to reduce waits for Glaucoma patients. • On track to centralise cataracts to POW with start date of 1st September. Coinciding with this, straight to listing for cataract patients also due to be implemented. • Regional/Outsourcing continues to take significant numbers of cataract patients - this will continue for the remainder of 2025/26. <u>Respiratory</u> • D&C plan agreed and additional activity being coordinated to achieve agreed trajectories in 2025/26. • Additional activity being undertaken in RGH by POW Consultant as part of pooling arrangements. <u>Rheumatology</u> • D&C plan agreed and additional activity being coordinated to achieve agreed trajectories in 2025/26. • Job plan changes have delivered additional SAS Dr sessions in Dewi Sant Health Park. <u>Urology:</u> • Validation continues & maintaining zero waits >104 weeks. (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)	

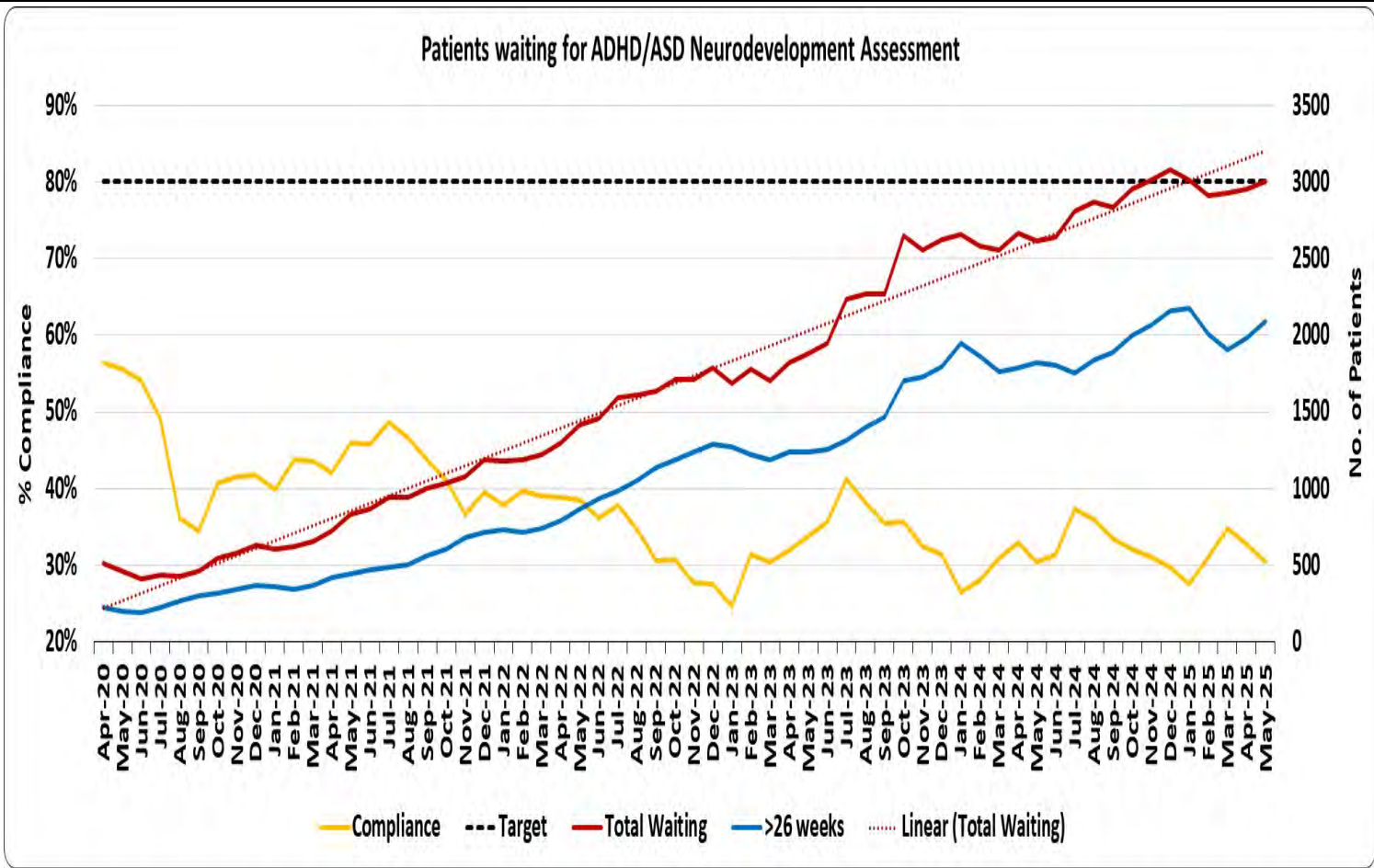
	Referral to Treatment Times (RTT) continued - June 2025
What are the main areas of risk?	
<u>Dermatology:</u> • Staff burnout. <u>ENT:</u> • Difficulties accommodating long waiting inpatients due to clinically urgent and USC demand. <u>Gastroenterology and Endoscopy:</u> • Changes required to Gastro vetting process as there are variations across the 3 sites and potentially patients awaiting stage 1 that do not need to be seen. • Limited uptake in additional clinics - delaying the service ability to clear backlog and achieve 52 week clearance. • Medical workforce gaps at consultant level and difficulty in recruiting replacements. Workforce models are being reviewed, but the current reliance on Locum Consultants providing an unreliable service. • Achieving the 8-week diagnostic target for Endoscopy by January 2026 is dependent on funding and approval of the recommended option in the Recovery Plan. Pathology services would need to be able to accommodate any additional activity associated with the recovery plan. • Cross site working continues to improve, however there are significant risks associated with resistance to full implementation of a single pan CTM Waiting List. • Lack of WLI/backfill uptake from Endoscopists, particularly over the summer. • Launch of a new CTM TNE service in POW will enable significant scale up from the current pilot level of provision. This has been delayed due to the need for an OCP and is also dependent on the purchase of a drying cabinet. • Inadequate nursing establishment at PCH for 30 sessions as well as sickness and staff turnover rates – resulting in the substantive nursing workforce being highly fragile pan CTM. <u>General Surgery:</u> • The reduction of theatres at RGH for an upgrade of air ventilation theatre systems in October will impact urgent and routine patient surgery; with Cancer surgery being the priority. This could result in an increase in emergency admissions and will add to the already long waiting list of patients awaiting surgery. • Vanguard theatres RGH – due to the criteria of what can be undertaken in the theatres we are limited with cases we can treat. Any unsuitable cases will require treatment in the main theatre at RGH or PCH, for which there is limited capacity. • New NEST system introduced at the end of June has proved problematic due to the initial change over period. The teams are working with the COO Office Staff to improve the processes for turnover of payments. • Reliant on interdependencies for the investigations to take place, which can be lengthy in wait due to the USC demand taking priority. Interdependencies will need to provide additional support to meet patient demand in the middle stages of the patient pathway. <u>Gynaecology</u> • Inpatient gynae cases remain as a risk due to small number of inpatient beds and not enough capacity on a weekly basis. • Equipment currently being shared across POW DSU / PCH / RGH / Vanguard – limitations in the amount of equipment available impacting on allocation of patients. • Limited pre-assessment capacity across all sites. <u>Ophthalmology:</u> • Regional team untimely returning unsuitable patients. <u>Orthopaedics:</u> • PCH insourcing work is depleting pool of ‘fit to proceed’ patients, potentially resulting in underutilised lists for normal activity.	



CTMUHB Children & Families Care Group

% of patients waiting less than 26 weeks to start an ADHD / ASD Neurodevelopment Assessment (Target 80 %)

May 2025 - 30.4 %



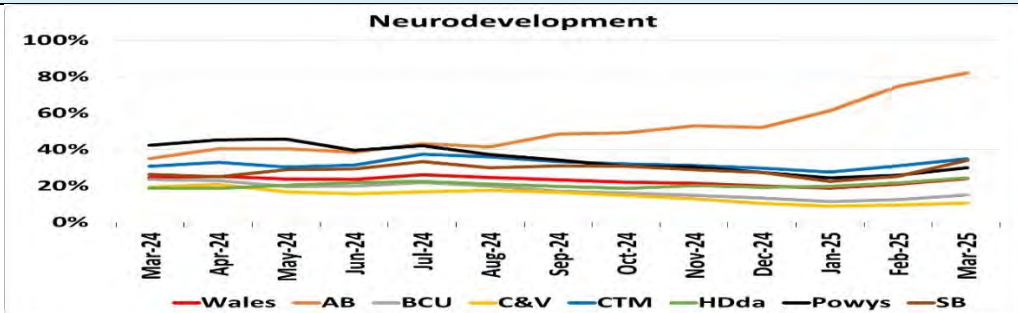
How are we doing?

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 2,896 patients (July 25); with the greatest growth, around 40%, occurring during 2023/24. During the period analysed in the chart above, average monthly accepted referrals have increased from 38 to 177 per month, despite robust triage decisions at the point of referral being made.

The yellow line on the chart above shows that correspondingly compliance with the 26 week access target for Neurodevelopment continues to remain low at 30.4%.

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

How do we compare with our peers?



Status as at March 2025		
Health Board	Compliance	Rank
AB	81.9%	1st
CTM	34.8%	2nd
SB	33.9%	3rd
Powys	29.9%	4th
HDda	24.3%	5th
BCU	15.1%	6th
C&V	10.5%	7th

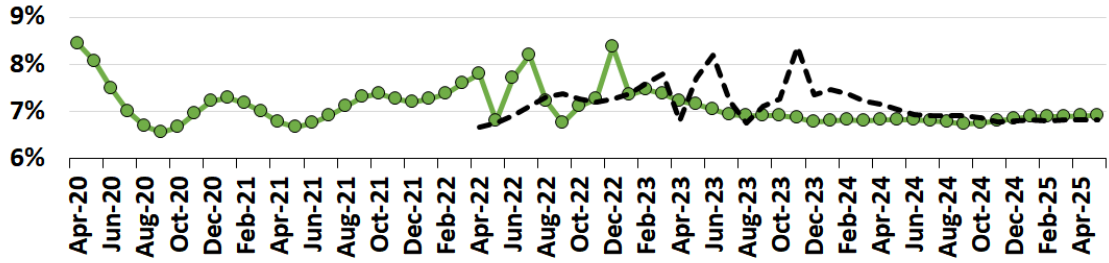
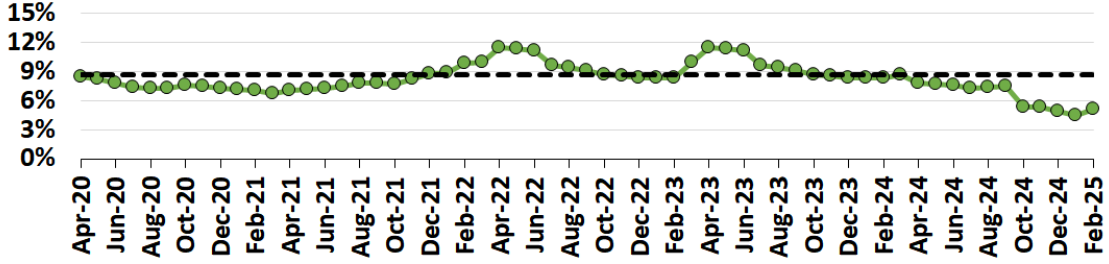
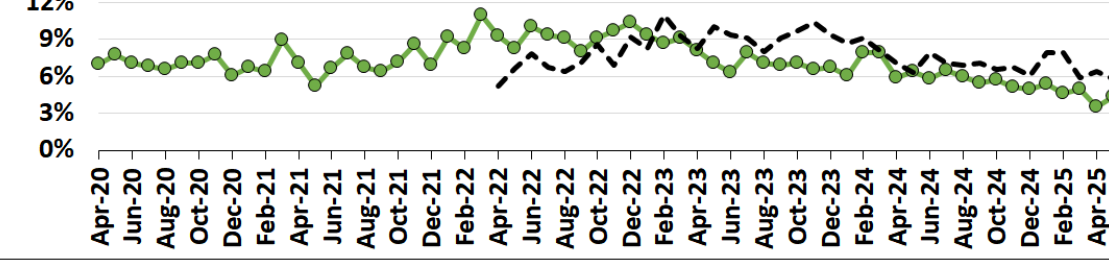
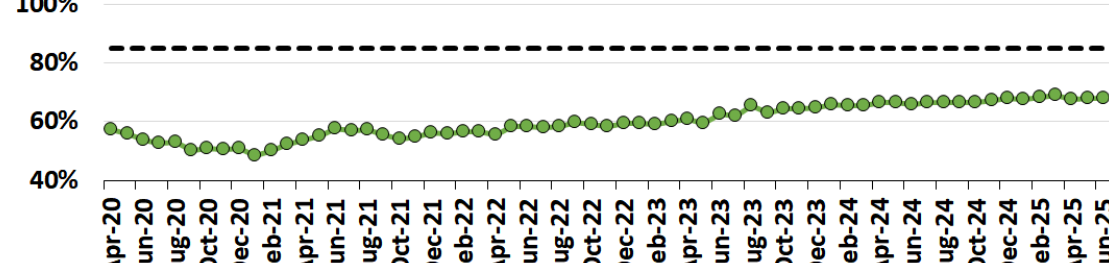
What actions are we taking & when is improvement anticipated?

- The Improvement Board is overseeing the impact of the Regional Partnership Board's allocation to ND services. Work continues with local authorities, along with AHP posts to support pre/post diagnosis with third sector agencies, as additional funding has been made available. We have been able to recruit 3.0 wte B7 ND Practitioners on a fixed-term basis until March 2026, funded through NDIP, of which 2.2 wte are already in post. We were also able to recruit a 0.4 wte Locum SLT from March 2025 to support with the waiting list, although this post will be discontinued from mid-July because of the lower than expected NDIP funding received from WG for 2025/6. 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 will cease 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 have 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). However, this does not address the backlog of patients nor the ever increasing follow-up caseload of children being prescribed ADHD medication. 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, so that families feel supported whilst on the waiting list and informed of what the services provide before families start the assessment journey. Incorporating some of the "myth-busters" that families and referrers often report into the plans for our new co-produced referral paperwork will ensure that families and professionals know what to expect from the outset 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 1st July, the longest waiting patients have been waiting 102 weeks (2 children), with 43 children waiting over 91 weeks. This position is likely to deteriorate further with the reduction in capacity for new patient appointments
- 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. 37 children have had a diagnosis of autism confirmed based on referral information received, without the child needing any further assessment. 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.
- 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 for school-aged children has 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.

What are the main areas of risk?

- A reduction in new patient assessment capacity as a result of reduced additional hours/overtime through NDIP will mean that longest and average waiting times start to increase. Prioritisation will need to be given to concluding assessments that have already been started as well as ensuring safe medication management in the ever increasing ADHD follow-up caseload. Unlike other HBs in Wales where this work returns to CAMHS; in CTM this work remains with the ND team.
- Ongoing risks that demand continues to rise despite the region focusing on a needs-led approach to support and efforts to provide myth busters on new referral paperwork.

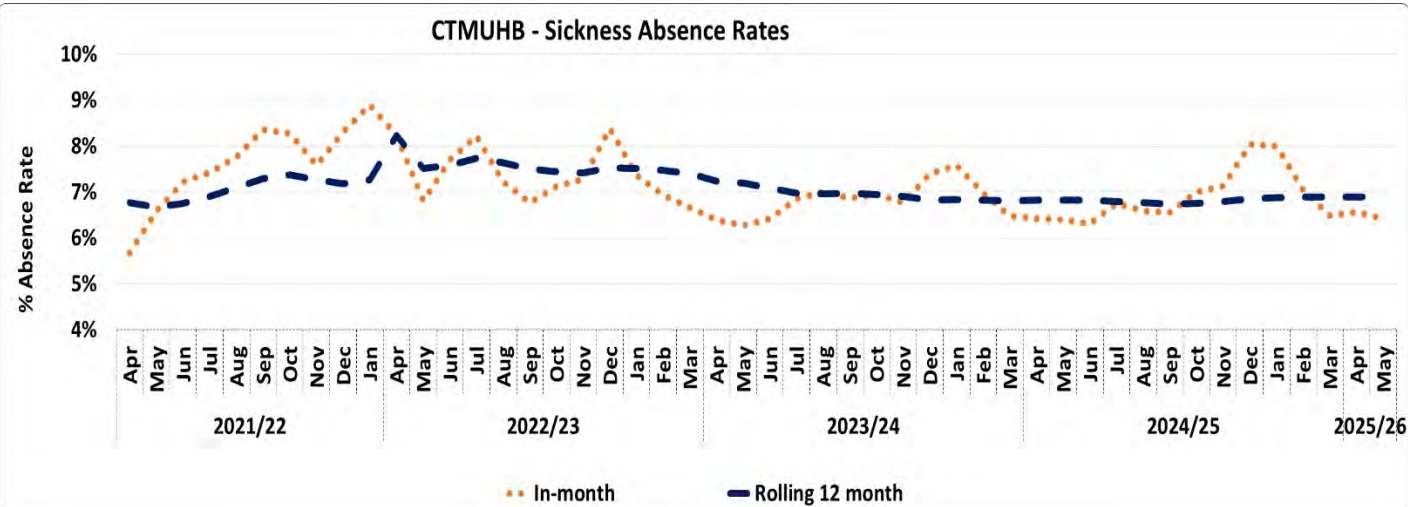
2.4 Welsh Government Performance Indicators: Quadruple Aim 3 - A Motivated & Sustainable Workforce

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		6.91%	May-25
	Turnover rate for nurse & midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2024-25 (Target baseline will change when Apr 25 data received)		5.13%	Feb-25
	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		4.4%	May-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%		68.0%	June 2025 (N.B. there is a time lag in reporting medical staff appraisals and consequently data for Apr to Jun 2025 does not currently include medical staff)

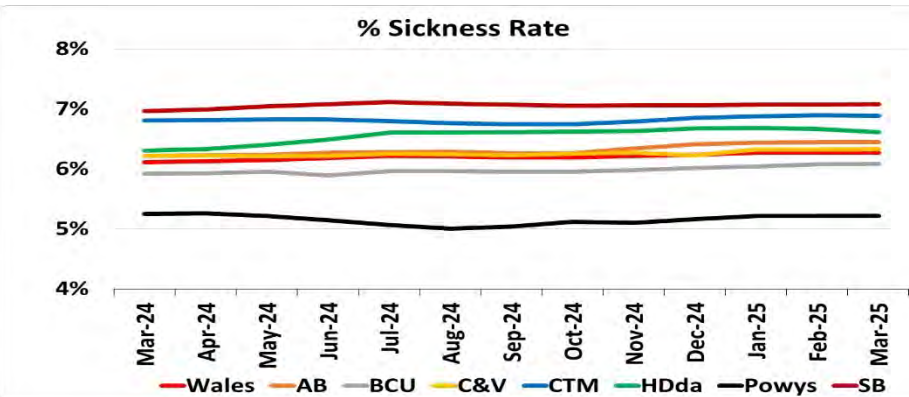


CTMUHB Workforce Metrics

% of sickness absence rate of staff – Target is 12-month reduction trend
May 2025 (6.91 %)



How do we compare with our peers?



Status as at March 2025		
Health Board	Compliance	Rank
Powys	5.22%	1st
BCU	6.09%	2nd
C&V	6.33%	3rd
AB	6.44%	4th
HDda	6.61%	5th
CTM	6.89%	6th
SB	7.08%	7th

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

The rolling twelve-month sickness rate to May 2025 is 6.91% and is slightly higher than the equivalent rolling 12 month period of the previous year (6.83%). The in-month sickness rate is 6.42% and is also similar to May 2024 (6.40%), however the rate continues to remain higher than our desired target of 4.5%.

The HB's primary sickness absence reason remains Anxiety/Stress/Depression/other psychiatric illness, resulting in approx. 39% of the total days lost. The second highest reason is Other known causes - not elsewhere classified, at around 9% of the days lost.

The staff group with the highest sickness level continues to be Estates & Ancillary, with a rate of 11% during May.

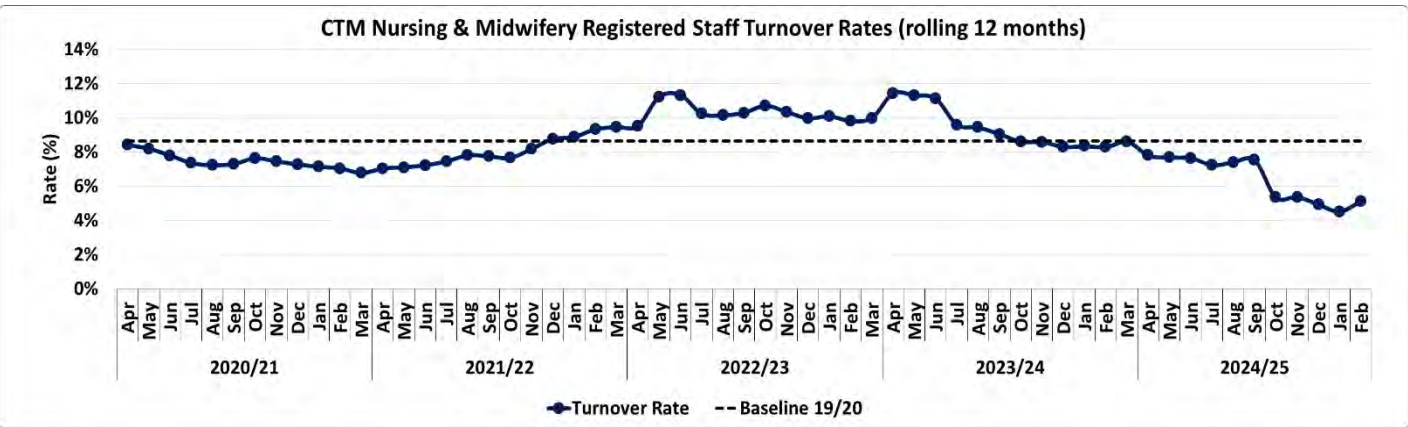
Actions we are taking:

- Improved access points for timely and consistent Attendance and Wellbeing advice/guidance.
- New third stage tracker to reduce formal case management timelines.
- Active participation in the All Wales Working Group to develop the new policy.
- Targeting support for complex, long term absence cases.
- Raising awareness of Reasonable Tailored Adjustment Agreements to support staff back in to work.
- Waiting times for manager referrals to Occupational Health have reduced due to targeted triage – this is now below the All-Wales target time.
- Maternity Services was recently identified as a hot spot and there is currently a review of sickness levels underway.
- The recent launch of the People Plan includes success measures related to absence, wellbeing and Occupational Health services which will help inform and track the impact of the Plan.
- An action plan being developed to address the sickness rates across CTM - and understand better what the data tells us, hot spot areas, root cause analysis and the real term cost of sickness absences.

Risks:

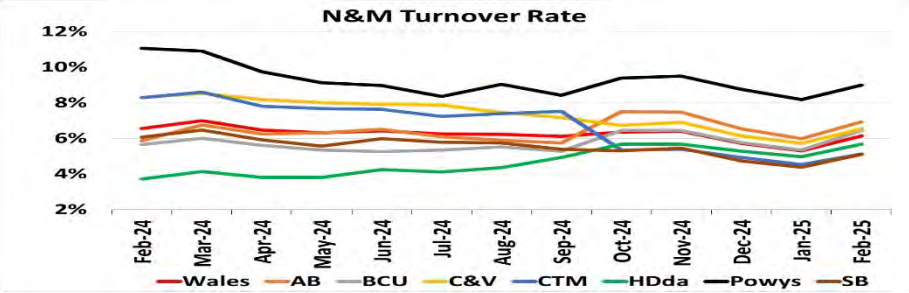
- Failure to reduce sickness rates impacts on health and wellbeing across our workforce and their employee experience, especially if this increases demand/pressure on others to deliver services.
- There is a high risk of increased use of variable pay to fill workforce gaps.
- Impact on staff morale and motivation, productivity and engagement.

Turnover rate for 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 February 2025		
Health Board	Compliance	Rank
SB	5.11%	1st
CTM	5.13%	2nd
HDda	5.68%	3rd
BCU	6.44%	4th
C&V	6.52%	5th
AB	6.94%	6th
Powys	8.99%	7th

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

The **reported** position at February 2025, for N&M registered staff leaving NHS Wales, saw a slight increase on the previous 12 month rolling period to 5.13%. The equivalent timespan of the previous year saw rates of 8.29%. (March 2023 to February 2024). The CTM turnover, including those **leaving CTM but not necessarily leaving NHS Wales**, was 8.25% for the same period (Feb 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:

- The recently appointed Retention Lead will help drive and progress retention initiatives to support a reduction in turnover.
- We are reviewing the Lateral Moves Scheme to ensure stability, resilience and sustainability of the process, as the appetite increases and as we roll out to other staff groups.
- Reviewing N&M shift patterns across the HB, supporting a fair and consistent approach and is fit for the future.
- Reviewing of our Moving On Questionnaire for improved engagement and to better inform the reasons for people leaving CTM.
- Understanding turnover levels and the reasons behind them is one of the success measures from the recently launched People Plan.

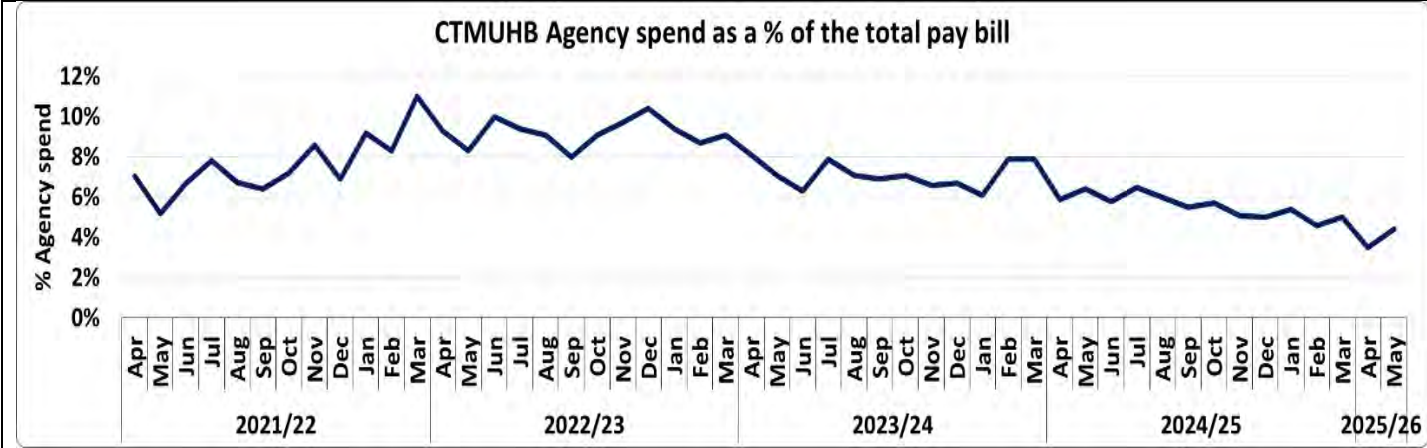
Risks:

- Potential loss of talent, skills & 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.

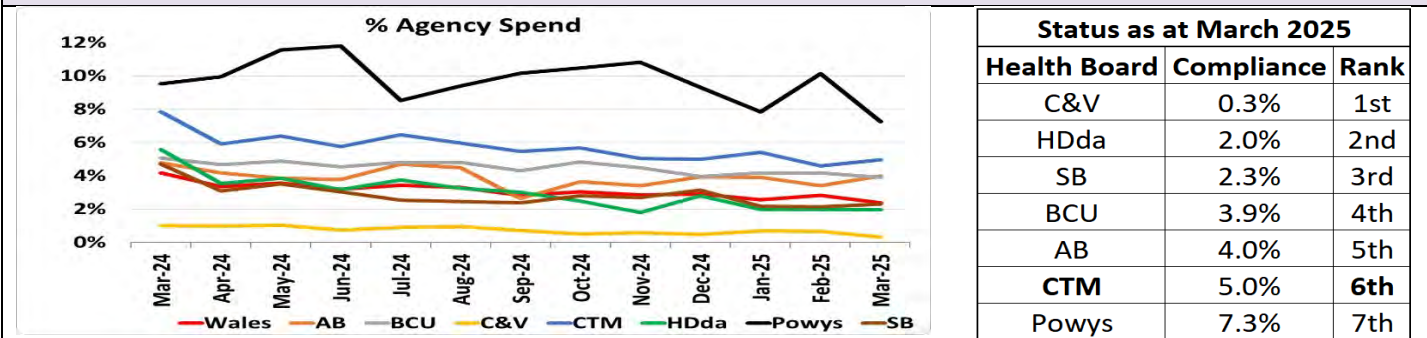


CTMUHB Workforce Metrics

Agency spend as a percentage of the total pay bill – Target 12 month reduction trend
May 2025 – 4.4 %



How do we compare to our peers?



Status as at March 2025		
Health Board	Compliance	Rank
C&V	0.3%	1st
HDda	2.0%	2nd
SB	2.3%	3rd
BCU	3.9%	4th
AB	4.0%	5th
CTM	5.0%	6th
Powys	7.3%	7th

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

As at May 2025 the CTM agency spend as a percentage of the total pay bill was 4.4%, as seen in the chart to the left, with the overall agency spend for 2025/26 (YTD) totalling 3.9%.

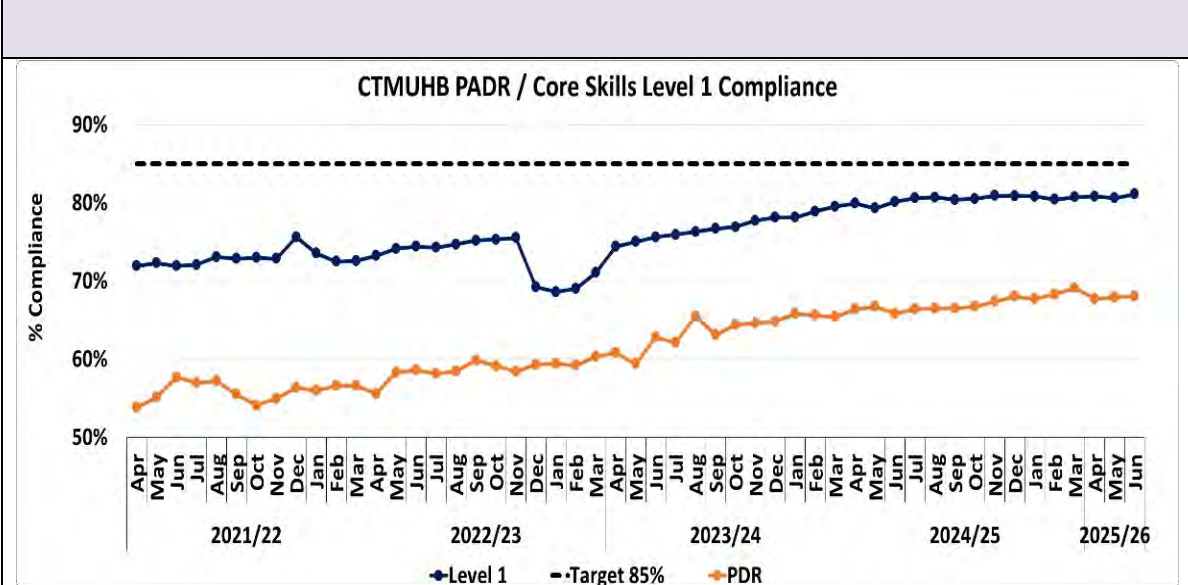
Actions we are taking:

- Assessing agency to bank conversion for N&M and M&D, with further scoping for bank to substantive conversion.
- Continuing work to improve workforce controls to mitigate the use of high-cost agencies.
- Work ongoing to reduce the medical enhanced rate from 10% to 5%.
- Nursing Agency reduction or conversion to bank is underway.
- Roster improvement, utilisation and optimisation plan is in development.
- M&D Bank and Agency provider changed in June on a six-month direct award, with a full procurement exercise running alongside.
- Full implementation of the new Locum Provider has introduced a robust system that supports long-term savings delivery plans and efficiencies of high-cost premium temporary staffing spend. Since the launch for the M&D Bank, we have received a number of requests to join and recruitment is underway. This presents an opportunity to develop clear exit strategy for long term agency usage and to develop an effective recruitment plan to fill established vacancy gaps with permanent solutions. CTM has also identified potential opportunities of temporary spend savings of AHPs/HSS.

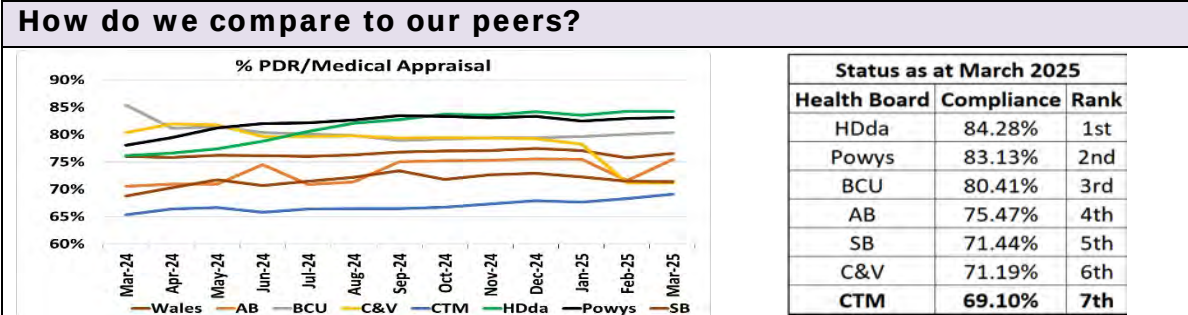
Risks:

- 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. Actions are underway to mitigate (as identified above; the roster improvement, utilisation and optimisation plan is in development).

% 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 March 2025		
Health Board	Compliance	Rank
HDda	84.28%	1st
Powys	83.13%	2nd
BCU	80.41%	3rd
AB	75.47%	4th
SB	71.44%	5th
C&V	71.19%	6th
CTM	69.10%	7th

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

Overall, PADR compliance is improving slowly, currently standing at 68.0%. Compliance for the past year has ranged between 66.4% and 69.1%, recognising that this remains below the WG target of 85%. For Medical Appraisals, the overall CTM position at the end of 2024/25 was 96%. This gives a combined PDR/appraisal rate of 70.7%.

Actions we are taking:

Following receipt of the final Internal Audit report with an overall 'reasonable' assurance rating, CTM is actioning the recommendations which focused on reporting and on monitoring the effectiveness of PDRs. Work is now underway to produce comprehensive bi-annual reports for Care Group leadership teams to target areas with historically low compliance and staff who have never had a PDR.

Risks:

- Lack of objectives aligning to CTM strategic ambitions.
- Impact on morale, motivation, and employee experience
- 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:

Overall Health Board compliance for Level 1 remains buoyant at 81.1% at end of June 2025, with compliance for all levels of training at 74.0%.

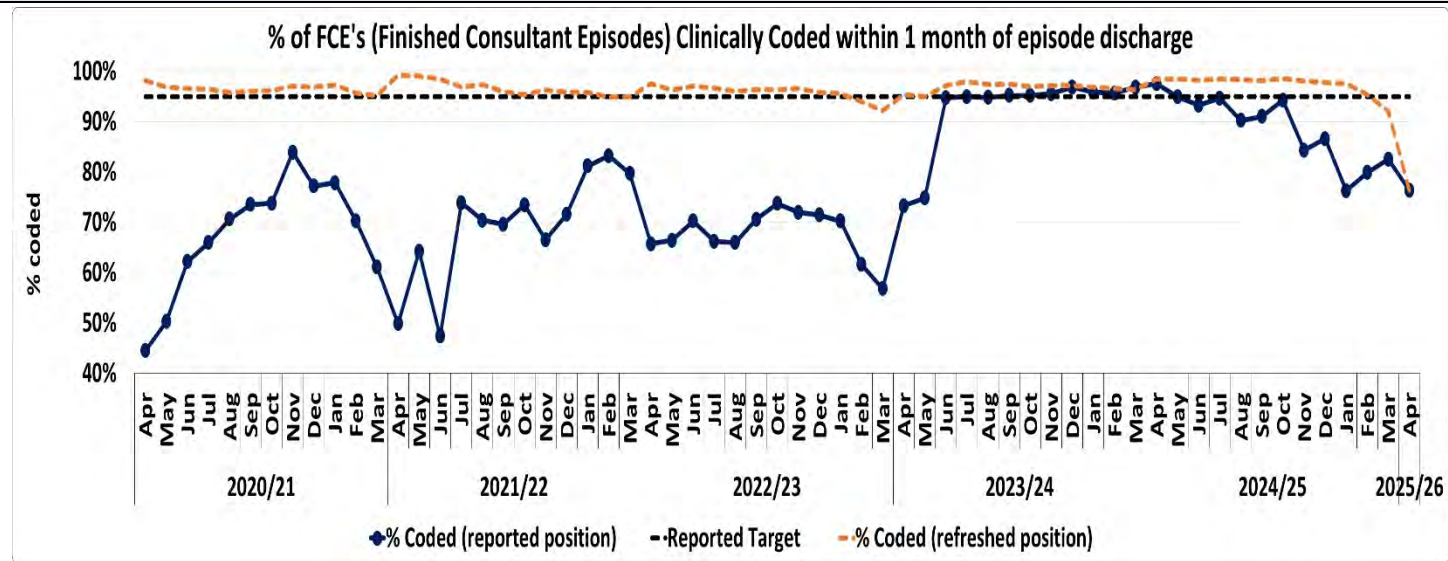
CTM Level 1 Core Mandatory Training Compliance June 2025	
Health, Safety and Welfare	86.6%
Equality, Diversity & Human Rights	86.4%
Safeguarding Adults	85.0%
Moving & Handling	84.6%
Safeguarding Children	83.9%
Information Governance	82.0%
Violence & Aggression	79.9%
Fire Training	79.2%
Infection Prevention and Control	78.1%
Resuscitation	64.4%
HB Overall Compliance	81.1%

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: Green Hit Target Red Target Failed Green = Target Met / Red = Under
Effective Services	% of episodes clinically coded within one reporting month post episode discharge end date	Maintain the 95% target or demonstrate a 12 month improvement trend		76.3%
	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%		94.4%
Efficient Services	Number of Pathways of Care delayed discharges	12 month reduction trend		277
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%
	% 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			85.8%
	Number of service user feedback experience responses completed and recorded on CIVICA	Month on month improvement		1,976

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: Green Target Red Target Failed Latest Position
Safe Services	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp	No more than 60 cases for 2024/25		18
	Cumulative number of laboratory confirmed bacteraemia cases: Pseudomonas aeruginosa	No more than 24 cases for 2024/25		2
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	67.00 per 100,00 population		91.12
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus (MRSA and MSSA)	20.00 per 100,00 population		24.12
Safe Services	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	25.00 per 100,00 population		32.16
	% 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		50.0%
	% 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%		64.9%
	Number of ambulance patient handovers over 1 hour	Zero		306
	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		47.3%
	Number of National Reportable incidents that remain open 90 days or more	12 month reduction trend		16

% 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 – April 2025 – 76.3 %



How are we doing?

The Health Board pleasingly achieved over 98% compliance for the financial year 2024/25.

As a result of focussing our efforts to clinically code as many FCE'S (Finished Consultant Episodes) as possible for 2024/25 prior to the year end submission in July, the reported position for April saw a fall in performance to 76.3% and is below the in month WG target of 95%.

At the start of July the overall coded position for April to May 2025, currently stands at 73.6%

Compliance for the correction of errors within 35 days was 94.4% during April with 101 of the 107 errors corrected within the requisite timescale.

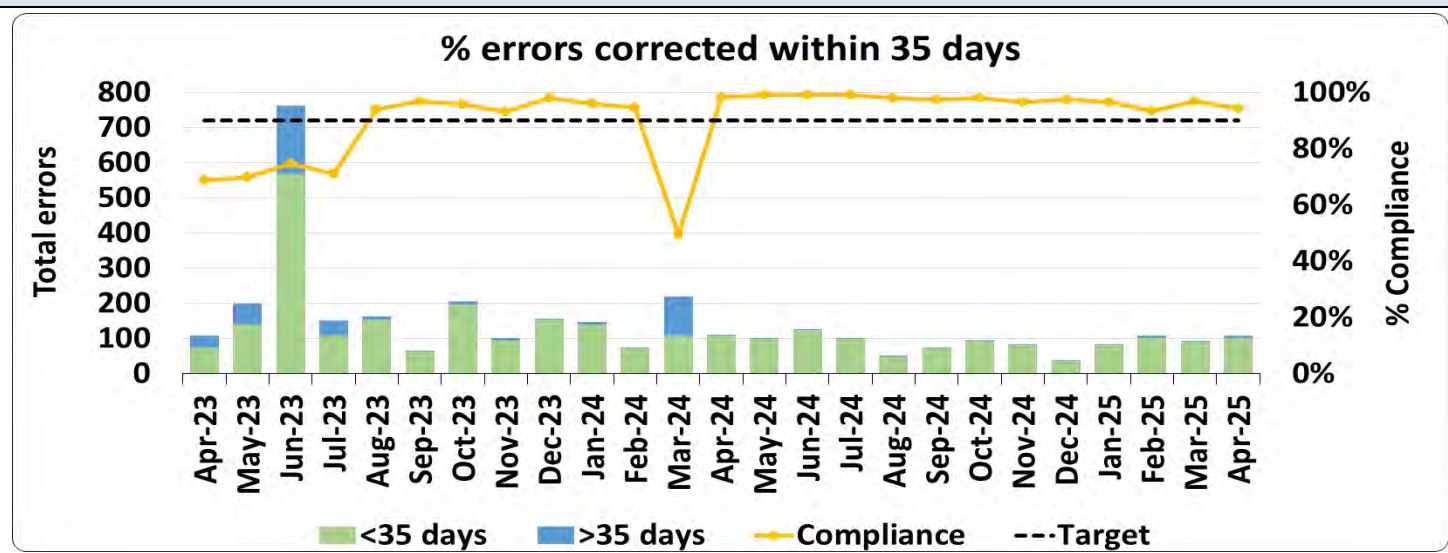
What actions are we taking & when is improvement anticipated? What are the main areas of risk?

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.

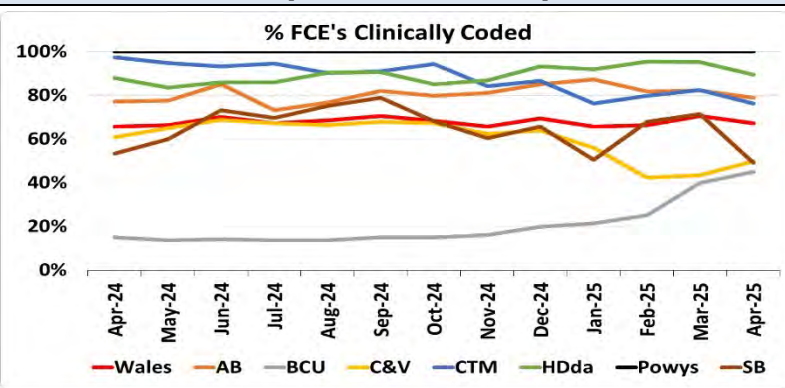
Autocoding and coding at source activities are promulgating, enhancing the richness and availability of our clinical data and our care records, with the pathology improvement board having recently given approval for the autocoder to use pathology data within its algorithms.

Current Coded Position as at 3rd March 2025				
2024/25	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-24	11,615	11,535	80	99.3%
May-24	11,876	11,812	64	99.5%
Jun-24	10,938	10,861	77	99.3%
Jul-24	11,952	11,850	102	99.1%
Aug-24	10,583	10,506	77	99.3%
Sep-24	10,647	10,477	170	98.4%
Oct-24	11,499	11,370	129	98.9%
Nov-24	10,891	10,715	176	98.4%
Dec-24	10,403	10,220	183	98.2%
Jan-25	10,632	10,435	197	98.1%
Feb-25	9,934	9,600	334	96.6%
Mar-25	11,240	10,477	763	93.2%
Total	132,210	129,858	2,352	98.2%
2025/26	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-25	10,992	8,980	2,012	81.7%
May-25	11,471	7,548	3,923	65.8%
Total	22,463	16,528	5,935	73.6%
Uncoded 2025/26 (April to May 2025)		5,935	26.4%	

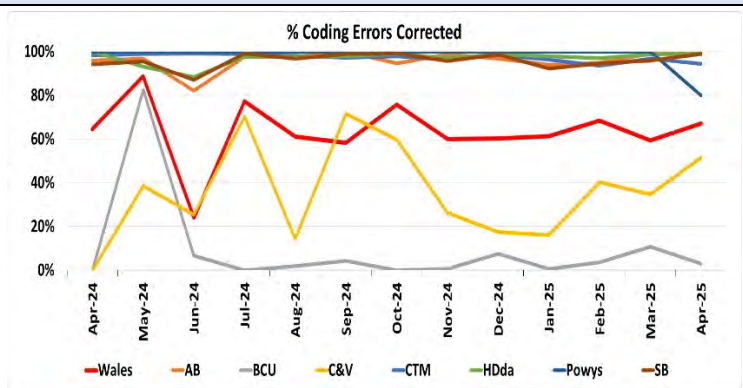
% of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90 % - April 2025 – 94.4 %



How do we compare with our peers?



Status as at April 2025		
Health Board	Compliance	Rank
Powys	100.0%	1st
HDda	89.6%	2nd
AB	78.9%	3rd
CTM	76.3%	4th
C&V	49.8%	5th
SB	49.1%	6th
BCU	45.0%	7th



Status as at April 2025		
Health Board	Compliance	Rank
AB	100.0%	1st
HDda	99.2%	2nd
SB	98.9%	3rd
CTM	94.4%	4th
Powys	80.0%	5th
C&V	51.4%	6th
BCU	3.0%	7th

Efficient Services – Pathways of Care Delayed Discharges - census date 16th June 2025

Number of Pathways of Care delayed discharges
Target is 12 month reduction trend
Mental Health Delays = 12 / Non Mental Health Delays = 265

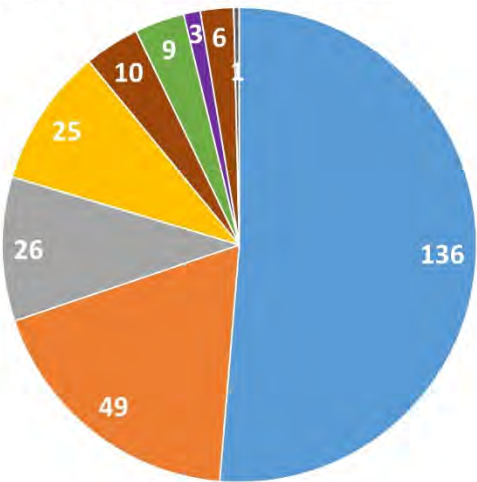
Mental Health - Reasons for Patient Pathway of Care Delays June 2025

- Assessment Issues
- Care Home placement arrangements
- Housing related Issues
- Funding Issues



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

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



How are we doing?

277 Pathways of Care Delayed Discharges were reported in the June snapshot census. This is 14 (4.7%) delayed patients lower than the 12 month average of 291.

During the past 12 months, assessment issues account for the majority of delays; 39.6%, averaging 118 patients per month, as detailed in the table below:

Reason for Delay	Jun-25	12 month average	Assessment Delay Flag - June 2025	
Assessment Issues	138	115 39.6%	Awaiting completion of assessment Nursing	39
Care Home placement arrangements	53	57 19.4%	Awaiting joint assessment	28
Home care related issues	25	43 14.9%	Awaiting completion of assessment by social care	24
Transfer related issues	1	18 6.2%	Awaiting completion of AHP Allied Health Professional Assessment	20
Disagreements/Legislation	26	22 7.7%	Awaiting Continuing Healthcare (CHC) Assessment	11
Step down to recover and assess	9	13 4.6%	Awaiting completion of best interest decision	7
Housing Related Issues	12	8 2.9%	Awaiting Social worker allocation	6
NHS Bed related issues	0	2 0.8%	Awaiting completion of assessment Medical	2
Funding Issues	7	6 2.2%	Mental Capacity Assessment Delays	1
Home adaptation/equipment issues	6	5 1.7%		
Total	277	291	Total Assessment Issues	138

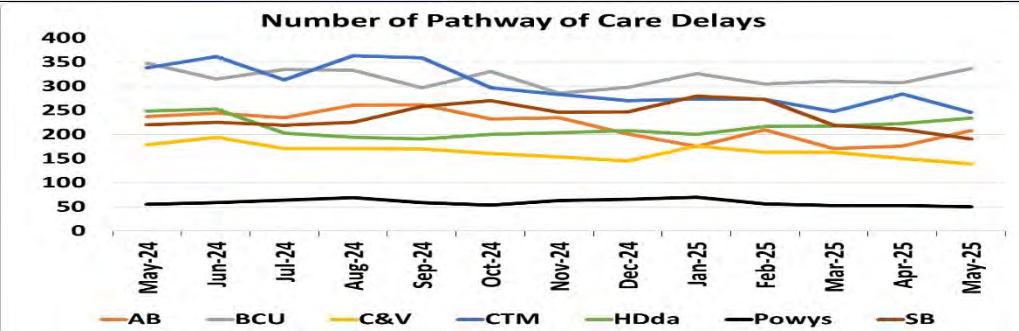
What actions are we taking & when is improvement anticipated?

- Focus is on reducing assessment delays and actions are as follows:
 - Focus on supporting Bridgend LA as delays in Bridgend represent the sharpest increase (mainly as a result of out of area patients due to changes in POW as a result of the critical incident in October 2024).
 - Increase in delays for AHP assessments due to staffing gaps and sickness absence.
 - Revision of nursing needs assessment process with a digitalised version launched from Electronic White Boards (EWB) is in progress.
- Outcomes related to the national audit of PoCD completed by NHS exec:
 - Inconsistent model across sites
 - Senior consistent oversight of PoCD process required
 - Variation in operational processes across three LA's (Merthyr, RCT & Bridgend).
 - Validation process is limited due to small group of staff – no resilience in the system.
- An action plan addressing these issues is being prepared for OMB sitting in August.
- National PoCD improvement plan due for completion 23rd July; identifying 5 key areas for action is being prepared by the Integrated Discharge Board.

What are the main areas of risk?

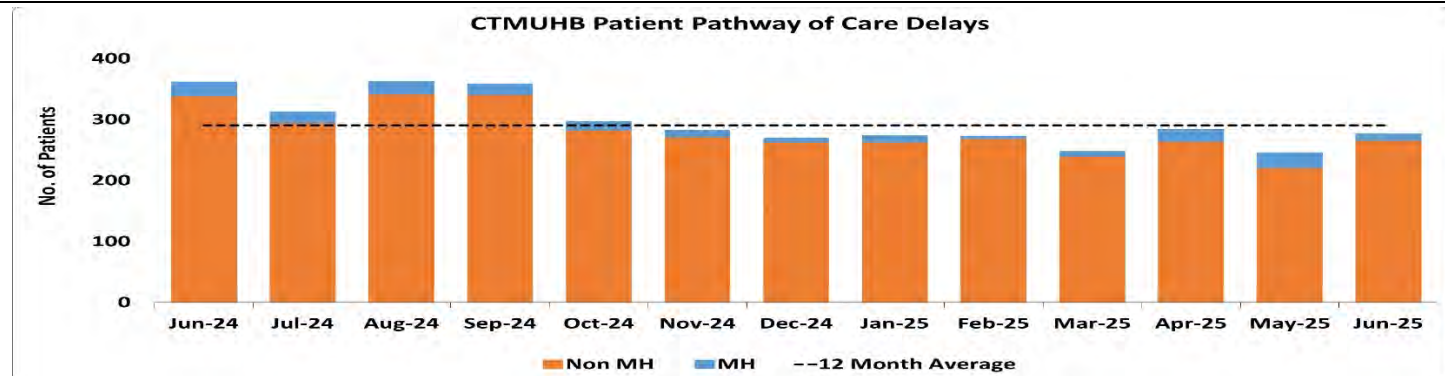
- Care home capacity for patients, especially EMI nursing beds.
- Inconsistent discharge model and lack of discharge lead.
- Development of the Integrated Discharge Team has been delayed.
- Workforce challenges, including clarity of roles and responsibilities exist.

How do we compare with our peers?



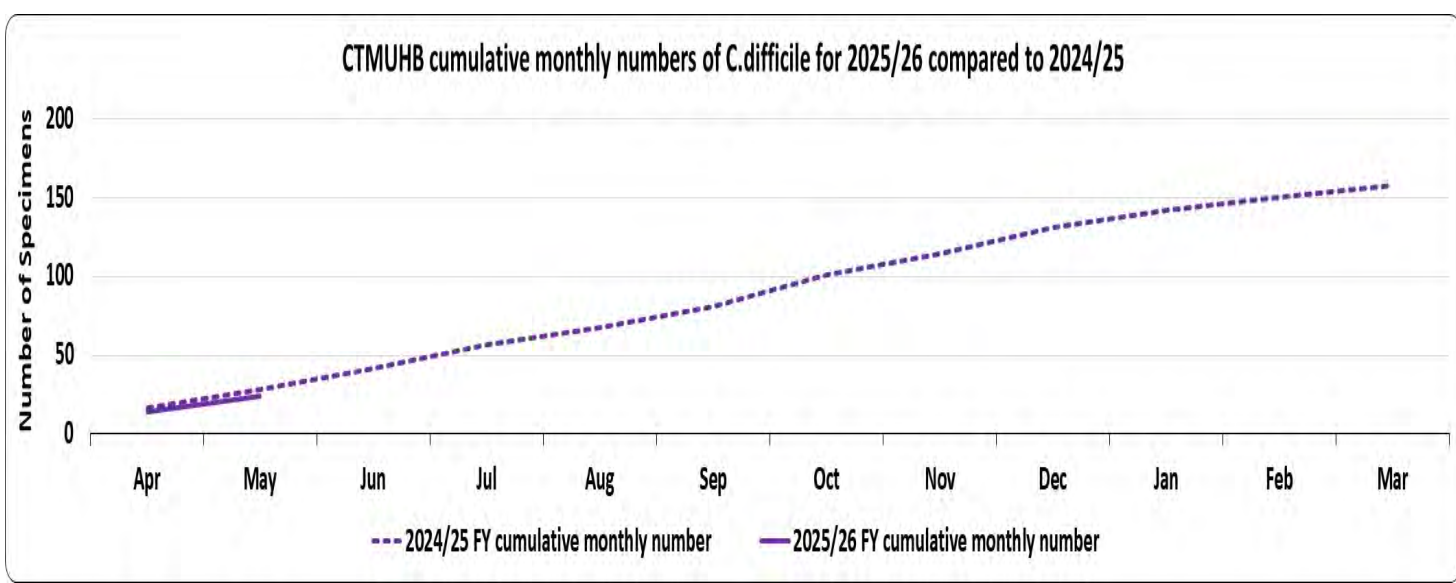
Status as at May 2025		
Health Board	Compliance	Rank
Powys	50	1st
C&V	139	2nd
SB	191	3rd
AB	208	4th
HDda	234	5th
CTM	246	6th
BCU	337	7th

Delays by Local Authority - June 2025										
Healthcare Facility	Blaenau Gwent	Bridgend	Caerphilly	Merthyr Tydfil	Neath Port Talbot	Powys	Rhondda Cynon Taff	Vale of Glamorgan	Swansea	Total
PCH	1		2	6		1	7			17
POW		39			3		1	3		46
RGH		11	1	3	2		44		1	62
YCC		1	1	27			38	1		68
YCR		3					31			34
YGT		18		1			16	1		36
Glanrhyd		10					1			11
Pinewood House							3			3
Grand Total	1	82	4	37	5	1	141	5	1	277



CTMUHB Safe Services – Healthcare Acquired Infections – April to May 2025

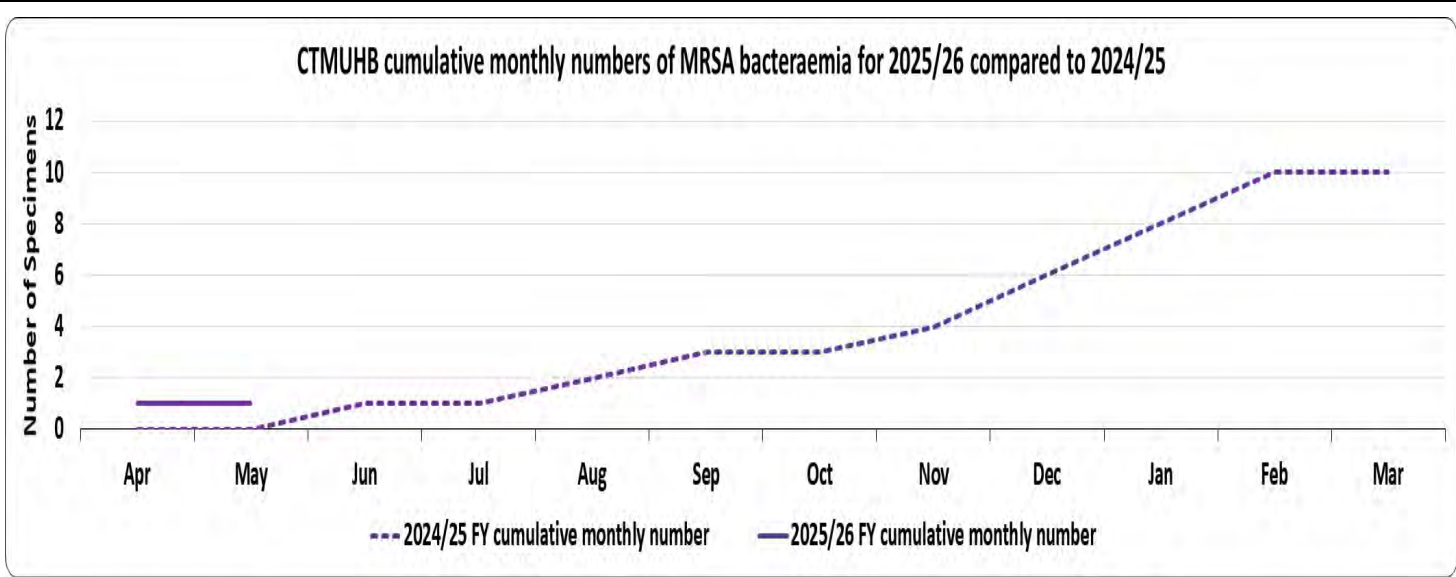
C.difficile



24 C.difficile cases have been reported by CTM for the period April to May 2025. This is 4 fewer cases than the equivalent period in 2024/25. The provisional rate per 100,000 population for 2025/26 is 32.16, which compares favourably to the All Wales rate of 39.14.

In CTM, 58% of cases are hospital onset associated infections (based on specimen taken >2 days into an inpatient stay) with the remaining specimens being community onset (specimen taken in a community location or <3 days as hospital inpatient). The IPC team are working with the care groups to improve the RCA process in order to maximise opportunities for learning and sharing best practice as well as ensuring the reviews are done by a multidisciplinary team in the shortest time possible. Work is ongoing to consider the development of a risk assessment to identify more vulnerable cases. IPC is working as part of the all Wales C.difficile collaborative to support a Wales wide strategy. It is essential to ensure that there is capacity and work pathways created to work with primary care, with the support of microbiology antimicrobial stewardship as well as microbiology to ensure cases are reviewed and lessons learned are acted upon. The reduction of C.difficile cases can only be achieved with a co-ordinated effort between primary and secondary care. IPC continues to ensure visibility of positive cases through daily IPC updates to all clinical areas and guidance for out of hours, as well as notifying areas where there were admissions of patients with previously known C.difficile.

MRSA

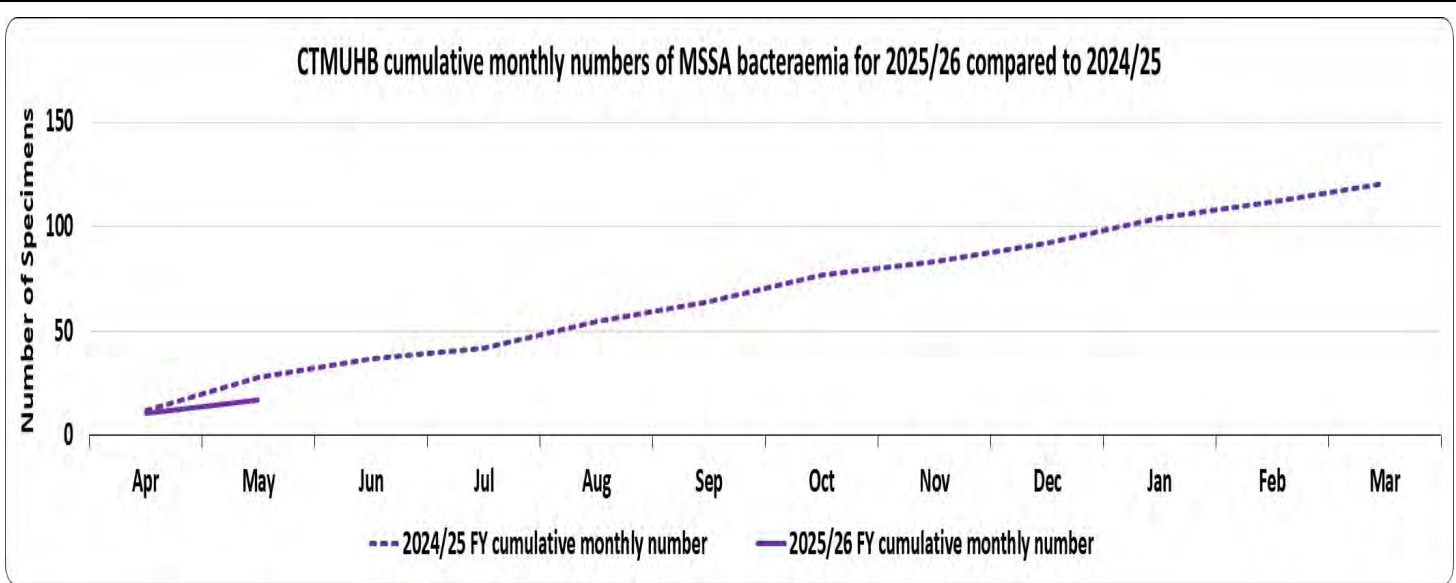


1 MRSA bacteraemia (hospital onset) has been reported by CTM for April to May 2025. The equivalent period during 2024/25 showed no cases of MRSA. The provisional rate per 100,000 population for 2025/26 is 1.34, which is below the All Wales rate of 2.65.

CTM is re-instating ANTT (Aseptic Non-Touch Technique) training as mandated for all the professionals. It is essential to work towards increasing the overall compliance with IPC fundamental (mandatory) training, being that only the administrative and clerical group is currently scoring above 80% compliance, with Medical and Dental staff group with a compliance of 28.59%. Overall score is 74% compliance.

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 case towards achieving the zero goal. In general, the reduction of MRSA is entwined with MSSA and more detail is explained below.

MSSA



17 MSSA bacteraemia have been reported by CTM for April to May 2025. This is 11 cases less than the equivalent period in 2024/25. The provisional rate per 100,000 population for 2025/26 is 22.78, which compares to the All Wales rate of 25.91.

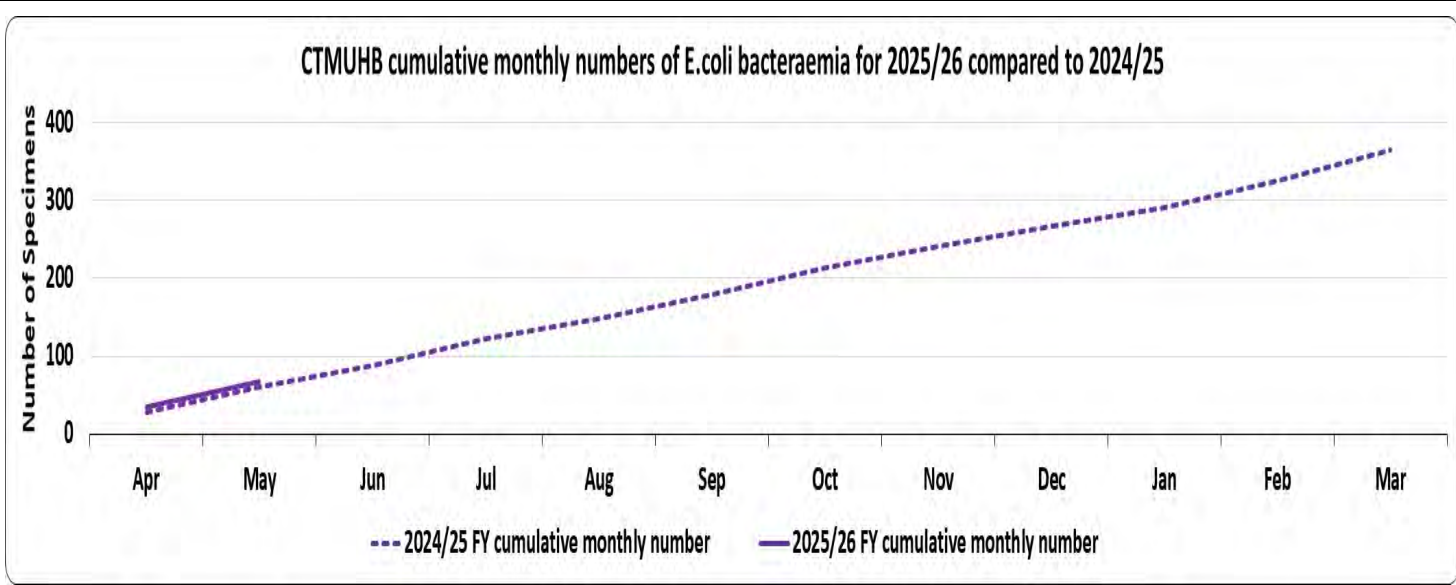
71% of the specimens taken are community onset. When looking at avoidability, RGH has the highest rate with 16.07%, followed by POW with 11.76% and PCH 6.06%. All avoidable secondary care cases were linked with a line infection.

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.

CTM's ANTT training is being reinstated as mandatory and it is essential that we achieve high rates of compliance, as well as with training in IPC Levels 1 & 2 and ensure adequate compliance with the completion of the insertion and maintenance bundles for invasive devices (IPC Level 1 is at 82.9% and Level 2 is at 69.73%). IPC is working towards strengthening training in needs identified as well as conducting a point prevalence study regarding key issues such as bundle completion and bare below the elbows compliance; to more accurately inform on areas where the HB needs to focus and consequently further reduce infections.

CTMUHB Safe Services – Healthcare Acquired Infections – April to May 2025

E.coli



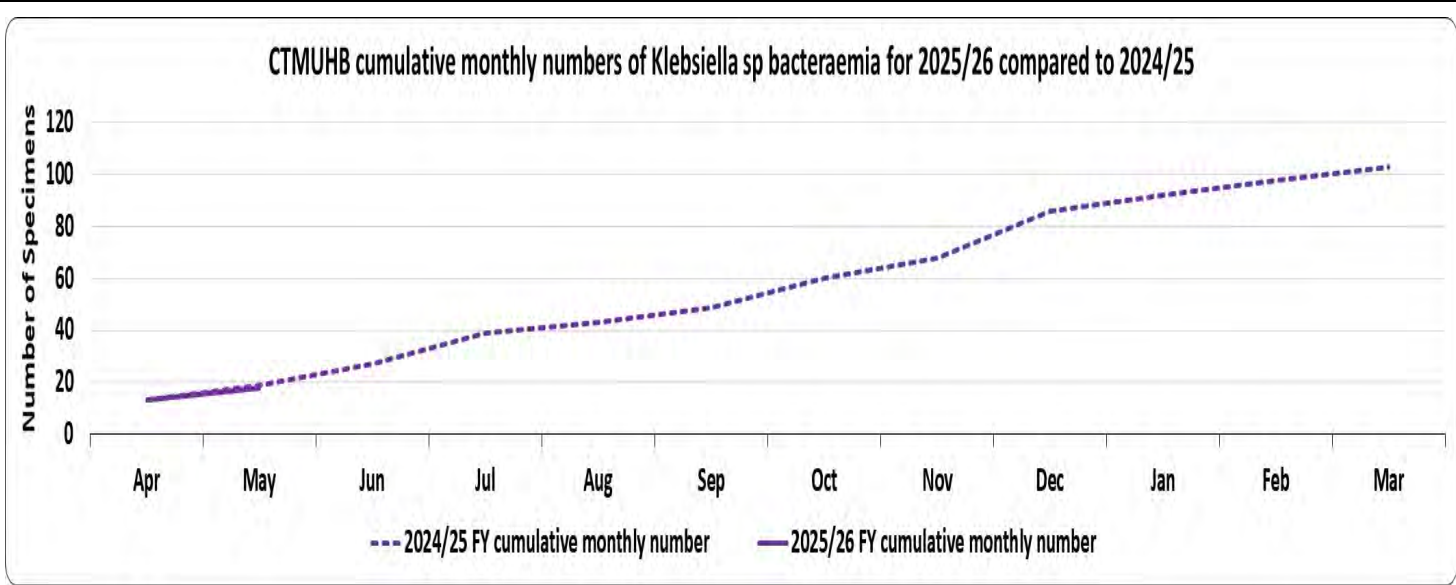
68 E.coli bacteraemia have been reported by CTM for April to May 2025. This is 8 cases higher cases than the equivalent period of 2024/25. The provisional rate per 100,000 population for 2025/26 is 91.12, which is higher than the all Wales rate of 65.80.

Community onset cases account for 83% of the specimens taken and a number of cases are linked to a urinary catheter. Urinary catheter management needs to be improved across CTM. The HB currently has a catheter passport available, but it is still being rolled out across CTM. It will be essential to also use it in the community to ensure we can achieve the WG goals for E.coli reduction in a sustainable way. 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.

Avoidability in acute setting is between 6.5% and 7.0% of the cases and the majority identified as being linked to a urinary catheter urine infection (CAUTI); with a small portion deemed as line related.

It is essential to ensure that there are defined roles and a community oriented plan to review, disseminate and monitor the implementation of lessons learned in the community in order to achieve the goal of reducing, not just E.coli, but other Gram Bacteraemia.

Klebsiella sp

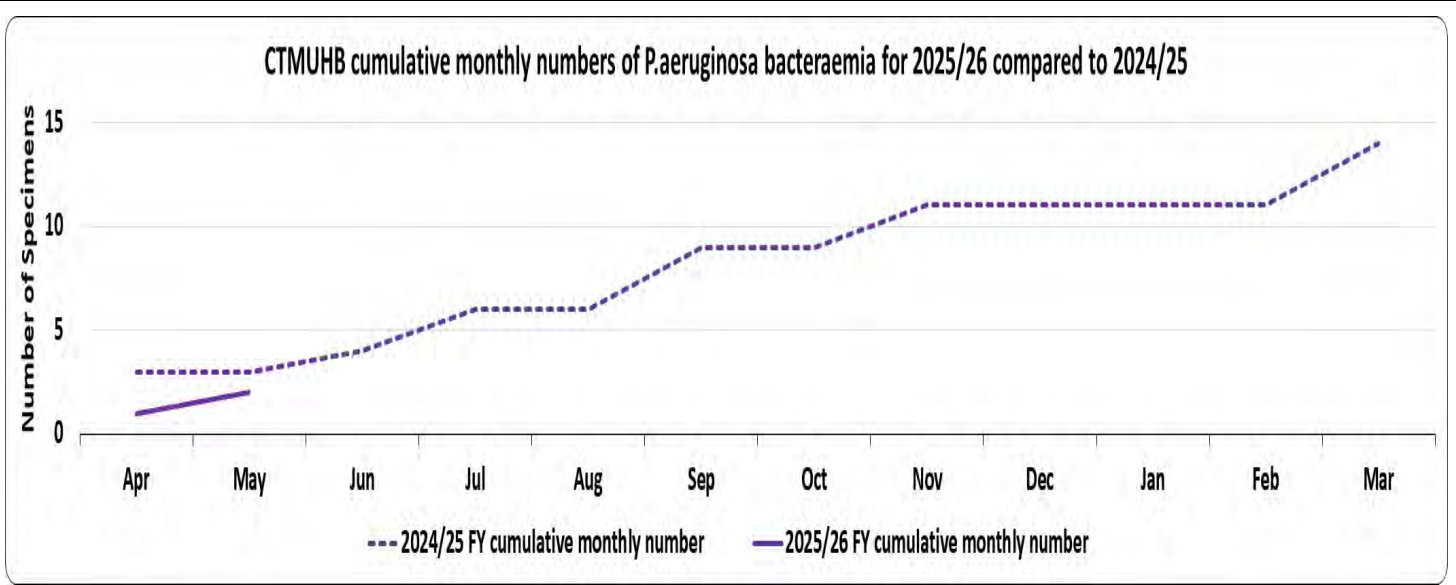


18 Klebsiella sp bacteraemia have been reported by CTM for April to May 2025. This is 1 case less than the equivalent period in 2024/25. The provisional rate per 100,000 population for 2025/26 is 24.12, which compares to the All Wales rate of 21.93.

Of the specimens taken, 94% are community acquired infections. The avoidable cases in secondary care are between 12% and 18.2%; having all been associated with CAUTI.

Again, work is required to strengthen IPC training compliance, in particular ANTT, completion of insertion and maintenance bundles as well as ensuring full rollout of catheter passport for both inpatients and community.

P.aeruginosa



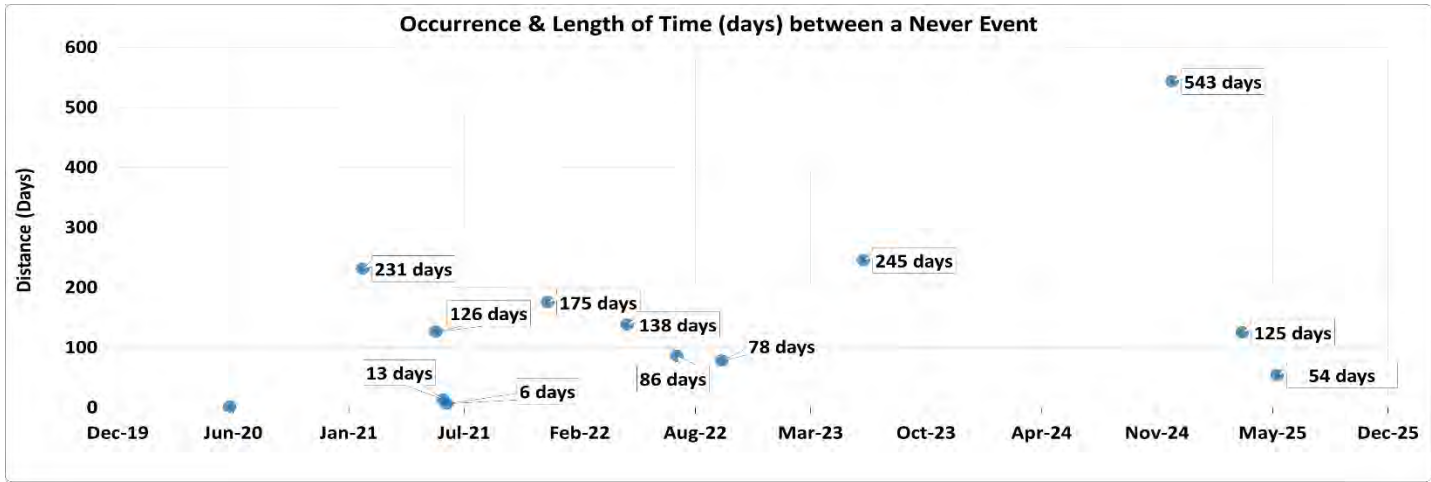
2 P.aeruginosa bacteraemia (both community acquired) have been reported by CTM for April to May 2025. This is 1 less case than in the equivalent period in 2024/25. The provisional rate per 100,000 population for 2025/26 is 2.68, which compares favourably to the All Wales rate of 4.54.

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. Ensuring that areas of augmented care are quickly alerted for findings in the water systems and that all required staff attend ANTT training.

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

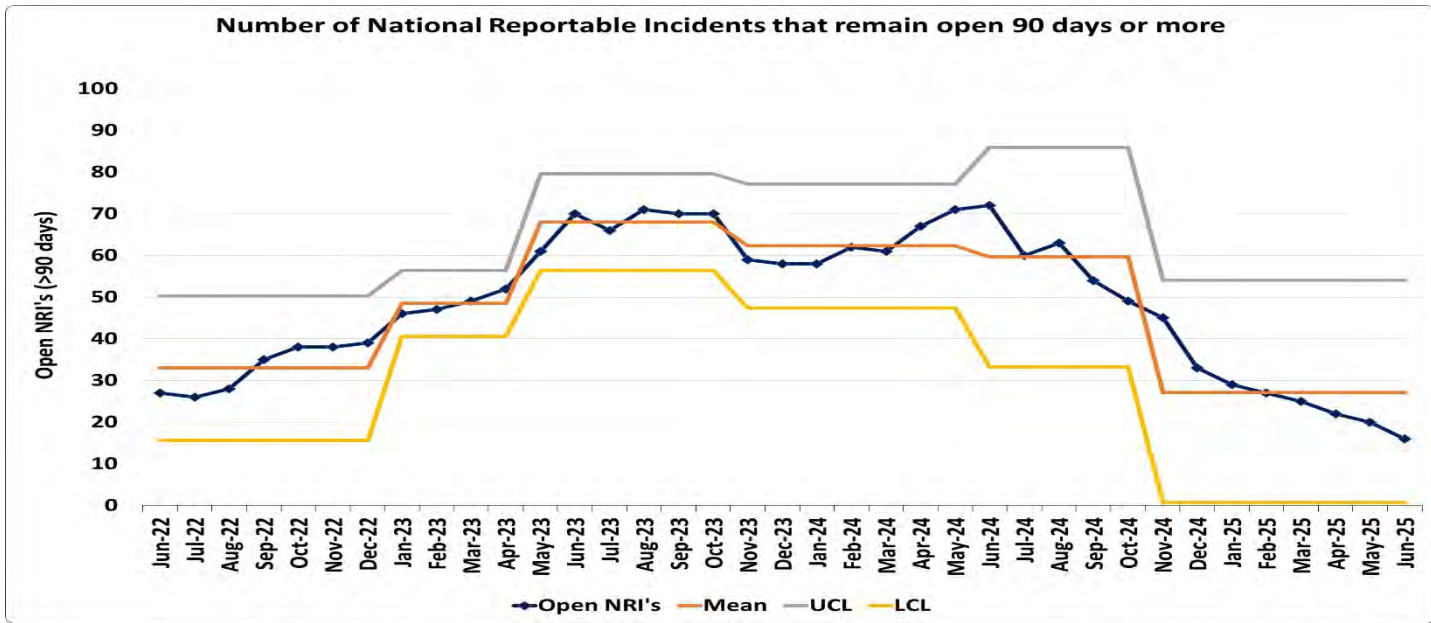
Number of Never Events – June 2025 - 1 Never Event Reported



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. December 2024 - investigations relating to wrong site surgery have concluded, however the investigations for the April & June 2025 events remain ongoing.

Number of National Reportable Incidents that remain open 90 days or more – Target is 12 month reduction trend – June 2025 – 16

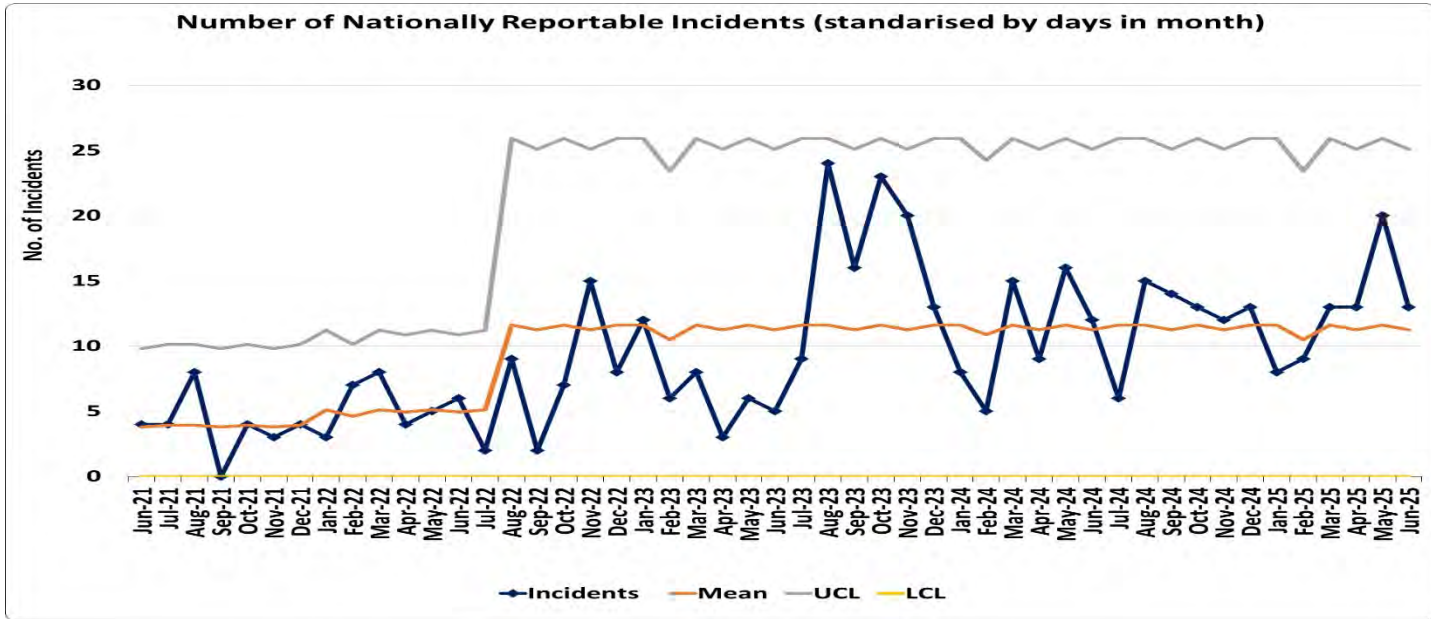


As at June 2025, the number of open National Reportable Incidents past the 90 days timeframe, reduced further to 16 in total.

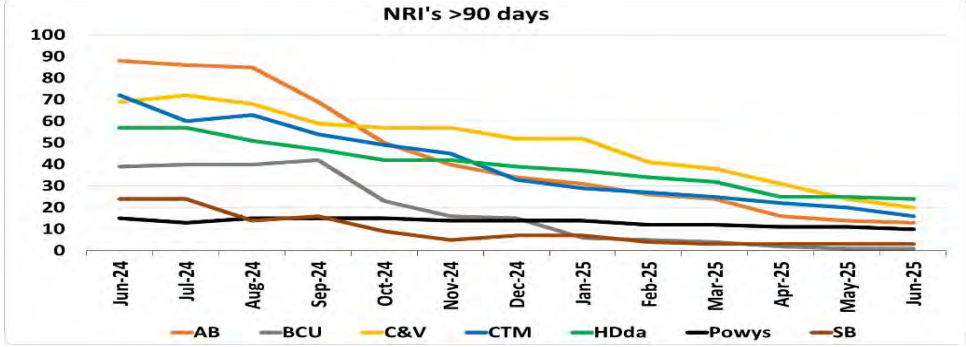
During June, 13 NRI notifications were submitted to the NHS Executive (NRI's are detailed in the table below), with a total of 149 incidents submitted during the past 12 months.

As at the 7th July 2025, the Health Board currently has 51 open Nationally Reportable Incidents, of which 23 are overdue the timescale for completion. Focused work continues to be undertaken to ensure investigations are concluded and ensure a timely outcome is provided to patients and their families.

Type of Nationally Reportable Incidents	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Total
Pressure Damage	4	3	3	8	6	6	2	4	5	3	7	6	57
Maternity/Neonatal adverse occurrence		2	1	3	1	2	4	1	3		5	2	24
Infection Prevention & Control	1	1	3			2			3	3	2		15
Admission / Transfer / Discharge		3	3					1	1	5	3	3	19
Treatment, Procedure		2	1		3	1		2				1	10
Patient/Service user death	1				2		1	1		1	1	1	8
Clinical Assessment, clinical diagnosis		2	2	1							2		7
Medication		1	1										2
Slip, Trip or Fall				1		1							2
Equipment/Devices									1				1
Monitoring/Observations		1											1
Communication					1								1
Diagnostic									1				1
Transport							1						1
Grand Total	6	15	14	13	13	12	8	9	13	13	20	13	149



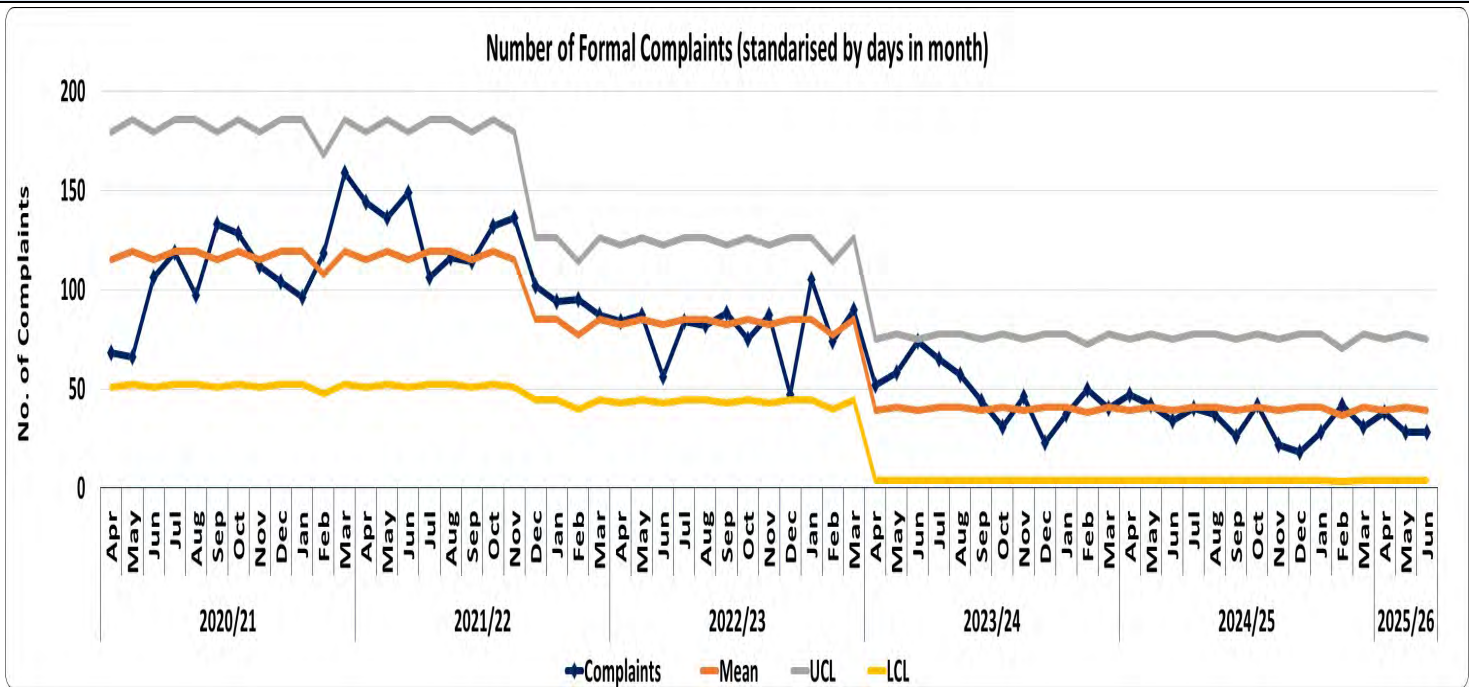
How do we compare with our peers?



Status as at June 2025		
Health Board	Compliance	Rank
BCU	1	1st
SB	3	2nd
Powys	10	3rd
AB	13	4th
CTM	16	5th
C&V	20	6th
HDda	24	7th

CTMUHB Focus on Putting Things Right

Number of formal complaints managed through Putting Things Right – June 2025 - 28 Formal Complaints

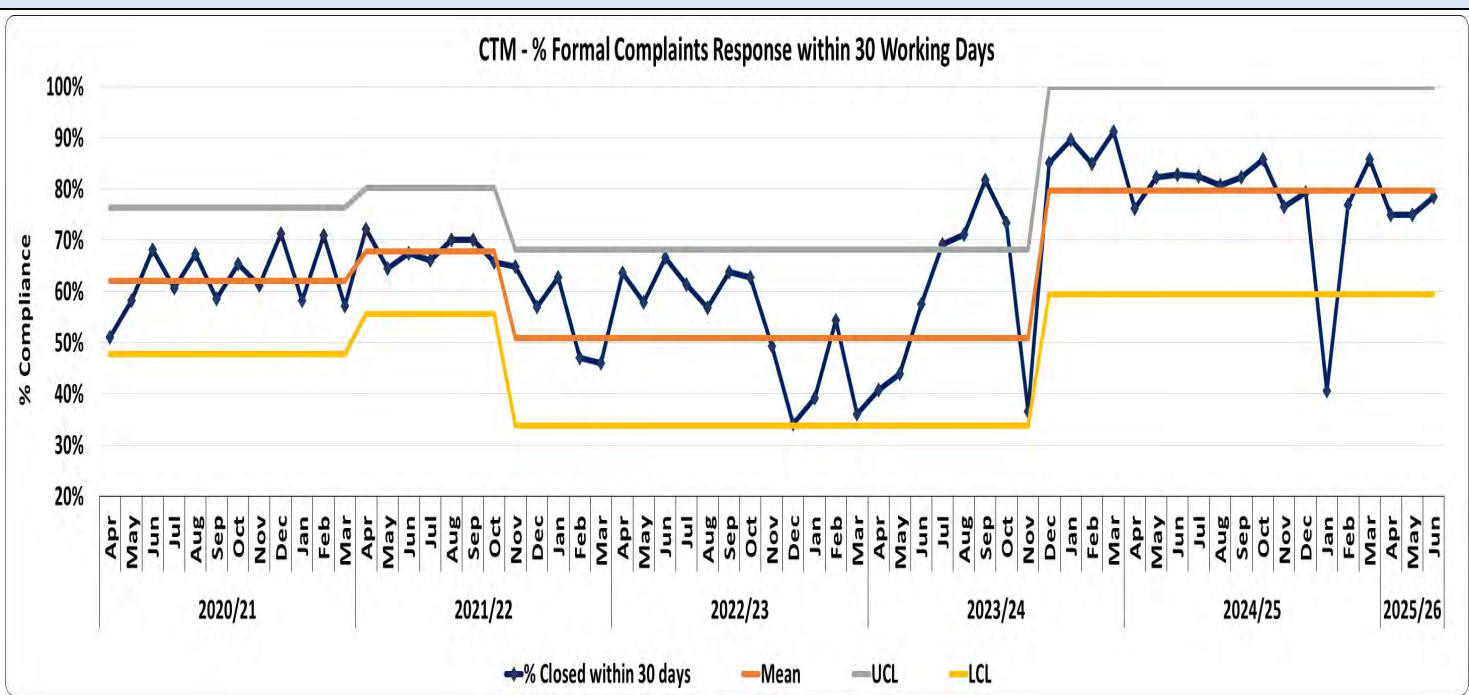


During June, 28 formal complaints were received within the organisation and managed in line with the ‘Putting Things Right’ regulations.

During the past 12 months, 420 formal complaints have been received by the HB with the vast majority (71%) 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	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Total
Clinical Treatment/Assessment	29	35	23	24	15	18	24	32	26	31	21	22	300
Discharge Issues	2	1	2	7	1	0	2	1	1	0	0	3	20
Patient Care	1	0	0	2	3	0	3	2	1	3	0	1	16
Communication Issues (including Language)	0	1	2	4	1	1	1	2	0	0	3	0	15
Medication	2	3	0	3	1	0	2	0	0	1	2	0	14

% formal complaints response within 30 working days – May 2025 – 78.4 %

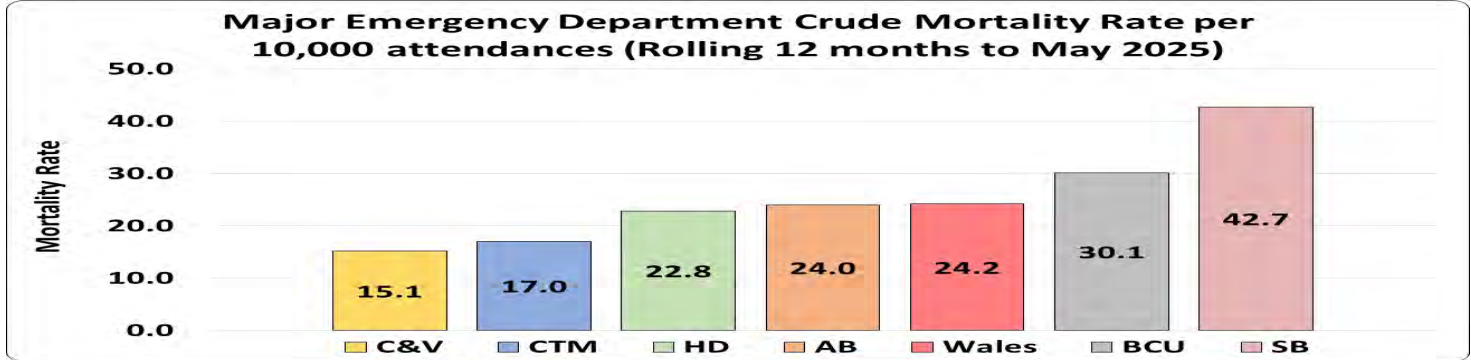
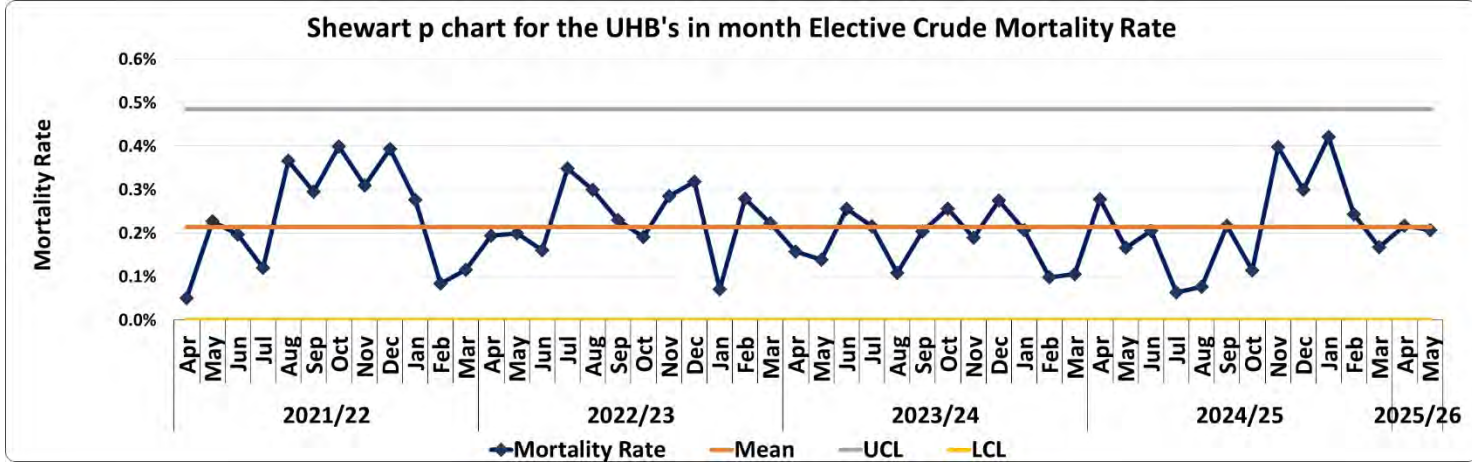
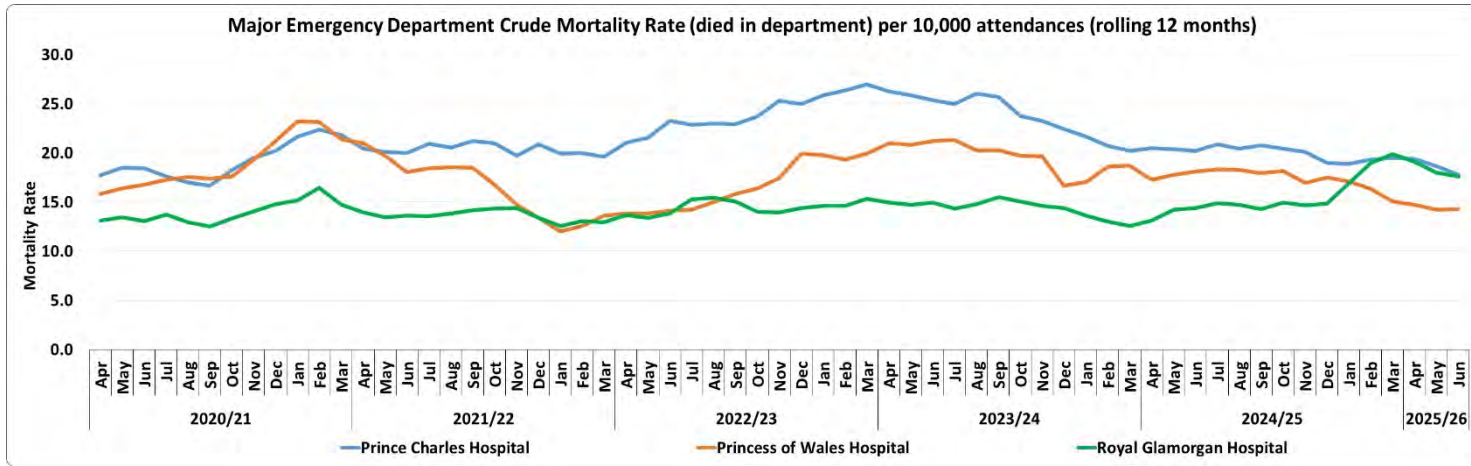
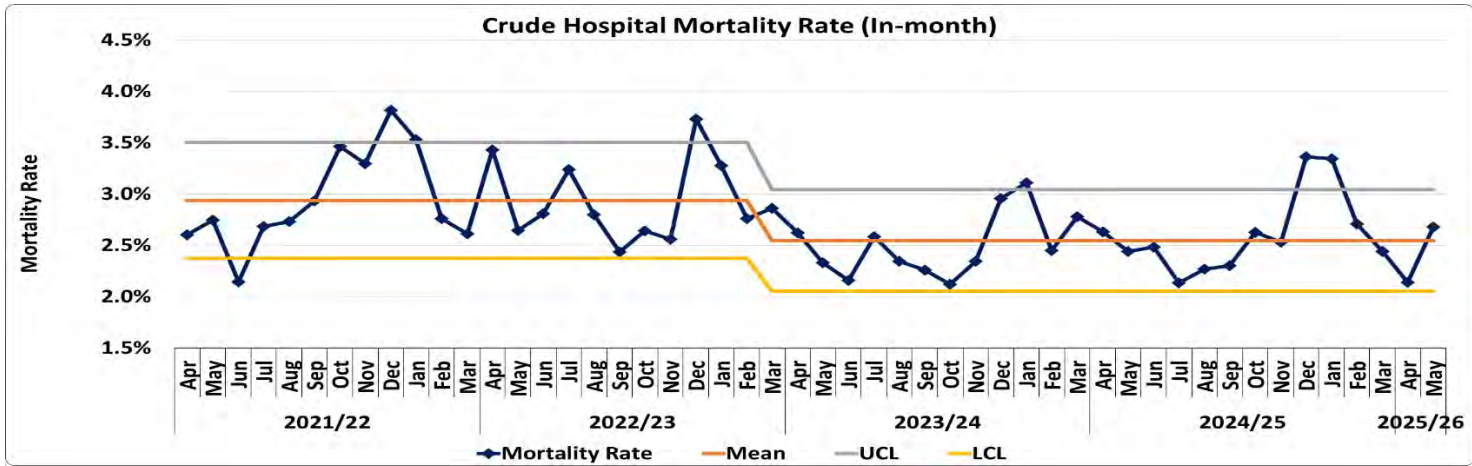


During June, compliance for formal complaints responded to within 30 working days was just over 78%, resting just below the current mean of 80%, but exceeding the set target of 75%.

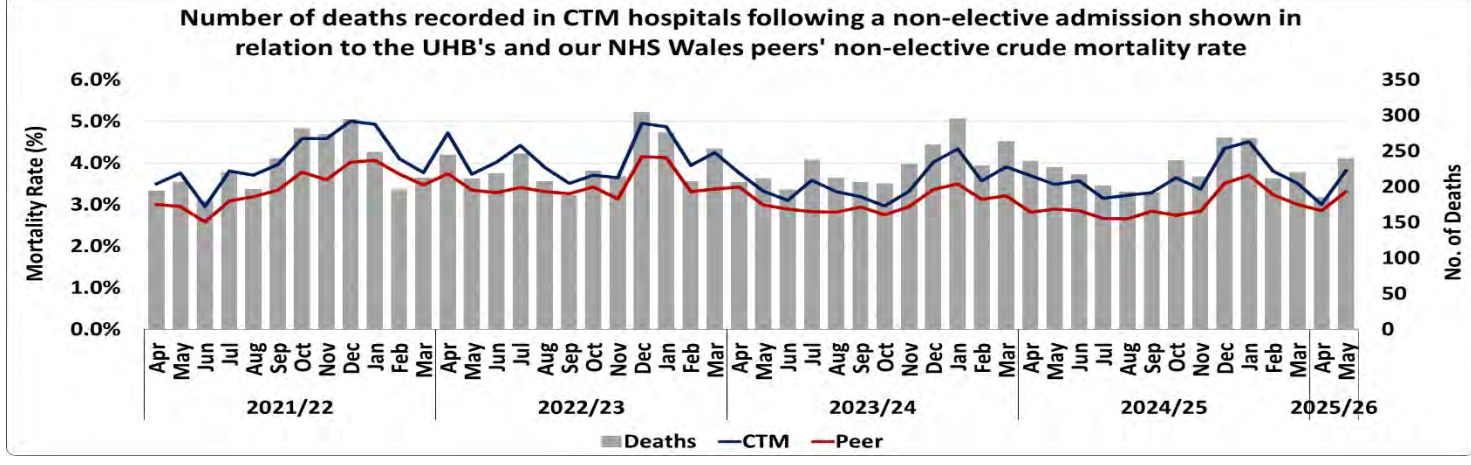
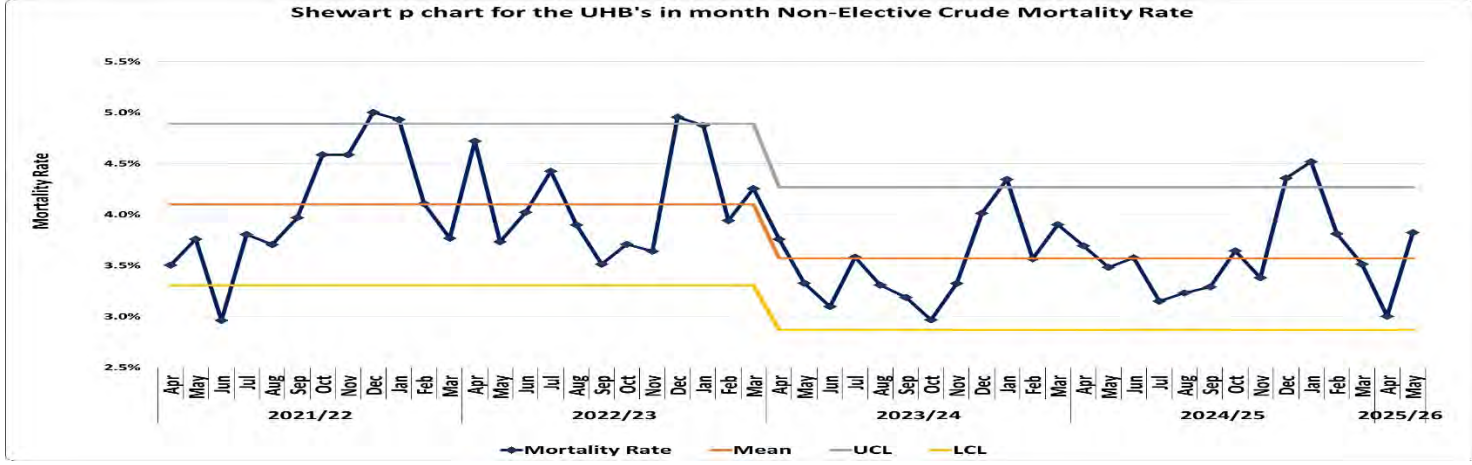
As at 7th July 2025, the Health Board had 54 open formal complaints. Of these, 20 complaints were open over 30 working days.

A review of all complaints procedures is continuing to identify opportunities to improve efficiency in processes, along with embedding the importance of timely escalation.

CTMUHB Focus on Crude Hospital Mortality Rates to May 2025



Based on these crude rates shown in the charts above, the mortality rates in CTM's three major emergency departments are amongst the lowest in Wales.

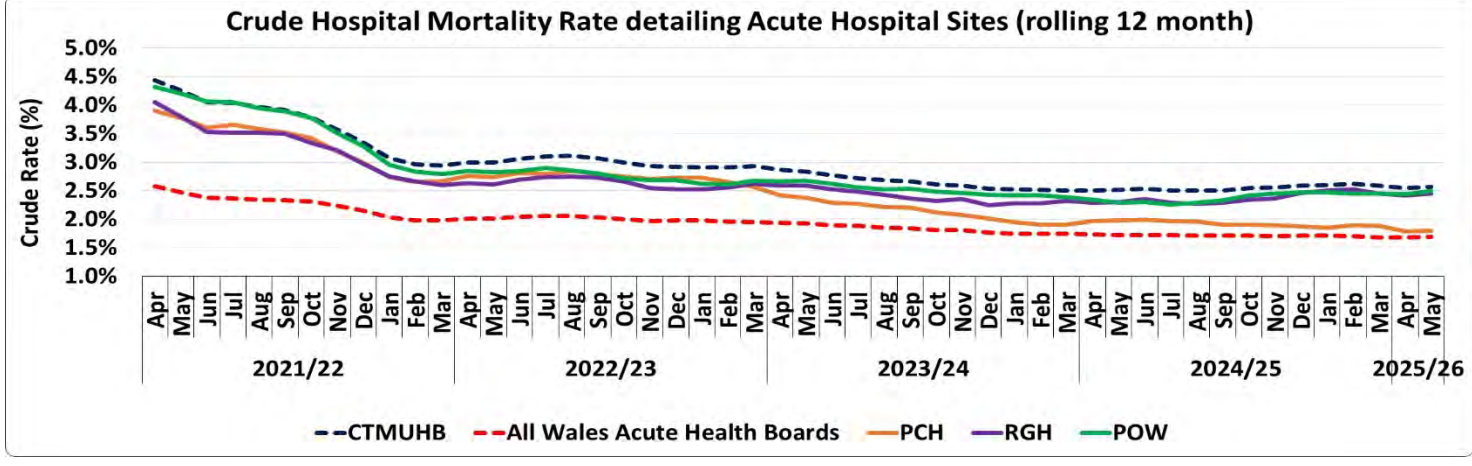


The observed increase in the growth of rate over the winter months is expected and in line with both previous years and our peers, as seen in the chart above.

The various mortality indicators used by the Health Board 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 03

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.

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)) /	Effective
	Efficient, Equitable, Person Centred, Timely, Safe



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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
		This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Activity where performance falls short of the Health Board's performance measures may result in impact to the patient's journey which may result in a risk of harm. Any potential harm could provide legal challenge.	
Enw da / Reputational	Yes (Include further detail below)	
	Activity where performance falls short of the Health Board's performance measures may result in impact to the trust and confidence in the Health Boards service provision.	
Effaith Adnoddau (<i>Pobl / Ariannol</i>) / Resource Impact (<i>People / Financial</i>)	Yes (Include further detail below)	
	Workforce and financial resources are required to address the Planned Care Recovery plans and improvement trajectories within the Health Board.	

5. Recommendation

5.1 The Board is asked to **NOTE** the Integrated Performance Dashboard.

2025-26 Finance Report

Month 3



Summary

Situation

This Finance report outlines our financial performance for Month 3 (i.e. the period to 30th June 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 3 (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 and 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	Recommendation
Overall Revenue position - 2025/26: - The M3 position reported a £1.1m deficit against our plan. - The current year forecast break-even position has been maintained at M3. - The risks to the breakeven forecast are significant (M3: £35.8m), there remain a number of risks and opportunities that may impact the breakeven forecast and these are summarised on Page 19. Recurrent Revenue position: - The brought forward recurrent deficit at the end of 2024/25 was £7.9m, the submitted IMTP for 2025/26 plans for an in year recurrent surplus of £9.6m giving an underlying recurrent surplus of £1.7m by the end of 2025/26. - As at M3 we are reporting a forecast underlying surplus at the end of 2025/26 of £1.7m. This is consistent with the IMPT submitted on the 31st March 2025 and will be reviewed for M4. Cashflow: - The cash balance at the end of M3 was £2.5m. Capital Position: - The capital resource limit is currently £83.1m and the forecast is to achieve a breakeven position.	The Board, the Operational Delivery Committee (ODC) and the Executive Management Board (EMB) are asked to DISCUSS and NOTE the financial performance of the Health Board for the period to 30th June 2025.



Contents

Slide	Subject Area
5	Executive Summary
6	Summary Income & Expenditure account
7-8	YTD Performance & Forecast
9	Forecast Underlying Position
10	Non Delegated Reserves
11-13	Pay Expenditure Trends
14	Non pay Expenditure Trends
15	Income Trends
16-17	Income Assumptions
18	Savings
19	Risks & Opportunities
20	Capital Expenditure – Available M2
	Statement of Financial Position – Available M3
21	Cash Flow forecast - Available M2
	Public Sector Payment Policy Compliance – Available M3

Overall Revenue Position

- The M3 position reported a deficit of £1.1m with a year to date deficit of £4.8m.
- The forecast current year break-even position has been maintained at M3.
- The forecast recurrent position has been retained at £1.7m surplus in M3.
- The net opportunities/risks to the forecast break even position at M3 are significant at £32.9m (IMTP: £41.8m) which are summarised on Page 19.

Savings Position

- Actual savings in M3 was £1.5m which was £1.1m below the M2 target of £2.6m.
- The M3 forecast In year savings is £17.9m, which is £13.4m below the £31.3m target.
- The M3 forecast Recurrent savings is £21.5m, which is £9.8m below the £31.3m target

Cash

- The cash balance at the end of M03 was £2.5m, this is within our target balance of keeping cash balances below £6m.
- The current cash flow forecast is showing a balanced position at year end.

Capital

- The Capital Resource Limit for 2025-26 of £83.1m was issued on the 30th June 2025.
- Expenditure to M3 amounted to £18.7m.
- The outturn capital position is breakeven.



Summary Income & Expenditure Account



	M3 Actual	M3 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(128.0)	(371.8)	(1505.2)
02. Capital Donation / Government Grant Income	(0.0)	(0.0)	(0.0)
03. Welsh NHS Local Health Boards & Trusts Income	(6.0)	(17.5)	(70.9)
04. WHSSC Income	(1.2)	(3.4)	(12.7)
05. Welsh Government Income (Non RRL)	(0.0)	(0.2)	(0.2)
06. Other Income	(4.2)	(12.5)	(48.2)
Total Allocations & Income	(139.4)	(405.3)	(1637.2)
08. Primary Care Contractor	14.0	41.3	169.3
09. Primary Care - Drugs & Appliances	8.8	27.1	109.9
10. Provided Services - Pay	62.3	185.6	739.0
11. Provider Services - Non Pay	10.6	29.2	117.1
12. Secondary Care - Drugs	5.1	15.1	62.5
13. Healthcare Services Provided by Other NHS Bodies	24.1	72.4	288.3
14. Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0
15. Continuing Care and Funded Nursing Care	6.6	19.7	83.1
16. Other Private & Voluntary Sector	2.0	3.9	12.1
17. Joint Financing and Other	1.3	4.2	17.0
18. Losses Special Payments and Irrecoverable Debts	0.1	0.5	2.4
22. DEL Depreciation\Accelerated Depreciation\Impairments	5.6	11.1	36.4
23. AME Donated Depreciation\Impairments	0.1	0.1	0.2
25. Profit\Loss Disposal of Assets	(0.1)	(0.1)	(0.1)
Total Expenditure	140.5	410.1	1637.2
Grand total	(1.1)	(4.8)	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 M3 year to date position is reporting a deficit of £4.8m.
- We are currently forecasting a year end break-even position.





Year to Date Performance and Forecast

	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	1.7	1.7	0.0
Month 3	2.0	3.7	0.0
Month 3	1.1	4.8	0.0

Key Points:

- The M3 YTD overspend of £4.8m includes a £5.0m shortfall in savings.
- Further details of the key drivers for the YTD are provided overleaf.



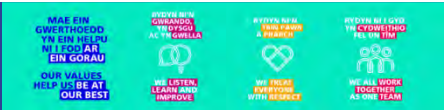
Year to Date Performance and Forecast



	Delegated Year to Date £m	Non Delegated Year to Date £m	Total M3 Year to Date £m	M3 forecast £m	M2 forecast £m	IMTP £m
Savings Shortfall	3.8	1.0	4.8	13.4	13.9	0.0
Operational Variances	0.9	(0.9)	0.0	0.0	0.0	0.0
Financial Plan Improvements	0.0	0.0	0.0	0.0	0.0	0.0
Additional Financial Allocation	0.0	0.0	0.0	0.0	0.0	0.0
Accountancy Gains	0.0	0.0	0.0	0.0	0.0	0.0
Other Mitigating Actions	0.0	0.0	0.0	(13.4)	(13.9)	0.0
Grand Total	4.7	0.1	4.8	0.0	0.0	0.0

Key Points:

- The M3 position is reporting a £4.8m deficit (Overspend) against the plan, of which £4.7m relates to delegated budgets with £0.1m overspend within non delegated budgets and reserves.
- The Main driver of the deficit position is the £4.8m shortfall in savings delivery compared to the straight-line target of £7.8m per month.
- The Mitigating actions still to be identified to deliver the forecast position has improved by £0.5m in M3 (£13.4m) compared to M2 (13.9m).
- 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 3 (i.e. the Delegated budget position). This report is discussed at the Operational Delivery Committee (ODC) and Executive Management Board (EMB) meetings.



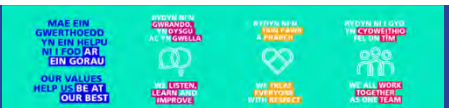
Forecast Underlying Position



Underlying Position	Plan £m	Delegated Recurrent @ M3	Non Delegated Recurrent @ M3 £m	Total Recurrent @ M3 £m	Total Recurrent @ M2 £m	IMTP Recurrent £m
Initial Financial Plan	(1.7)	0.0	(1.7)	(1.7)	(1.7)	(1.7)
Savings Variances	0.0	6.9	4.8	11.7	11.7	0.0
Operational Variances	0.0	2.4	(2.4)	0.0	0.0	0.0
Financial Plan Variances	0.0	0.0	0.0	0.0	0.0	0.0
Additional Financial Allocations	0.0	0.0	0.0	0.0	0.0	0.0
Accountancy Gains	0.0	0.0	0.0	0.0	0.0	0.0
Other Mitigating Actions	0.1	(6.9)	(4.8)	(11.7)	(11.7)	0.0
Grand Total	(1.7)	2.4	(4.1)	(1.7)	(1.7)	(1.7)

Key Points:

- The B'fwd recurrent deficit at the end of 2024/25 was £7.9m, the submitted IMTP for 2025/26 plans 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 £21.5m compared to the plan of £31.3m, giving rise to a recurrent shortfall of £9.8m. At M3 we are anticipating this shortfall will be met by year end through £11.7m of further mitigating actions.
- As at M3 we are continuing to report a forecast underlying surplus at the end of 2025/26 of £1.7m. This is consistent with the IMTP submitted on the 31st of March 2025 and will be reviewed at the end of Q1.



Non Delegated Reserves

CYNNAL
EIN
DYFODOL



SUSTAINING
OUR FUTURE

YSBRYDOLI
POBL



INSPIRING
PEOPLE

GWELLA
GOFAL



IMPROVING
CARE

CREU
IECHYD



CREATING
HEALTH

Reserves	Plan £m	Issued @ M3	Balance Remaining £m	Anticipated Commitments £m	Current Year Forecast £m	Recurrent Forecast £m
Brought Forward Commitments	3.2	(3.2)	0.0	0.00	0.0	0.0
Brought Forward Planned Care	11.9	(9.2)	2.7	(2.7)	0.0	0.0
Recurrent Investment Plans	6.3	(0.9)	5.4	(5.4)	0.0	0.0
Non Recurrent Investment Plans	1.0	(0.0)	1.0	(1.0)	0.0	0.0
Cost Pressures – Inflation	3.8	(0.0)	3.8	(1.5)	(2.3)	(2.3)
Cost Pressures – Growth/Demand	3.2	(0.6)	2.6	(2.5)	(0.1)	(0.1)
Cost Pressures – POW Non Rec	10.0	(6.1)	3.9	(3.9)	0.0	0.0
Savings Target yet to be identified	(9.6)	4.8	(4.8)	4.8	0.0	0.0
Planned Deficit/Surplus	0.0	0.0	0.0	0.0	0.0	(1.7)
Grand Total	29.8	(15.2)	14.6	(12.2)	(2.4)	(4.1)

Key Points:

- The approved plan identified £39.4m of reserves yet to be issued to delegated budgets, as at M3 £20.0m has been issued with £19.4m remaining. As at M3, there has been £2.4m 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 M3 £4.8m has been issued to recognise Primary Care Prescribing Cat M savings, with a further £4.8m remaining yet to be issued.



Pay Expenditure Trends

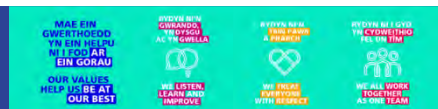


Staff Group	Qtr4 Ave £'m	Apr-25 £'m	May-25 £'m	Jun-25 £'m	Qtr1 Ave £'m
Administrative & Clerical	8.2	8.5	8.4	8.3	8.4
Medical And Dental	17.4	16.6	17.2	17.4	17.0
Nursing And Midwifery Registered	20.0	19.5	19.7	19.6	19.6
Add Prof Scientific And Technical	2.0	2.0	2.0	1.9	2.0
Additional Clinical Services	7.9	7.9	8.4	8.3	8.2
Allied Health Professionals	3.9	4.0	4.0	4.0	4.0
Healthcare Scientists	1.2	1.1	1.1	1.1	1.1
Estates And Ancillary	3.5	3.7	3.6	3.7	3.7
Students	.0	.0	.0	.0	.0
Grand Total	64.2	63.3	64.3	64.5	64.0

Spend category	Qtr4 Ave £'m	Apr-25 £'m	May-25 £'m	Jun-25 £'m	Qtr1 Ave £'m
Core	55.9	56.4	56.5	56.6	55.9
Agency	3.0	2.2	2.8	2.5	3.0
Overtime	1.8	1.5	1.6	1.7	1.8
ADH	1.8	1.7	1.9	1.9	1.8
Bank	1.4	1.4	1.6	1.5	1.4
WLI	0.2	0.0	0.0	0.3	0.2
Grand Total	64.2	63.3	64.3	64.5	64.2

Key Points:

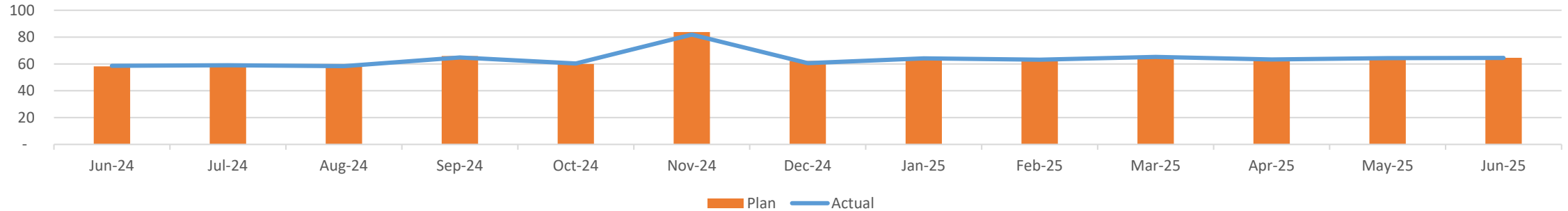
- Total pay expenditure in M3 was £64.5m. This is an increase of £0.2m compared to M2.
- When compared with the M2 actual, the following variable pay movements occurred:
 - Increase in Core costs of £0.1m
 - Decrease in Agency of £0.3m
 - Increase in Overtime costs of £0.1m
 - Decrease in Bank of £0.1m
 - Increase in WLI of £0.3m



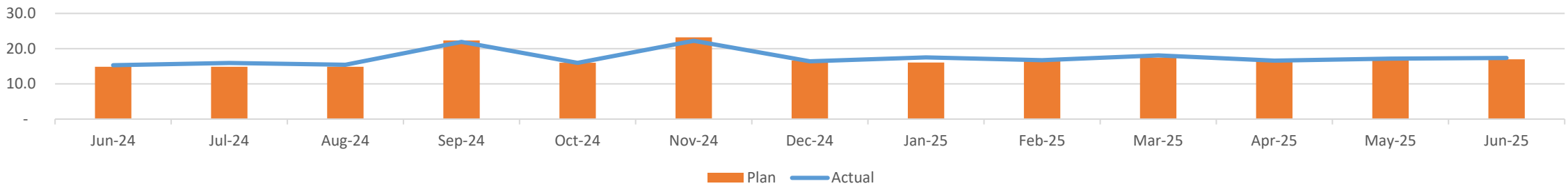


Pay Expenditure Trends

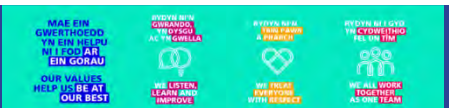
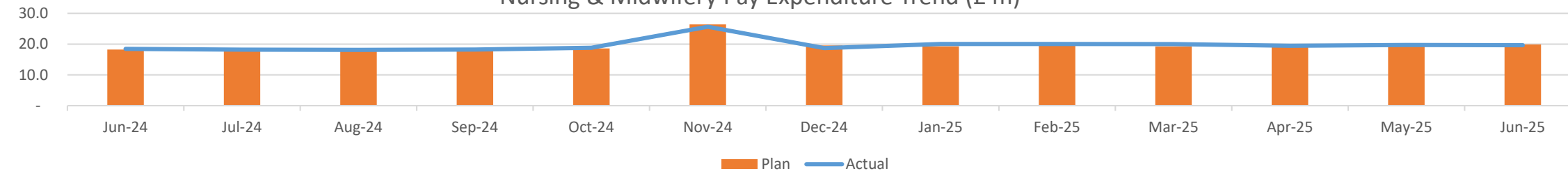
Total Pay Expenditure Trend (£'m)



Medical & Dental Pay Expenditure Trend (£'m)



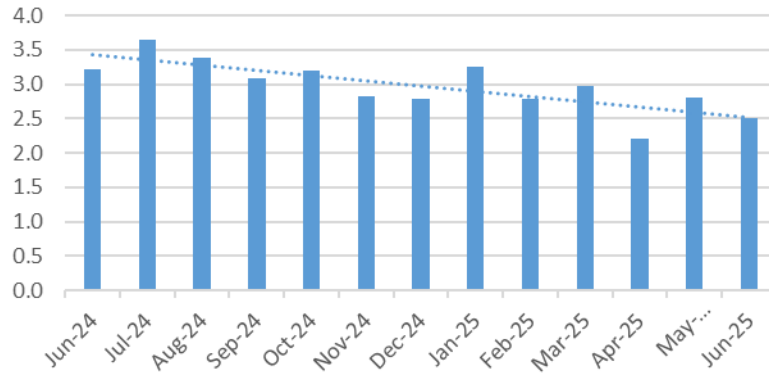
Nursing & Midwifery Pay Expenditure Trend (£'m)



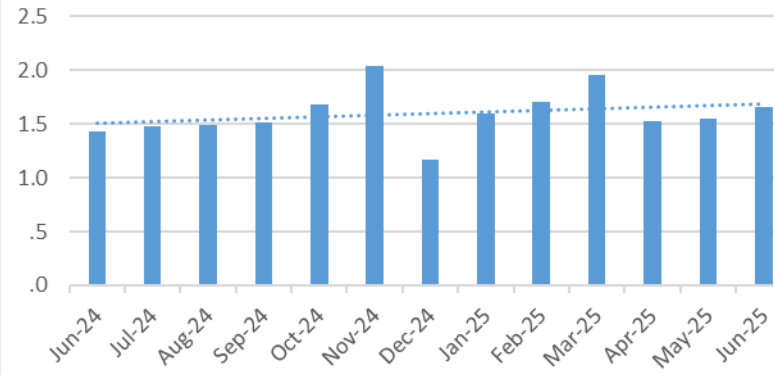


Variable Pay Expenditure Trends

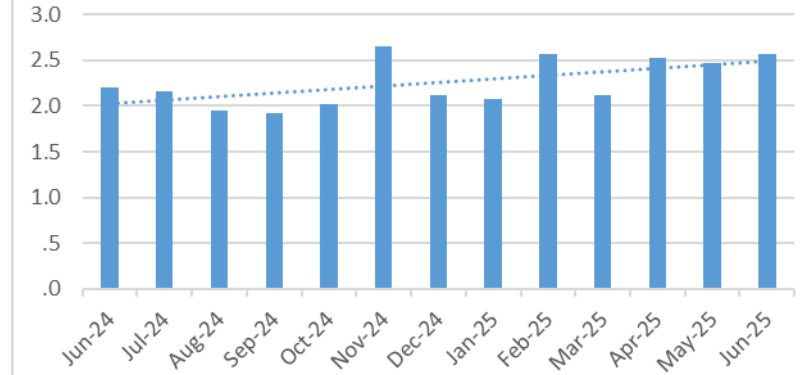
Total Agency Expenditure (£'m)



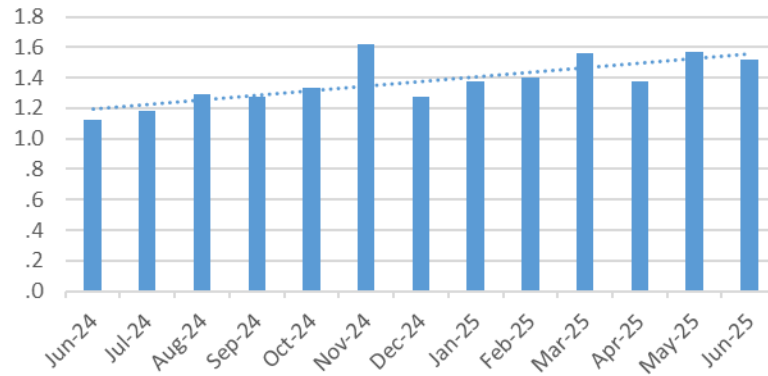
Total Overtime (£'m)



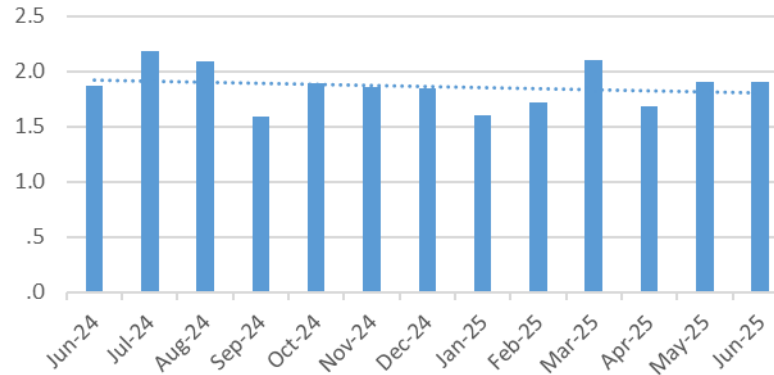
Core Enhancements Expenditure (£'m)



Total Bank Expenditure (£'m)



Total ADH (£'m)



Key Points :

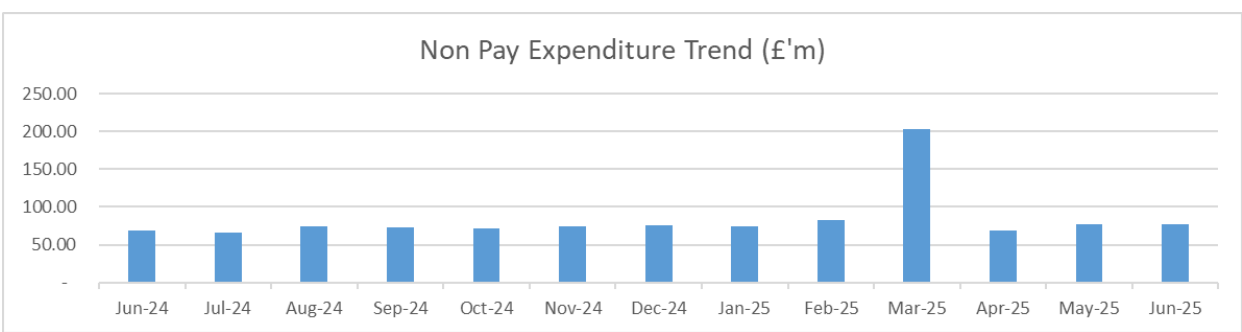
- Agency spend – Increase in M3 of £0.3m and overall a downward trend.
- Overtime payments- M3 spend increased compared to M2 by £0.1m and an increasing trend.
- Core enhancements – M3 is consistent with M1 & M2 and increasing trend.
- Bank – Decrease in M3 of £0.1m and an increasing trend.
- ADH spend – Consistent with M3 and a downward trend.

Non Pay Expenditure Trends

Non Pay Group	Qtr4 Ave £'m	Apr-25 £'m	May-25 £'m	Jun-25 £'m	Qtr1 Ave £'m
Primary Care Contractors	17.1	12.9	12.7	13.1	12.9
Primary Care Drugs	8.1	9.1	9.1	8.8	9.0
Provider Non Pay	11.2	10.0	8.4	10.3	9.6
Secondary Care Drugs	4.9	4.8	5.2	5.1	5.0
Healthcare Commissioning	26.2	23.4	25.0	24.1	24.1
CHC & FNC	7.0	6.9	7.2	6.9	7.0
Other	45.8	1.2	9.4	9.1	6.6
Total Expenditure	120.3	68.3	76.9	77.4	74.2

Key Points:

- The total spend in M3 of £77.4m was £0.5m higher than M2. The main movements were:
 - Increase Provider Non-Pay of £1.9m – Increase when compared to M2 bringing non pay spend back to M1 levels.
 - Decrease in Healthcare Commissioning of £0.9m - Decrease in LTA contract performance at NHS Wales Providers.





Income Trends

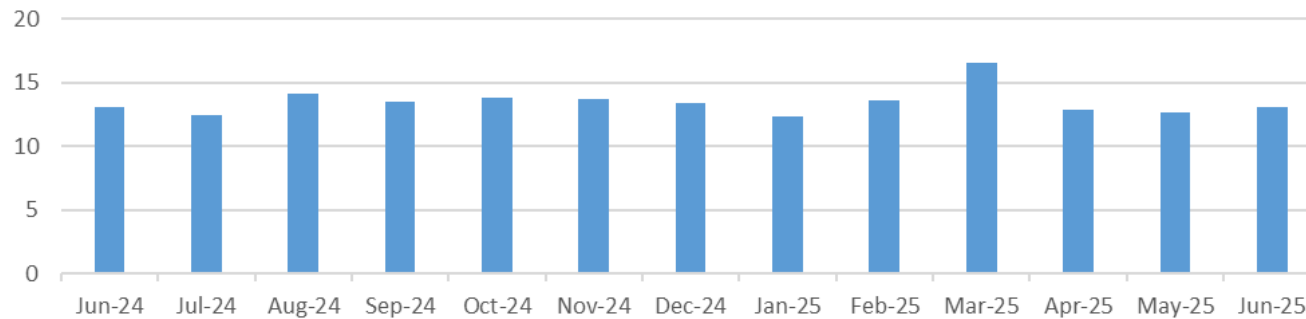


Income Group	Qtr4 Ave £'m	Apr-25 £'m	May-25 £'m	Jun-25 £'m	Qtr1 Ave £'m
Welsh NHS Income	6.3	6.0	5.5	6.0	5.8
JCC Income	1.2	1.1	1.1	1.2	1.1
Primary Care Contractor Income	1.1	1.2	1.1	1.1	1.1
CHC Income	0.6	0.6	0.7	0.6	0.6
Other Income	4.9	3.9	4.3	4.1	4.1
Total Income	14.6	12.8	12.7	13.2	12.8

Key Points:

- The total Income in M3 of £13.1m is £0.5m higher than M2.
- The material movements are:
 - Welsh NHS Income – Increased by £0.5m. May contract monitoring has indicated higher than anticipated levels of activity for other NHS Health Boards.

Income Trend (£'m)





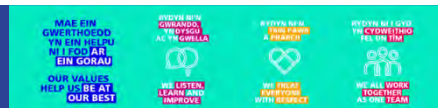
Income Assumptions WG



	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,266.5	31.2	26.5	89.4	1,413.6
Anticipated Allocations:					
Pay award funding 24/25	50.1				50.1
Employers NI	14.8				14.8
POW Roof	10.0				10.0
Capital	3.8				3.8
Same Day Urgent Care	2.7				2.7
Exceptional RLW Social Care 22/23	2.6				2.6
RLW 25/26	2.3				2.3
RTT Waiting Times Q3	3.0				3.0
WG Funded Medical Trainees	1.9				1.9
Planned Care Outpatient Support 25/26	1.4				1.4
Dementia Action Plan, ICF Investment Plan (RIF)	1.3				1.3
Other	0.3				0.3
Total Allocations	1,360.7	31.2	26.5	89.4	1,507.8

Key Points:

- As at M3 the confirmed Revenue Resource Limit (RRL) allocation was £1,413.6m.
- We are anticipating a further £94.2m 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	0.6	0.3	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	0.6	0.9	1.5
Wales Ambulance Services	0.0	0.1	0.1
JCC	12.2	0.0	12.2
HEIW	0.0	17.5	17.5
NHS Wales Executive	0.0	0.0	0.0
Total	80.3	31.4	111.8

Key Points :

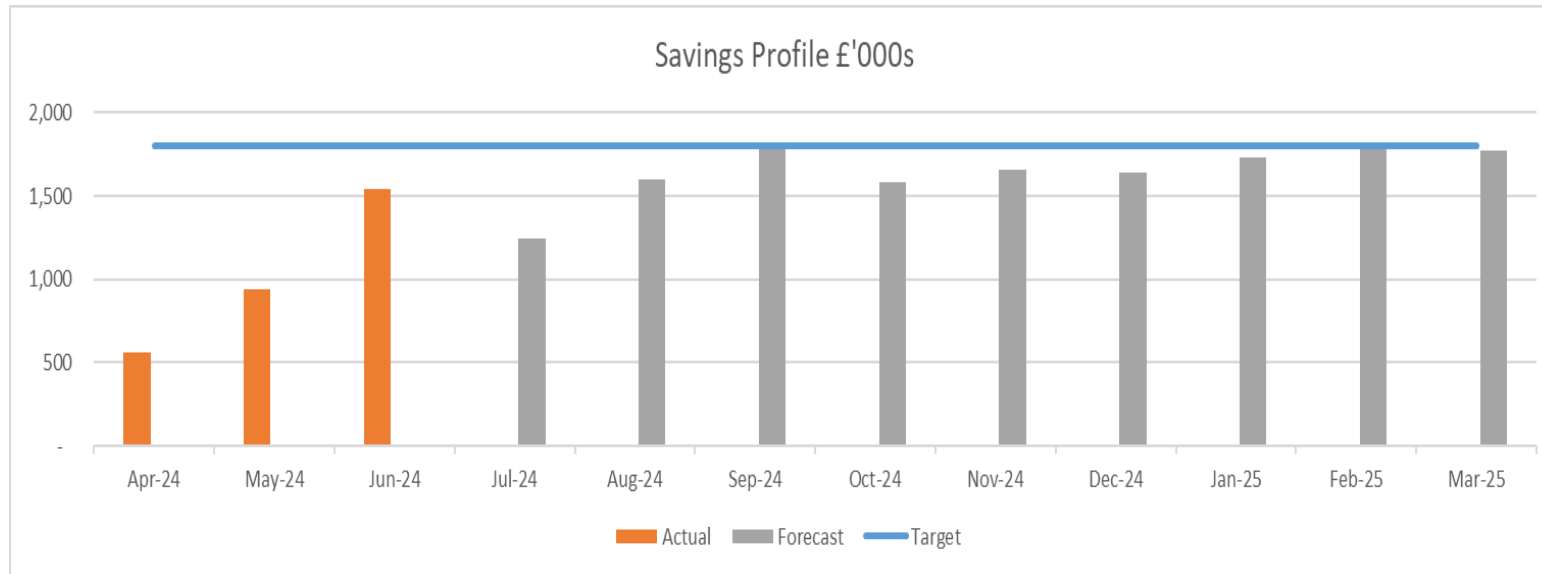
- Income assumptions have been agreed with the corresponding organisations.
- All LTAs have been agreed with both commissioners and providers.



Savings



	Month 3			Month 2		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M2	7.8	31.3	31.3	5.2	31.3	31.3
Actual and Forecast Savings	(3.0)	(17.9)	(21.5)	(1.5)	(17.4)	(19.6)
Total	4.8	13.4	9.8	3.7	13.9	11.7



Key Points:

- The M3 YTD savings is reporting £3.0m of identified savings, which is £4.8m below the YTD target of £7.8m.
- The forecast In year savings of £17.9m is £13.4m below the £31.3m target.
- The M3 forecast Recurrent savings of £21.5m is £9.8m 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.



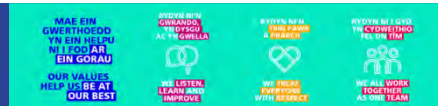
Risks & Opportunities



Key Points:

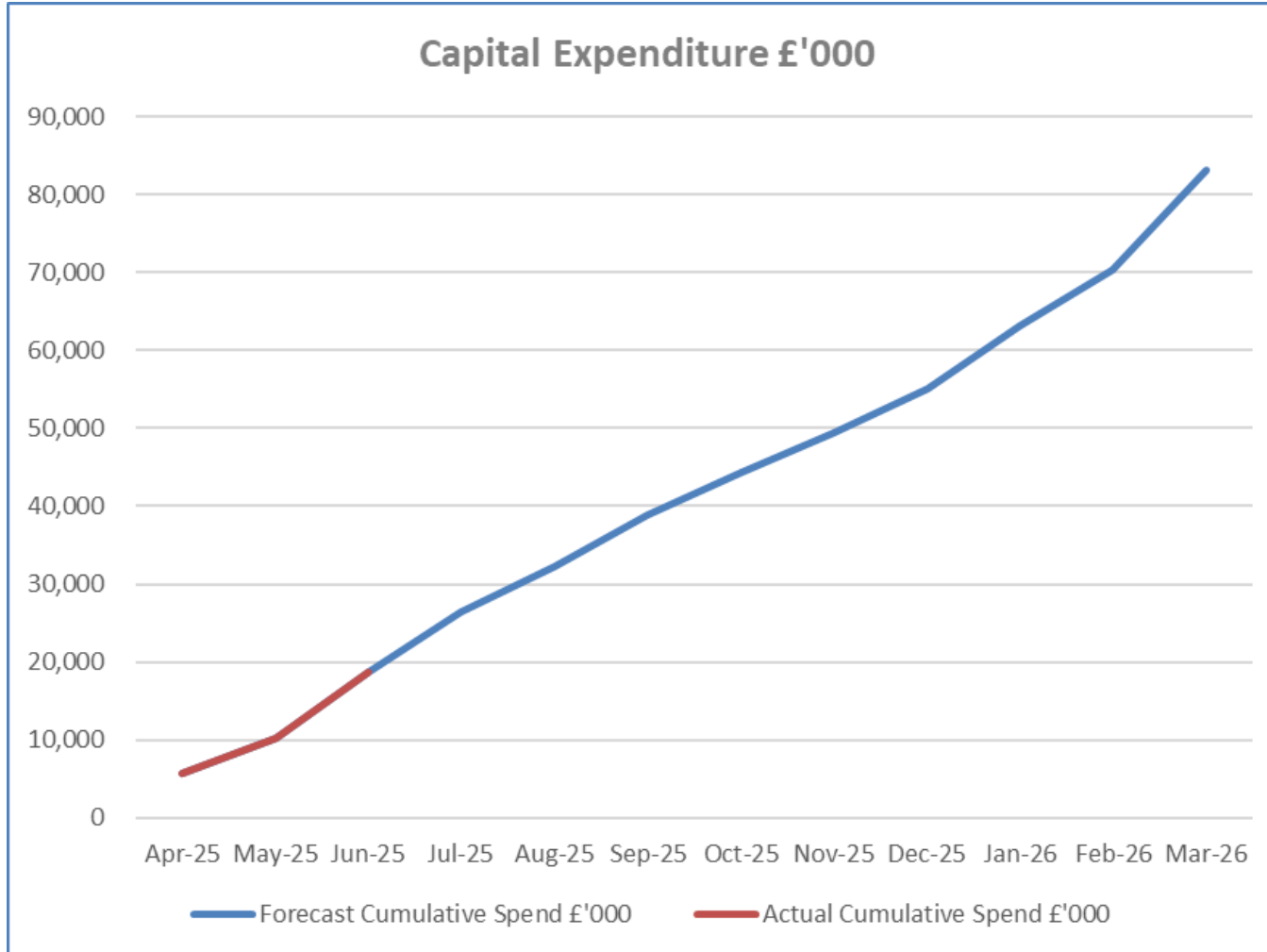
- As at M3 we have material risks to the forecast, amounting to £35.8m.
- Of these risks £15.4m relate to anticipated allocation risks where WG are yet to confirm the funding for 2025/26.
- There is a small number of potential opportunities that can help mitigate the identified risks by £2.9m.

	M3 £m	M2 £m	Comment
Funding risks:			
Outstanding WG recurrent allocations for 2024/25 pay awards	1.6	3.0	Indicative allocation is £1.6m less than anticipated. Awaiting Confirmed Allocation
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 the 2025/26 pay award not being fully funded – New pay award greater than originally planned.	0.0	6.0	Awaiting Confirmed Allocation.
Risk of 2025/26 Employers NIC increase not being fully funded	1.5	1.0	Indicative allocation is £1.5m less than anticipated. Awaiting Confirmed Allocation
WG recurrent allocation for RLW on Social Care not being fully funded	0.8	0.8	Awaiting Confirmed Allocation
Risk of POW Critical Incident – Vanguard costs not supported by WG funding	5.4	5.4	Further clarification needed on funding assumptions for 25/26
POW Critical Incident – On going impact of temporary arrangements not supported by WG funding	4.6	4.6	Further clarification needed on funding assumptions for 25/26
Other risks:			
Delivery Risk on Identified Savings Plans	0.3	2.5	Table C3
Delivery Risk on Mitigating Actions yet to be identified	10.3	12.6	
Delegated Risk Assessments – High Risk	1.3	2.9	
Delegated Risk Assessments – Medium Risk	2	4.5	
WRP Forecast Risk Share	6.5	0	WRP Forecast of £42m @ 15.5% risk share
Pay & Employment disputes	Tbc	Tbc	
Further industrial action in 25/26.	Tbc	Tbc	
Total Risks	35.8	44.8	
Opportunities			
Balance sheet opportunities in 25/26	Tbc	Tbc	
Retrospective vat recoveries – Microsoft contract	(2.9)	(2.9)	
Total Opportunities	(2.9)	(Tbc)	
Net Risk	32.9	41.9	





Capital Expenditure



Key Points:

- The latest Capital Resource Limit (CRL) for 2025-26 of £83.1m was issued on the 30th June 2025
- Expenditure to M3 was £18.7m.
- The outturn capital position is balanced against the CRL target.



Statement of Financial Position

Balance Sheet	Opening Balance (01/04/2025) £'000	Closing Balance as at M03 £'000	F/Cast Closing Balance as at M12 £'000
Non Current Assets			
Property, Plant & Equipment	686,793	694,542	694,542
Intangible Assets	2,010	2,010	2,010
Trade and Other Receivables	94,247	94,247	94,247
Total Non-Current Assets	783,050	790,799	790,799
Current Assets			
Inventories	7,719	7,583	7,583
Trade and Other Receivables	102,851	101,115	101,115
Cash and Cash Equivalents	5,225	2,540	0
Non Current Assets Classified as Held for Sale	287	0	0
Total Current Assets	116,082	111,238	108,698
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	18,448	15,885	15,885
Provisions	99,687	98,887	98,887
Total Non-Current Liabilities	118,135	114,772	114,772
TOTAL ASSETS EMPLOYED	545,863	552,131	549,591
Financed By:			
General Fund	445,023	451,290	448,750
Revaluation Reserve	100,840	100,841	100,841
TOTAL	545,863	552,131	549,591

Key Points :

The main changes in the balance sheet figures from M12 to M3 include the following::

- The cash balance has decreased from £5.2m to £2.5m in M03, this is in line with the targeted balance.
- There are few significant movements up to M03, with the main increase on property, plant and equipment of £7.7m.

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	121,900	121,900	124,900	131,900	111,900	134,900	124,900	123,900	116,702	1,477,424
WG Capital Funding	11,000	5,000	4,700	5,100	6,700	7,200	7,200	5,500	5,300	4,300	3,800	19,841	85,641
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0	0
Welsh NHS Org'ns	11,825	12,178	12,971	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	144,974
Other	5,152	8,326	2,908	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	70,386
Total Receipts	153,798	154,771	130,013	145,000	146,600	150,100	157,100	135,400	158,200	147,200	145,700	154,543	1,778,425
Payments													
Primary Care Services	20,053	30,973	11,313	19,397	18,683	20,501	30,299	8,799	32,254	21,051	20,937	10,663	244,923
Salaries and Wages	55,847	62,858	62,476	62,000	62,000	62,000	62,000	62,000	62,000	62,000	62,000	62,000	739,181
Non Pay Expenditure	66,690	54,927	52,984	59,000	59,000	59,000	59,000	59,000	59,000	59,000	59,000	71,364	717,965
Capital Payments	8,289	8,474	6,383	6,463	6,717	7,228	7,140	5,559	5,219	4,322	3,839	11,948	81,581
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	150,879	157,232	133,156	146,860	146,400	148,729	158,439	135,358	158,473	146,373	145,776	155,975	1,783,650
Net Cash In/Out	2,919	(2,461)	(3,143)	(1,860)	200	1,371	(1,339)	42	(273)	827	(76)	(1,432)	
Balance B/F	5,225	8,144	5,683	2,540	680	880	2,251	912	954	681	1,508	1,432	
Balance C/F	8,144	5,683	2,540	680	880	2,251	912	954	681	1,508	1,432	0	

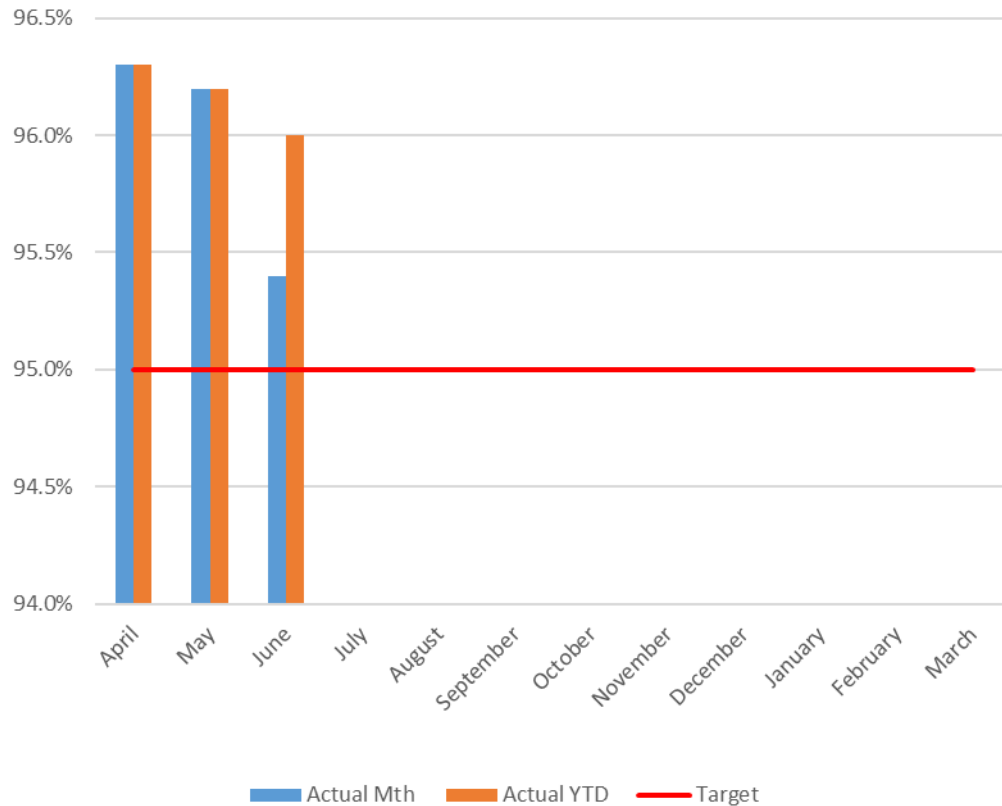
Key Points within the Cash Flow Forecast :

- The cash balance at the end of M03 was £2.5m, this is within our target balance of keeping cash balances below £6m.
- The current cash flow forecast is showing a balanced position at year end.



Public Sector Payment Policy

30 Day Public Sector Payment Policy



Key Points:

- The percentage for the number of non-NHS invoices paid within the 30 day target in March was 95.4%
- The cumulative percentage year to date is 96.0%, which is above the target of 95%. We anticipate this will be achieved by the end of the financial year.



6.3		31/07/25	Public Board	Primary Care and Community Update	
Report Details:				Impact Assessment:	
FOI Status:	Open	Indicate the Quality / Safety / Patient Experience Implications:		Quality Patient experience Safety	
If closed please indicate reason:	Not applicable	Related Health and Care Standard		Governance, Leadership & Accountability	
Prepared By:	Dale Stolzenberg/Sarah Bradley	Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>		No – premature in the process currently	
Presented By:	Gethin Hughes, Chief Operating Officer	Are there any Legal Implications /Impact.		Not at this stage	
Approving Executive Sponsor:	Gethin Hughes, Chief Operating Officer	Are there any resource (capital/Revenue/Workforce Implications / Impact?		Yes, detail to be worked through	
Report Purpose	Please Select: For Discussion For Noting	Link to Strategic Goals		Sustaining Our Future Improving Care	
Engagement undertaken to date:	Ongoing engagement across stakeholders				





Primary Care & Community Transformation (PCCT) Overview

Board Update | July 2025



SUMMARY REPORT TEMPLATE

Portfolio Item: Sarah Bradley, Primary Care
Transformation

EMB SUMMARY REPORT

Date: 28/07/2025

KEY HIGHLIGHTS / SUMMARY STATUS:

1. Ongoing service mapping
2. Developing Workplans to drive transformation
3. Appointment of 3 GP Transformation Leads
4. Workshop with GPs from across CTM held on 4 June 2025 – feedback incorporated into workplans
5. Ongoing conversations around the future model of Joint Partnership Boards and their suitability to support PCCT
6. Pending appointment of Communications Lead to support strong internal and external stakeholder communications around PCCT
7. Further workshops pending with internal teams, including Community Mental Health Teams, as part of PCCT development

RISKS, ISSUES & OPPORTUNITIES:

- Sufficient capacity within the existing PCC Leadership/management team to lead and deliver the scale of the transformation
- Engagement with all Stakeholders is paramount

ESCALATIONS / DECISIONS REQUIRED:

- None at this stage

WORKSTREAM TIMELINE (MILESTONES, SCHEDULE, ETC.)

1. Overall PCC Vision & Ambition	8. PCC Medium-Term Financial Strategy
2. PCC Care Model Development & Alignment	9. PCC Estates Transformation
3. Workforce Transformation	10. PCC Comms & Engagement Strategy
4. Frontline Staff Support	
5. Outcome & Success Measures	
6. Leadership & System Governance	
7. Digital, Data & Information Systems	

Key milestones and schedule under review and will be formally agreed at next PCCT Board in September 2025

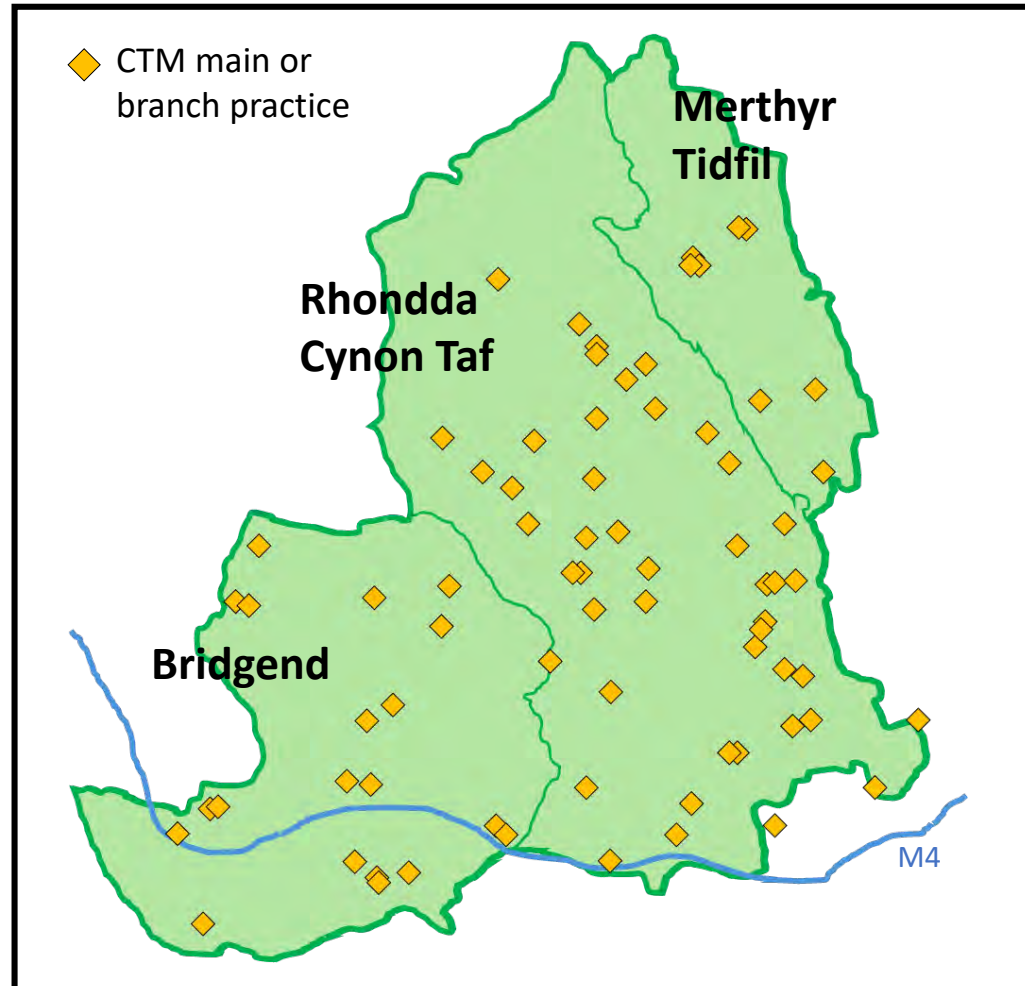
DOCUMENT ATTACHMENTS

Update that will be given at July 2025's Public Board

PCCT Activity Overview

- Wide-range of activities towards PCCT with support from National Association of Primary Care (NAPC):
 - Ongoing service mapping
 - Developing Workplans to drive transformation
 - Appointment of 3 GP Transformation Leads
 - Workshop with GPs from across CTM held on 4 June 2025 – feedback incorporated into workplans
 - Ongoing conversations around the future model of Joint Partnership Boards and their suitability to support PCCT
 - Pending appointment of Communications Lead to support strong internal and external stakeholder communications around PCCT
 - Further workshops pending with internal teams, including Community Mental Health Teams, as part of PCCT development

Cwm Taf Morgannwg Main & Branch GP Practices



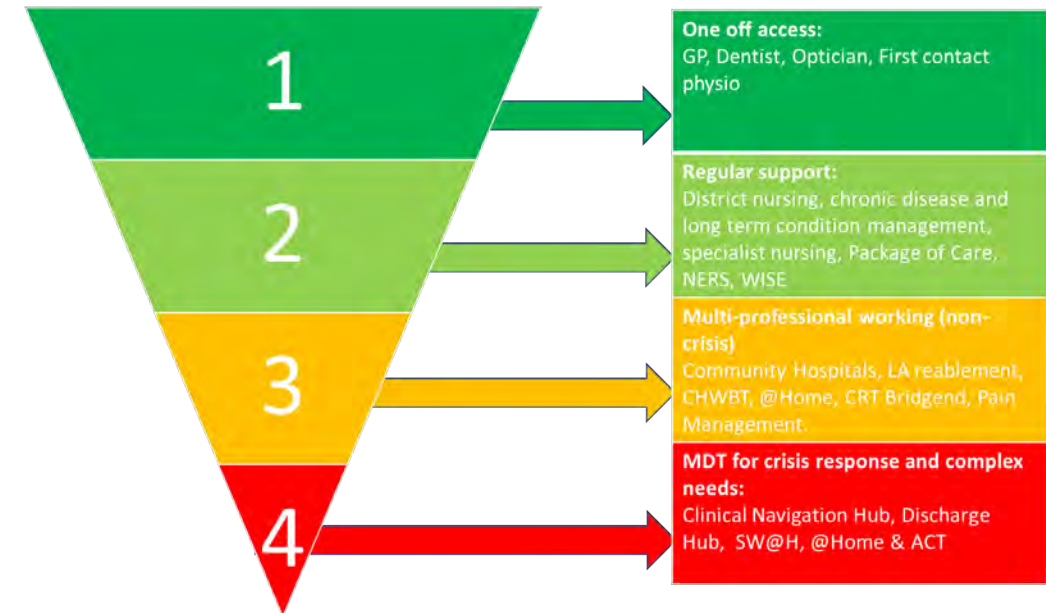
- 44 main practices and 29 branch sites
- Based in the population centres in each of the 3 localities

Work to map the services supporting practices is underway

Summary of Health & Care Services that GPs regularly interact with



Services provided at each level in CTM



Although relatively straightforward to describe conceptually, the reality is a complex web of services to navigate (see next slides)

The reality is a complex web of services operating with different geographical footprints and referral processes



- (P) Practice based
- (C) Cluster based
- (L) Locality based
- (R) Regional based

Note: Mapping here currently covers adult community services only. In addition are Secondary care teams, Mental Health teams, Children services and Third Sector

The reality is a complex web of services operating with different geographical footprints and referral processes

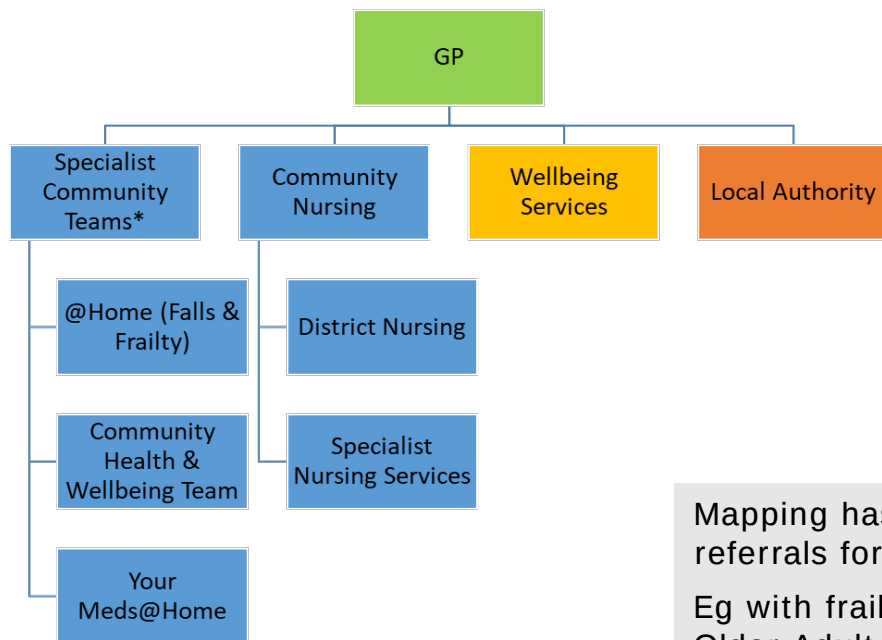


GPs report that:

- There are different referrals routes into multiple community teams, with many GPs unsure as to the difference between the teams and where a patient should be referred to.
- Once a patient has been referred it is often unclear due to the lack of digital solutions as to if a referral has been progressed or what investigations/ outcomes there have been until a patient has been discharged from a service.
- The lack of relationship between members of these teams and general practice means it is difficult to have any face to face discussions regarding patients or seek advice as to where their needs would be best met.

Services, access, availability and configuration vary significantly across the region

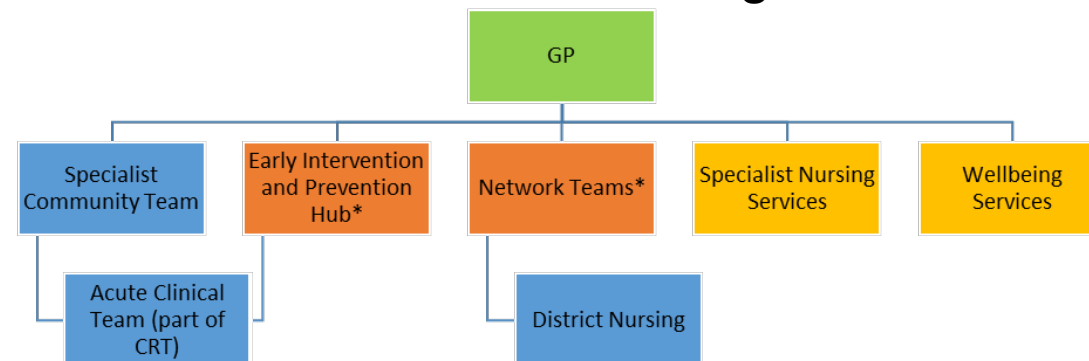
GP Referrals to Community Health & Care Services in RCT & Merthyr



*Organisational change in process
to create 1 team (Hospital@Home)

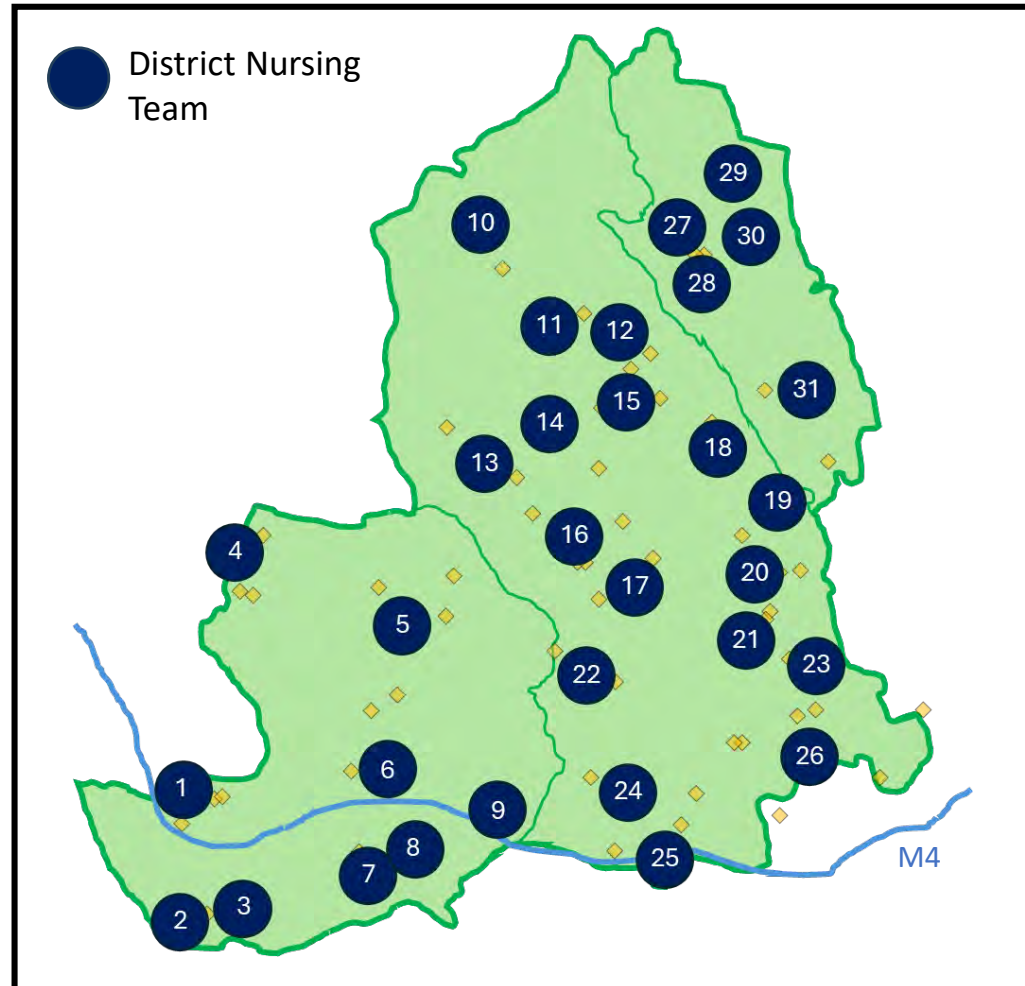
Mapping has identified clear evidence of multiple referrals for the same patient for the same issue. Eg with frailty, which routinely includes referrals to Older Adult Mental Health, Intermediate Care, Local Authority, District Nursing and multiple specialist nursing services.

GP Referrals to Community Health & Care Services in Bridgend



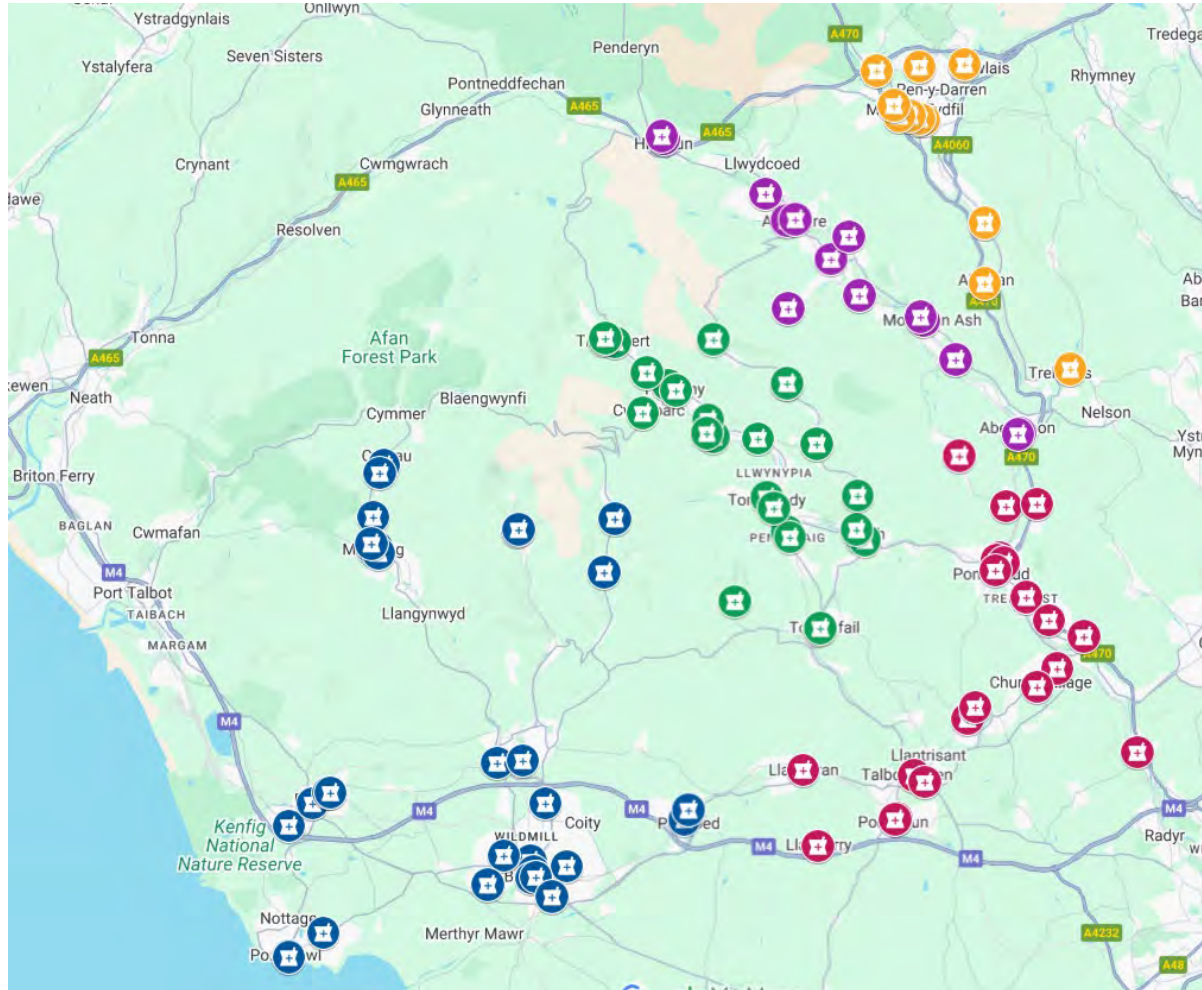
	Practice
	CTM Locality
	Local Authority (*integrated)
	CTM Region

Cwm Taf Morgannwg District Nursing Teams



- There are 31 District Nursing Teams, each aligned to a practice or group of practices
- Average population of 15,000 people served by each District Nursing Team
- Is there an opportunity to expand the capacity and capabilities in this hyper-local tier of the model?

Cwm Taf Morgannwg Community Pharmacies



Map shows the locations of 109 pharmacies across CTM region



GP Transformation Leads



GP Transformation Leads

- Appointed 3 GP Transformation Leads – One from each Locality:
 - Dr (Woodlands Surgery, Caerau – Bridgend)
 - Dr (Rhos House Surgery, Mountain Ash – Merthyr)
 - Dr (Ashgrove Surgery, Pontypridd – Rhondda Cynon Taf)
- Each will work 2 sessions per week through 2025/26
- Each will support the Primary and Community Care Transformation programme to successfully design and implement changes that lead to improvements in services for patients, for staff delivering care and for the health and care system by:
 - Providing guidance and advice to the Health Board in the development of primary and community care services / processes across CTM. This involves providing advice as we plan the transformation of services, including about the optimal design of services and necessary training, and advice about the short, medium and long-term priorities for change
 - Further strengthening communication and engagement with general practices on the transformation of primary and community care: listening to practices and sharing their ideas and concerns with the Health Board, and communicating the ambition and priorities of the PCCT programme with practices
 - Bringing leadership and a primary care perspective to the implementation of specific and agreed changes to improve primary and community care through the PCCT programme



PCC Transformation Roadmap



Executive summary

PCC Listening Exercise:

Through the first months of 2025 a Primary Care and Community Transformation Listening Exercise was carried out to collate a narrative view of current challenges and opportunities facing these services. Almost 80 stakeholders contributed to this exercise with eight summary themes extracted. These themes are:

Theme 1: The status quo is not sustainable

Theme 2: There is excellent work already happening

Theme 3: A clearer, more granular vision and ambition is needed

Theme 4: Co-production and meaningful engagement is critical

Theme 5: Outcomes are more important than a prescriptive model

Theme 6: Clearer system governance should act as an enabler

Theme 7: "Investing left" needs a long-term financial perspective

Theme 8: Protected time and headspace will support innovation

Executive summary

Priority PCC workstreams for immediate development through the remainder of the 2025/26 financial year:

It will be critical to progress all ten identified PCC Transformation workstreams however there are a focused group of activities that will lay the foundations for future success, generate momentum and demonstrate the Health Board's commitment to this work. These activities are:

Focus area	Why?	Benefit	Workplan
Leadership & governance	Concerns regarding the effectiveness of governance structures that oversee PCC transformation and how well they engage broader system partners (e.g. JPBs)	A clear and effective governance and leadership structure to guide transformation efforts, provide programme assurance and unblock barriers to progress	F
Transformation capacity	Scale of transformation efforts alongside operational and cost saving challenges raises the risk that capacity and capabilities available will not be sufficient	Proportionate and appropriately resourced transformation leadership dedicated to driving progress and engaging staff in PCC transformation	C & F
Care model development	Risk of different care model work programmes (e.g. Clinical Services Review, Health and Social Care integration) developing in silos	Cohesive, effective care model with defined touchpoints and interfaces across services and settings, underpinned by an agreed set of working principles	A & B
Accelerated implementation / quick wins	There is significant scepticism and frustration among PCC leaders and stakeholders regarding the Health Board's commitment to PCC transformation	Tangible demonstration of the Health Board's commitment to PCC transformation; shorter-term operational quick wins secured that bring elements of the longer-term vision to life	D
Culture and people development	PCC transformation will require strong levels of trust, new relationships and credible, capable leaders	The development of a capable and enthusiastic cadre of leaders and champions across PCC to drive transformation	D & F
Medium term financial strategy	For PCC staff to confidently engage in development an ambitious vision and ambition there needs to be a tangible financial strategy that will deliver it	PCC leaders and stakeholders feel confident that efforts to deliver transformation will be supported by the Health Board with appropriate resources	H

Executive summary

Draft High level gantt chart of priority workstreams and sub-set activities

Ena

Timetable for discussion

Name of workstream: Primary Care & Community Transformation Programme				
Workstream milestones:				
Apr – June 2025	Jul – Sept 2025	Oct – Dec 2025	Jan – Mar 2026	April 2026 ->
F. Leadership & governance				
Transformation capacity				
A.PCC vision & ambition		Endorsement at PCCT Board Sept 2025		
B. PCC care model alignment				
		B. PCC care model development & implementation		
		D. Frontline staff support (quick wins)		
		Culture & people development		
J. PCC communications & engagement strategy				
G. Digital, data & information				
H. PCC medium-term financial strategy				
C. Workforce transformation				
			E. Outcomes & success measures	
			I. PCC estates strategy	

Developing the project plan for PCC Transformation in CTM – Listening Exercise

This table illustrates how the 10 proposed PCC transformation workstreams support the issues raised in the eight summary themes identified in the Listening Exercise

Listening exercise themes	1	2	3	4	5	6	7	8
Workstreams	The status quo is not sustainable	There is excellent work already happening	A clearer, more granular vision and ambition is needed	Co-production and meaningful engagement is critical	Outcomes are more important than a prescriptive model	Clearer system governance should act as an enabler	"Investing left" needs a long-term financial perspective	Protected time and headspace needed to support innovation
A. Overall vision and ambition	X		X					
B. PCC care model	X	X	X	X	X		X	X
C. Workforce plan				X			X	X
D. Frontline staff engagement		X	X					X
E. Outcomes & success measures					X		X	
F. Leadership & system governance	X					X		
G. Digital, data & information					X	X	X	
H. Medium term financial strategy	X				X	X	X	
I. PCC estates strategy	X		X				X	
J. PCC comms & engagement			X	X				

Next Steps

- Agree and confirm set of principles Focus on articulating ambition and care model
- Continue to build picture of mapping of service – to include practice workforce
- Detailed financial breakdown to establish baseline for investment in Primary Care & Community
- Produce plan from feedback captured from workshops – clear actions, owners and timescales
- GP Clinical Leads to share details of work programme with respective clusters/GPs
- Start to introduce concept of wider work around integration with social care
- Map the primary care and community estate



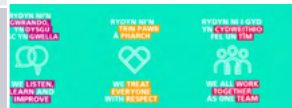
Recommendation:

The Board are asked to: NOTE the report





(Agenda Item) 6.3.1		31/07/2025	Public Board Meeting	Dental Contract Consultation	
Report Details:			Impact Assessment:		
FOI Status:	Open		Indicate the Quality / Safety / Patient Experience Implications:	Access to dental care	
If closed please indicate reason:	Not applicable		Related Health and Care Standard	Improving Care	
Prepared By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Service Director Primary Care		Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No	
Presented By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Sarah Bradley, Service Director, Primary Care		Are there any Legal Implications /Impact.	No	
			Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes – could impact community dental workforce and require recruitment of staff	
Approving Executive Sponsor:	Gethin Hughes, Chief Operating Officer		Link to Strategic Goals	Please Select: Improving Care	
Report Purpose	Please Select: For Noting				
Engagement undertaken to date:	With WG and Independent Contractors		RYDYN NIN CYMRUDDO A THY CYMRUDDO WE LISTEN, LEARN AND IMPROVE RYDYN NIN DYN NIN A THYRACH WE TREAT EVERYONE WITH RESPECT RYDYN NIN DYN NIN A THYRACH WE ALL SHARE TOGETHER AS ONE TEAM  STARTING WELL  GROWING WELL  LIVING WELL  AGEING WELL  DYING WELL cwmtafmorgannwg.wales 209/		



WG consultation reform document NHS General Dental Services – 19th June 2025

- Welsh government have sought feedback from the public, health boards and dental profession in respect of their vision is to create a new Dental Contract. Deadline 19th June 2025. Overview document and then a questionnaire.
- Moving away from a system which pays a fee for an item (Unit of Dental Activity) towards a contract that incentivises a focus on access, quality, prevention and urgent care based on need.
- Contract reform has been taking place for a number of years. The proposals build on this.
- Across Wales Practices given a choice – In CTM 49 of our 51 Dental Practices already signed up to Contract Reform Contract.

Key Changes Propose in the Consultation

- 1. Segmentation of Contract:** The contract will be segmented to ensure routine and urgent care – This is supported
 - allocate 10% to urgent treatment for new patients and receive definitive treatment plan. Practices must provide appointment slots as requested by the Health Board on a rolling 6 month basis. Patients will be allocated by the Health Board through the newly formed Dental Access Portal [DAP].
 - 10% allocated for new patient assessment
 - 70% will be able to provide care packages
 - 5% is allocated for prevention payment – full compliance with Delivering Better Oral Health
 - 5% is allocated to local/national priorities – Quality improvement initiatives

This is supported

- 2. Provision of Urgent Care:** To redefine urgent care for Dental Practices and set specific standards around access. This includes:
- Introduction of global oral health assessment and onward referral
 - To provide relief from pain or prevent deterioration of a problem, with an agreed treatment plan.
 - Where a patient is not a regular patient at a practice, the patient has responsibility to seek to resolve the urgent issue or prevention of recurrence via the Dental Access Portal.
 - Introduction of single point of access, via a Dental Access Portal (DAP) for patients requiring urgent care who are not registered with a Dentist. **This is supported**
- 3. Failure to Attend –** Introduction of a national policy for the management of patients that regularly DNA appointments. **This is supported**
- 3. Free Repair and Replacement of Dental Appliances:** The contractor must replace or repair an appliance within a 12 month period if provided under urgent treatment and 24 month period for treatment provided under a care package – free of charge. **This is supported.**

5. **End of Year Reconciliation:** To shorten this process to 62 days (from 3-4 months) for Dental Practices and Health Board having 28 days to conclude. **This is partly supported.**
6. **Shared Parental Leave:** Widely available in the NHS but it is not currently covered for Dental Contractors. This will be introduced, bring in line with public sector and reflect the time periods and payment levels for maternity leave – **This is supported.**
7. **Accelerated Cluster Development:** Requirement for a dentist working under the contract to attend four meetings per year to contribute to cluster planning of services. **This is supported**
8. **Contract Management:** Explicit detailed thresholds provided for contract monitoring. **This is supported.**
9. **Mutual Termination of Contract-** 6 months notice of contract termination to be provided by the contractor. **This is supported.**
10. **Variation Notices-** The introduction of 6 month notice period to vary a contract by the Health Board – **This is partially agreed.** HBs require the ability to vary a contract with immediate effect, if underperformance is significant and is a financial risk to the HB.

11. **Seniority Payments** – In Wales performers who turn 55 can apply for seniority payments from the Welsh Government. This was removed in England in 2011, low utilisation of claims submitted in Wales. **This is supported**
12. **Care packages/Treatment available to patients:** concerns around continuity of care/treatment for patients under the new proposals and how practices will ensure access to advice and NHS treatment to all its patients. **This is supported**
13. **High Need Patients-** Patients who present to a practice with exceedingly high needs (requiring 10 or more interventions) will be referred into a separate pathway into the Health Boards Community Dental Service (CDS) or a separate commissioned service from a Dental Practice – **This is not supported.**
14. **Patient Flow:** The recommendation is patients will return to the Dental Access Portal after their assessment and they will be assigned a dentist in their area. The individual will be invited for a check up and then based on clinical need will be either put back onto the Dental Access Portal to await their next check up or receive a care package with the assigned practice. Dental Practices will not hold dental waiting lists as patients will be directed to the Dental Access Portal. Depending on the need and waiting list a patient may be appointed to different practices on recall. **This is not supported.**

Patient Charge Income [PCR]: Patients pay a contribution towards their NHS dental care. This comes into Health Boards as income and forms part of Health Boards funding for dental activity. It is recommended that charges do not change but online payment system is introduced, with text or email after treatment and online payment and will be managed centrally through the Business Services Authority and back to Health Boards or Welsh Government. **This is not supported.**

Recommendation

The Board is asked to note the recommendations made in the National Dental Contract Consultation as detailed and the areas where the Health Board supports and the areas where further challenge and discussion has been fed back.

Next Steps

Await the consultation feedback summary that is due to be released by WG during early September. The release of this will determine the next steps to be taken nationally and at local HB level.

The Health Board has a good track record of working with dental practices to support them through any new contract changes. A series of engagement events will be established with the primary care team to discuss the new terms and conditions and how the HBs will monitor compliancy and any sanctions that may apply.

During the transition period, should any NHS contracts be returned, the Health Board will look to recommission any contracts in the areas where there is low NHS provision to maintain access to dental services. Access to urgent care will also be available for those waiting to be allocated to a practice. The Health Board is also currently also amending how the 2 general dental service contracts operate that are currently held in the Community Dental Team so they align with the same contract reform principles for dental services provided in practice. This will support access to urgent care and will enable the HB to allocate patients from the waiting list that will support increase access to those waiting t be allocated an NHS dental place.



Agenda Item

6.4

CTM Health Board

IMTP 2025-2028 – Quarter One Review

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Elizabeth Beadle, Assistant Director of Transformation
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	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	29/07/2025	NOTED

Acronyms / Glossary of Terms	
IMTP	Integrated Medium Term Plan
IRCF	Integration Rebalancing and Capital Fund

1. Situation / Background

- 1.1 Developing an intermediate medium term (three-year) plan (IMTP) is a statutory duty for all Welsh health boards alongside the associated duty to achieve a financial break-even position during the three-year period, in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014)
- 1.2 The 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 Following formal approval of the Health Board's IMTP in March 2025, work commenced on delivery of the agreed plans.
- 2.2 This report provides a summary of the progress during quarter one.

Reporting Framework

- 2.3 The primary measure of impact for the delivery of the IMTP is in the integrated performance report (IPR). This is not replicated here. The secondary measure of progress is in delivery of the actions as set out in the IMTP. Each care group and corporate team has developed high level plans on a page, supported by more detailed service plans. In addition, our IMTP is intrinsically linked to the delivery of our three corporate programmes:
 - Primary and Community Services transformation;
 - Creating Health Strategic Action plan;
 - Acute Clinical Services Plan.
- 2.4 In addition, there is a suite of ministerial templates which provide detail of actions and milestones for delivery. These ministerial templates cover the five primary ministerial strategic priorities as set out in the NHS Wales Planning Framework 2025-26:
 - 2.4.1 Timely Access to Care
 - 2.4.2 Population Health and Prevention
 - 2.4.3 Building Community Capacity
 - 2.4.4 Mental Health Access
 - 2.4.5 Women's Health

- 2.5 Finally, the Health Board is required to deliver and report progress on a number of enabling actions. A summary of delivery against these actions is set out in an appendix to this report.
- 2.6 As discussed with the Operational Delivery Committee, this report has been revised to ensure that there is clear oversight of key inputs into the delivery of the IMTP, covering both corporate and service delivery teams, without duplication of reporting. This will continue as an iterative process during 2025-26 and future reports will include specific reference to the detailed reporting of the following key plans:
- People plan;
 - Digital plan;
 - Quality and safety strategic action plan;
 - Savings and investments work streams.

Delivery of ministerial requirements

- 2.7 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	Q1 planned	Q1 actual	Notes
Timely access - cancer	66%	Final validation ongoing	Indicative figures indicate delivery may be below planned milestone.
Timely access - (104-week delays)	1129	Final validation ongoing	Delivery is anticipated to be on track.
Timely access – Cardiology diagnostics	0 breaches	463 breaches	Not met
Timely access – Radiology/ other diagnostics - 8 weeks	100%/ 0 breaches	3423 breaches	Not met
Timely access - Endoscopy 8 weeks	100% by July	1326 breaches	Endoscopy recovery will continue into Q2.
Timely access - ED 12-hour breaches	50% reduction by July	1788	Not met
Timely access - ED Ambulance handover	• 80% of patient handovers within 1 hour	83.9% within one hour	Met (1 hour)
	• 100% of handovers within 4 hours	78.1% within 45 minutes 4 hours – 15 breaches in June 25	Not met (4 hours)
Population health - diabetes	50% min compliance with all 8 care	47.35%	Target not met for all 8 processes. However, at the end of Q1, we

Strategic priority requirement	Q1 planned	Q1 actual	Notes
	processes		have met the 65% target for 7 out of the 8 care processes. Improvement work is ongoing
Community access - General Medical Services	100% access compliance	Data available 28/7	Data not yet available
Community access - General Dental Services (Patient attendances)	No specific access target	47,322	Higher than Q1 24-25
Community access - reduction in delayed transfers		Mean delays - 269 per month Mean days lost - 12,145	Mean delays are higher than March baseline. Reduction in days delayed from March baseline of 14488
Mental health access	Improvement in psychological therapies access		Confirmation pending
Delivery of women's health hubs	Q1 actions	Ref Ministerial Template	Please refer to template for detail.

2.8 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, commencing with Primary and Community Care and Planned Care and the integrated performance report.

2.9 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.

Women's Health Plan

2.10 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.

2.11 Our vision is that Women's Health Hubs will deliver a compassionate, inclusive, and accessible model of care that transforms how women's health services are delivered across our communities. We anticipate an integrated community-based model that bridges the gap between primary, community, and secondary care along with other services as required, providing holistic, and person-centred support across a woman's life course.

- 2.12 During quarter one, we formed our Local Implementation and Steering Group. We also developed early plans outlining key priorities: clinical leadership, nurse-led clinics, ultrasound service planning and IT integration. During this quarter, the focus has been early discussions and plans to review current service models and identifying opportunities to shift care into the community as well as look at training needs analysis and demographic detail to inform our work.
- 2.13 Updates will continue to be provided on a quarterly basis and the health board is represented at all national women's health fora, which have been set up to oversee and drive this work.

Financial position

- 2.14 As at Month 3, we are continuing to forecast delivery of break even in accordance with our approved IMTP.
- 2.15 Our IMTP set out several income assumptions including funding for the exceptional costs associated with the Princess of Wales critical incident and remediation plan. It is noted that correspondence approving our IMTP in principle indicated that this approval does not confirm any validity in funding assumptions around additional revenue or capital funding. However, material movement from these funding assumptions represents a risk to break even. This is covered in detail in the health board's financial reporting.

Capital planning

- 2.16 The Health Board's capital resource limit is £83.1m (confirmed at 30th June 2025) and expenditure against this allocation is £18.69m to date. The committee will continue to receive detailed updates on capital planning and expenditure in alignment with the committee schedule.
- 2.17 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 June 2025
Llantrisant Health Park	35,500	Funding of £2.8m requested for additional fees for OBC
Prince Charles Hospital Refurbishment - Phase 3	4,000	Business case due to be submitted Oct 2025. £1.3m approved in advance
Targeted Estates Fund (TEF) - Bids submitted 31/1/25	TBC	Funding Approved- £7.5m in year
Diagnostics Replacement Programme	TBC	Funding approved - £1.971m in year
IRCF Maesteg HWBC -Business Case Fees (FBC)	TBC	Additional funding of £0.569m requested in year – awaiting approval.
IRCF Llanilid - Business Case Fees	TBC	Funding of £0.3m requested for fees in year – awaiting approval.

Total	£39,500

People Plan

2.18 The People plan was endorsed at the Board meeting on 29th May and published on 23rd June 2025. All managers have been invited to briefings to be held across multiple sites during the summer, with members of the executive and clinical services group leadership teams to socialise the People Plan.

2.19 Work is currently underway to develop a baseline for the success measures (using April data).

2.20 Progress reports are anticipated to be 6 monthly via Strategic Development Committee, with the first report to be provided in October 2025, noting the plan itself will only have been operationalised for four months at that point.

3. Key Risks / Matters for Escalation

3.1 The Health Board has made good progress in implementing plans across all areas.

3.2 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 three confirms significant further work is required on the delivery of savings plans. The ability to deliver on planned investments requires further consideration in this context.

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
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 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 Operational Delivery Committee and other Committees as confirmed in the organisational performance structure.

Thematic Area: Operational Productivity & Efficiency - Urgent and Emergency Care

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

Summary statement: 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)

Enabling actions	Plan reference	Adoption status and monitoring	Baseline and milestones/delivery trajectory	Q1 review															
Implementation of the Community Based Falls Response - 6 Goals Programme	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	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 ED Data comparison: <table> <tr> <th></th><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr> <tr> <td>L1</td><td>115</td><td>106</td><td>115</td><td>102</td></tr> <tr> <td>L2</td><td>73</td><td>65</td><td>69</td><td>58</td></tr> </table> 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 C1.1 – C1.12. All will be assessed and reviewed monthly.		Mar 25	Apr 25	May 25	June 25	L1	115	106	115	102	L2	73	65	69	58	Reduction of Level 1 and 2 observed in June 2025 Early indication of improvement: 7% decrease – average number of falls Level 1 Quarter 1 in comparison to March 25 baseline 12% decrease - average number of falls Level 2 Quarter 1 in comparison to March 25 baseline
	Mar 25	Apr 25	May 25	June 25															
L1	115	106	115	102															
L2	73	65	69	58															

		- 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										
Implementation of the remote clinical assessment services framework - 6 Goals Programme	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	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: <table><tr><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr><tr><td>446</td><td>419</td><td>415</td><td>388</td></tr></table> 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.	Mar 25	Apr 25	May 25	June 25	446	419	415	388	Reduction of Care Home conveyances to ED observed in Q1 Early indication of improvement: 9% decrease – average number of care home conveyances to ED Quarter 1 in comparison to March 25 baseline
Mar 25	Apr 25	May 25	June 25									
446	419	415	388									

		- 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.																	
Implementation of acute frailty model at the Front Door - 6 Goals Programme	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	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: <table border="1"> <thead> <tr> <th></th><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr> </thead> <tbody> <tr> <td>Under 65s</td><td>524</td><td>610</td><td>645</td><td>686</td></tr> <tr> <td>Over 65s</td><td>931</td><td>1071</td><td>1165</td><td>1116</td></tr> </tbody> </table> Key benefits measures have been set. These are in the Six Goals benefits evaluation plan and include the following, Tier one and two		Mar 25	Apr 25	May 25	June 25	Under 65s	524	610	645	686	Over 65s	931	1071	1165	1116	Awaiting SDEC data Increase in emergency admissions for over 65s observed in Q1 23.5% increase – average number of emergency admissions to ED for over 65s Quarter 1 in comparison to March 25 baseline
	Mar 25	Apr 25	May 25	June 25															
Under 65s	524	610	645	686															
Over 65s	931	1071	1165	1116															

		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)	measures plus tier three C3.1 – C3.18. All will be assessed and reviewed monthly.																																					
Implementation of the Welsh Health Circular - Ambulance Handover Guidance - 6 Goals Programme	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	Baseline data: 4 hr ED performance – target 72% by Q3 4 hr ED performance Data comparison: <table><tr><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr><tr><td>66.5%</td><td>67.4%</td><td>62.8%</td><td>62.7%</td></tr></table> Handover delays over 45 min: <table><tr><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr><tr><td>1050</td><td>1163</td><td>1011</td><td>416</td></tr><tr><td>53.8%</td><td>57.3%</td><td>49.1%</td><td>21.9%</td></tr></table> Lost hours per ambulance arrival: <table><tr><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr><tr><td>2652</td><td>3067</td><td>2236</td><td>732</td></tr></table> 12 hr ED breaches: <table><tr><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr><tr><td>1672</td><td>1669</td><td>1853</td><td>1788</td></tr></table>	Mar 25	Apr 25	May 25	June 25	66.5%	67.4%	62.8%	62.7%	Mar 25	Apr 25	May 25	June 25	1050	1163	1011	416	53.8%	57.3%	49.1%	21.9%	Mar 25	Apr 25	May 25	June 25	2652	3067	2236	732	Mar 25	Apr 25	May 25	June 25	1672	1669	1853	1788	Negative reduction in 4hr ED performance Q1 average at 64.30% 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 Q1 average at 863 lower than baseline March 25 at 1050 Positive reduction in in lost hours per ambulance arrival in Q1 average at 2011 lower than baseline March 25 at 2652
Mar 25	Apr 25	May 25	June 25																																					
66.5%	67.4%	62.8%	62.7%																																					
Mar 25	Apr 25	May 25	June 25																																					
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1672	1669	1853	1788																																					

		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	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.	Number of 12 hr ED breaches remain broadly static with average for Q1 at 1770 slightly higher than March 25 baseline of 1672.																																
Implement the Optimum Hospital Flow Framework - 6 Goals Programme	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	Baseline data: Average LoS and No of discharges - acute: <table><tr><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr><tr><td>12.2</td><td>10.8</td><td>11.5</td><td>9.5</td></tr><tr><td>1986</td><td>2159</td><td>2328</td><td>2284</td></tr></table> Average LoS and No of discharges - community: <table><tr><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr><tr><td>50.3</td><td>61.2</td><td>62.7</td><td>46.3</td></tr><tr><td>143</td><td>153</td><td>156</td><td>151</td></tr></table> POCD – number of delays and days delayed <table><tr><th>Mar 25</th><th>Apr 25</th><th>May 25</th><th>June 25</th></tr><tr><td>248</td><td>284</td><td>246</td><td>277</td></tr></table>	Mar 25	Apr 25	May 25	June 25	12.2	10.8	11.5	9.5	1986	2159	2328	2284	Mar 25	Apr 25	May 25	June 25	50.3	61.2	62.7	46.3	143	153	156	151	Mar 25	Apr 25	May 25	June 25	248	284	246	277	Positive reducing trend observed for length of stay in acute and community wards and increase in number of discharges. Average number of delays in Q1 at 269 – higher than the baseline in March 2025, but ongoing reduction in days delayed – average for Q1 at 12145 below
Mar 25	Apr 25	May 25	June 25																																	
12.2	10.8	11.5	9.5																																	
1986	2159	2328	2284																																	
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Mar 25	Apr 25	May 25	June 25																																	
248	284	246	277																																	

		uptake 'Optimise' modules: R2G, SAFER, deconditioning, D2RA - Design and implement board round audit tool to support delivery of SAFER compliance improvement - Performance framework re site and flow processes to be implemented to provide site based support for OHFF principles to provide assurance from ward to board. - Continue Super Stranded review panels in POW and community hospitals and scale up to RGH and PCH - Implement ECC Level 4 Crisis Response Team 'Bridging Care' Phase 1 and Early Discharge Phase 2 of ECC (Enhanced Care in Community) – 7-day working model and improve discharges from acute hospitals to home – trusted assessor model - Improve timeliness of DST/CHC processes in community beds - integrated discharge model	<table><tr><td>14488</td><td>13181</td><td>11531</td><td>11725</td></tr></table> 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.	14488	13181	11531	11725	the baseline in March 2025 at 14488
14488	13181	11531	11725					

		and implementation of Integrated Discharge Team		
Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements. Ensure consistent delivery of effective integrated discharge planning, utilising the National Discharge Guidance issued by the 6 Goals Programme.	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)	Key benefits measures as defined above and per attached document.  Benefit Measures 2025-2026.xlsx	

		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		

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.

The PIT programme will establish a reporting and monitoring cycle for the enabling actions alongside the requirements of the Performance Framework.

Enabling actions	Plan reference	Status	Baseline and milestones/delivery trajectory	Q1 review
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	Specialities will be expected to confirm before the meeting on July 10 th of the Outpatients programme that they are working in line with the CIN protocols and how they plan to implement them, where not complete.
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.	Task & Finish established in May 2025 with NHS executive oversight. Planning and

			TARGET DELIVERY DATE Q3 25/26 Key enabler: availability of POW theatre capacity	on target for September/Q3 delivery in line with full return of POW theatres and centralisation of cataract service
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	Written out to all specialties and provided clinic level data where an opportunity to overbook maybe present. Responses are expected by July10th and will confirm the number of additional slots they are going to add to their clinic templates.
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. Process for retrospective PIFU being drafted for use in T&O. Work needed to move patients from follow up waiting list would need resource from medical records.
On 90% of days planned care inpatient/day case/theatre recovery capacity should be protected from unscheduled care	PIT Programme/ Planned Care	Adopt The health board currently actively works to protect planned care services and avoids cancellation of surgery other than	TARGET DELIVERY DATE Monitoring dashboard Q1 25/26 Performance mgmt. Q2/3 25/26	This is in the process of being built into the Theatre monitoring dashboard. Slight delay as a result of WPAS

pressures and outlying of patients by the end of Q1.		when in high escalation (business continuity impact level). This will be monitored through the Theatre Project within the PIT programme.		transfer however this is anticipated to be complete in August 25 and report to PIT programme. This is monitored at speciality level through weekly operational meetings. NHS Performance and Improvement team is are developing a methodology based on the percentage of days patients were cancelled from theatre due to emergency admissions or beds being unavailable. Initial report demonstrates positive progress by the health board.
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	TARGET DELIVERY DATE Q1 25/26 Key enabler: job planning	Rolling 3M average: LS – 57% EF – 43% SU – 72% Both escalated at last PIT board. Theatre Improvement Group are working with areas to review/develop further plans to address.

		the late start/ early finish monitoring, to understand the causes and to seek to maximise theatre utilisation.		Start/finish times at two sites are impacted by utilisation rates. Productivity targets will be developed to try and address. Positive: ENT (78%); General Surgery (82%); Ophthalmology (81%); and Orthopaedics (79%) all improved list (in session) utilisation @ RGH in April/May/June 2025
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 list 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	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	Task & Finish groups established for Cataract and Arthroplasty, on target for Q3 delivery with POW plans. Orthopaedic to replicate optimal month model with dedicated theatre and bed capacity for primary joint HVLC at POW. Configuration of General Surgery elective sessions still under discussion. Four POW Ophthalmology consultants have agreed to do 7 cataracts per sessions and one of them started in June 2025.

		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.		
Deliver improvements in day surgery rates, with an expectation to achieving a BACDS day case 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 80%.
Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact.	PIT Programme/ Planned Care	Adopt The health board will adopt this action and will monitor through operational and PIT monitoring processes.		Currently we have a stage 1 Keeping in touch team, who contact patients. Admin validation for stages 2-4 is currently undertaken by secretaries and waiting list officers. However, this is not a standardised approach and varies between specialities. There is a demonstrated need for

				a centralised validation team. Clinical validation is completed on an ad hoc basis with additional sessions. Discussion ongoing about a standardised approach for clinical validation.

Thematic Area: Workforce Productivity

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

Summary statement: Cwm Taf Morgannwg University Health Board’s Corporate People Team will provide the structure for delivery and governance for the workforce productivity actions.

Enabling actions	Plan reference	Status	Baseline and milestones/delivery trajectory	Q1 review
Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular	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	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,	Attraction, Resourcing and Retention Groups in place. An increased focus on filling key CTM posts, using branding, social media and using alternative application methods to widen reach and improve accessibility for applicants. Our lateral moves have supported 73 Band 5 nurses or Band 2 HCSWs to move internally that may have left CTM. We continue to improve and extend the Scheme. A CTM Savings Delivery Programme is in place to reduce agency usage and spend. Further information will follow in

		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).	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	this response. This will include conversion from agency to a substantive or bank arrangement. The Health Board has in place a suite of current and up to date people policies that ensure our ESP, Medical and Dental and Agenda for Change workforce are paid their salary and any enhancements in accordance with the relevant contractual provisions. CTM continues to be an accredited Real Living Wage Employer. The Agenda for Change hourly rates of pay for the Band 1 – 3 workforces increased to £12.60 per hour, with effective from 1 April 2025. CTM has a Staff Bank Policy which stipulates the requirement for these

		• 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.	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 response by April 2025.	workers to be paid in accordance with the relevant national terms and conditions of services and evaluated pay band / grade for the role. CTM is currently consulting with ward nursing, and HCSWs around a proposal to introduce a new shift pattern across all sites, which should support a reduced reliance of agency workers. Discussions in place to develop a Facilities Bank with a plan for implementation to be finalised. As part of the Savings Delivery Plan rostering and bank optimisation are the key deliverables. A detailed delivery plan is being finalised. A few KPIs for Phase 1 are still pending development due to recent organisational changes that have temporarily impacted our timelines. However, we remain on track and expect

				to complete the remaining components in the coming weeks. The introduction in July 2025 of a new technology platform to manage M&D bank and agency provision will ensure that all locum requests are sent for bank fill first before going to agency. Since the launch of the new platform, we have received 190 requests to join – 68 have been approved, others are under review by clinical team, CVs have been requested or are in the process of being recruited. The new platform presents an opportunity to develop clear exit strategy for long term agency usage and to develop an effective

				recruitment plan to fill established vacancy gaps with permanent solutions As part of the Medical Productivity Programme, Care Groups have been asked to scrutinise long-term agency bookings and to supply an 'exit plan' for each one of these. This work is supplemented by the role out of establishment control for M&D staff, which going forwards will give a clear picture of the vacancy position. Workforce productivity has been broken down into 4 key working groups Medical productivity- Agency and temp spend reduction, effective and productive job planning and reduction/Consistency of SPA's Nursing Productivity

				Agency reduction/conversion to bank. Roster utilisation and optimisation review. Conversion of agency to bank piece of work is also in train. In addition, we aim to implement workforce controls that will aim optimisation and efficiency.
Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.	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	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.	Within CTM the M&D agency spend at Mth2 is £943k (compared to £979k in Mth2 24/25) Within the new system we can cap the rates which would previously have exceeded 10% above the rate card. M&D Bank Spend at M2 is £1,933k (compared to 24/25 month 2 of £2,122K)

		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.).	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.	Work continues to support this under the points above, with a clear plan in development to target long standing agency arrangements. Within CTM the NMR agency spend at M2 was £1,365k (compared to £2,145k at M2 24/5). Bank spend for NMR in Mth2 was £345k compared to £246k in mth2 24/25) CTM continues not to use off contract NMR agency workers via Thornbury or any other off contract framework.
Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025.	People plan Monitoring is at Nursing Productivity Board for HCSW and Admin & Clerical and Estates &	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	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.	Agency HCSW usage continues to reduce with a reduction to 18.60 WTE in April 2025. There was a spike May 2025. There continues to be a robust authorisation process in place for agency HCSWs.

	Ancillary agency spend is monitored at Operational Delivery Committee	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.	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	Validation of the agency registrar has resulted in a dramatic reduction in agency workers to 46 The agency spend for HCSW for mth2 was £152k Bank spend for HCSW for Mth2 was 1,223k The bespoke bank recruitment campaign for Mental Health HCSWs has resulted in 31 bank workers engaged to support Mental Health Services within CTM. This is reflected in the reduction of agency usage Within CTM the A&C agency spend at Mth2 was £22,563 (compared to £28,988 at Mth2 24/5). Spend within specialist corporate areas have reduced, but there continues to be some spend in the Care Groups,

			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.	in particular DTPS and Planned Care. Within CTM the E&A agency spend at M2 was £171k (compared to £259k at M2 24/5).
Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.	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	Job planning compliance within CTM, as of May 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 72% (Consultant and SAS combined). 3 Care Groups are working towards the June target of 50%. Children and Families Care Group, Diagnostic, Therapies, Pharmacy and

			amendment should assist with the achievement of the target compliance rates.	Sciences Care Group & Mental Health and Learning Disabilities Care Group are exceeding the September target of 60%. The People Directorate continues to enforce a strict correlation between job planning and pay. This means no changes to regular pay (sessions or responsibility allowances) can be made until reflected in job plans). This has been implemented and so job plans are moved on very quickly and this contributes to job planning compliance.
Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales	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.	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.	Q1 actions included: -Improved People Services access points including a central inbox and phoneline for timely and consistent Attendance and Wellbeing advice and guidance

Occupational Health minimum service levels		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.	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.	-Launched a new third stage sickness tracker to reduce formal case management timelines and established a continuous improvement approach. -Delivery of Managing Attendance at Work Training online and in person across the health board. -Supporting the All Wales working group to develop the new policy. -Reviewing long term sickness absence reports to target support for complex and long term (6+ month) sickness absence. -Attending long term sickness meetings to improve consistency. -Refreshed suite of template letters available to managers to support balanced conversations during absence management processes.

				-Raising awareness of the Reasonable Tailored Adjustments Agreement within the Managing Attendance at Work Policy to return to work of their employees as soon as they are fit to do so in some capacity, whether that be a therapeutic return, phased return to work or a temporary short-term deployment. Occupational Health currently working closely with People Services to provide targeted approach to sickness management in areas with high rates and those particularly that require backfilling. Our waiting times for manager referrals have reduced due to targeted triage – the average time for the provision of individual case management advice to managers is 12 calendar

				days from receipt of referral to first offered appointment. (WG Target is 29 Calendar Days)

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	Plan reference	Status	Baseline and milestones/delivery trajectory	Q1 review
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.
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	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,	There is a PID setting out all requirements for delivery in 2025-2026. A copy is available, if required.	Data for Q1 will be available in August 2025.

use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)		reducing waste, improving patient outcomes, and delivering cost savings for healthcare systems. A PID has been developed for the 2025-26 work plan.		
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	The ICPC structure will deliver, monitor and review progress internally. All health boards will consider a proposal for a programme approach at the JCC meeting on 18th March. The programme would facilitate delivery of all key recommendations and actions.	JCC has confirmed that its team will work closely with the Continuing Healthcare workstream of the Value and Sustainability Board to look at immediate priorities of the implementation of Direct pay and the commissioning of a digital system.

		6. Strategic Commissioned Care Planning 7. Improving governance and oversight national and local CHC work		
Estates - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.		Adopt The health board will continue to review and revise the use of its estate in alignment with both the Acute Clinical Services Plan and the Integrating Community Services Programme. The ongoing work on Prince Charles Hospital and Princess of Wales Hospital, the Maesteg Programme and the Llantrisant Health Park Programme will be significant contributors to this work.		Initial priorities for disposal identified as Pontypridd Health Centre and Pontypridd Cottage Hospital. Pontypridd Health Centre has been declared surplus under the Land Transfer protocol for public bodies. There were no expressions of interest received within the requisite timescale on EPIMS consequently the property was put on the open market. Multiple offers have been received and are being evaluated Pontypridd Cottage Hospital: moves ongoing to vacate the building but it is expected that it will be

				possible to recommend to the Board at the September 2025 meeting that the building can be declared surplus and available for disposal.

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.

Enabling actions	Plan reference	Status		Baseline and milestones/delivery trajectory				Q1 review
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				Audit form produced to disseminate to all MDT leads that have a National optimal pathway. They will be asked to audit 10 recently treated patients and assess their pathways in line with the optimal pathway for changes and improvement opportunities.  Cancer%20Optimal %20Pathway%20Auc	
			Quarter 1	Quarter 2	Quarter 3	Quarter 4		
			66%	69%	72%	75%		
			TARGET DELIVERY DATE Q4 25/26					
Ensuring full compliance with straight to test guidance		Adopt The health board is committed to delivery of straight to test pathways and has implemented	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 Straight to test compliance is included in the above referenced audit.	

		a number of these.	The delivery of the CDH is facilitated by the Llantrisant Health Park programme and has supporting delivery plans.																
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 available in the associated ministerial template and a high-level summary is provided below. <table><tr><th>Milestone</th><th>By</th><th>Update</th></tr><tr><td>Establishing Diabetes Programme Board and approve revised PID/ ToR</td><td>Dec 2024-Feb 2025</td><td>Complete</td></tr><tr><td>Incorporate programmes into the portfolio and introduce consistent reporting arrangements</td><td>March 2025</td><td>Complete</td></tr><tr><td>Develop and approve 5yr Diabetes Plan</td><td>June 2025</td><td>Draft agreed by Diabetes Programme board – to be presented at SRG 07/07/25</td></tr><tr><td>Develop work stream 5yr implementation plans Agreeing KPIS and key deliverables for year 1-2 </td><td>June 2025</td><td>Partial completion – workstream plans to be finalised with KPIS (expected Aug 2025)</td></tr></table>	Milestone	By	Update	Establishing Diabetes Programme Board and approve revised PID/ ToR	Dec 2024-Feb 2025	Complete	Incorporate programmes into the portfolio and introduce consistent reporting arrangements	March 2025	Complete	Develop and approve 5yr Diabetes Plan	June 2025	Draft agreed by Diabetes Programme board – to be presented at SRG 07/07/25	Develop work stream 5yr implementation plans Agreeing KPIS and key deliverables for year 1-2	June 2025	Partial completion – workstream plans to be finalised with KPIS (expected Aug 2025)
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				Ongoing management, monitoring and delivery	June 2025 Onwards	See above
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	Some initial work undertaken to develop a PROM with CTM UHB VBHC Team, however, decreased team capacity meant this had to be put on hold for a few months. However, it has been agreed to undertake PROM/PREM with support from VBHC Team. Recruitment to the third ACP post has been completed. Team is currently concentrating mainly on vertebral fractures and wrist fractures for patients over 50 years. As a result of anticipated admin staffing limitations, changes have been introduced including stopping follow up of patients (KPI 8, 9, 10 &11), reducing face to face review of patients, liaising with primary care for medication and delaying clinics to start bone health treatment. Challenges going forward: Low level of administration capacity in the team has made the team vulnerable and will increase waiting list		

				• Overall Team capacity and demand from high number of fragility fractures. • Referrals from Neighbouring health boards • Access to DEXA scan and ability to start some bone health medication (e.g. Denosumab, IV Zolendronic Acid etc)
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		Task & Finish group established for Arthroplasty, on target for Q3 delivery with POW plans. Orthopaedics to replicate optimal month model with dedicated theatre and bed capacity for primary joint HVLC at POW hospital. Value team will be supporting the timely capture of PROMs and PREMs
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	Maternity – Q4 2025/2026 NHS App – Ongoing Q1-Q4	Maternity – Badgernet system successfully procured. Recruitment underway. First meeting held with supplier to commence planning.

		and is working towards the implementation of the NHS Wales app.		
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	NHS Wales App Work is ongoing for full delivery of the NHS app. There has been a national technical appraisal of an approach designed to deliver functionality enabling all NHS Wales organisations (including Health Boards and Trusts) to use the NHS Wales App to: • Authenticate patients in line with national assurance standards; • Launch patient-facing services and communications securely. The outcome of the appraisal has led to the UHB is pursuing an approach—aligned to that taken by Swansea Bay UHB—by implementing Single Sign-On (SSO) using NHS England Login. This will require CTM to complete the NHS England Login SCAL (Supplier Conformance Assessment List) process.

				As the SCAL is primarily designed for commercial providers, some adaptation will be required to apply it to NHS Wales requirements. Completion of the process and achievement of the necessary assurance standards will be necessary.
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	Eradicating Unsupported Systems and Devices Asset Discovery and Risk Assessment: Monitoring software implemented improving our ability to update our inventory across all sites (including shadow IT and medical devices). Undertaken significant upgrades to our servers and network. Risk-assessed unsupported assets by criticality, exposure, and business impact. Remediation and Decommissioning: Decommissioned or replaced a proportion of unsupported systems (e.g. migrated to Windows 11, patched Linux servers). Removed unused or unmanaged endpoints, including redundant laptops, kiosks, or IoT. Agreed a new vulnerability management policy and greatly

				reduced critical and high vulnerability exposures on our network. Mitigation for Unavoidable Legacy Assets: Implemented compensating controls (e.g. network segmentation, application allow-listing, monitoring) for some systems and networked devices that cannot yet be decommissioned. Cyber Response Plan Testing and Exercising: Used and reviewed the organisational Cyber Incident Response Plan (CIRP) following a cyber incident in May - Captured lessons learned and revised the response plan accordingly. Monitoring and Improvement: Ensured logging and alerting are active across high-risk systems (e.g. SOC/SIEM coverage).
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	Ongoing during 2025-26	Awaiting national INNU documentation to inform local plan.

		the 8 priority procedures.		
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	Awaiting national INNU documentation to inform local plan.
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:	Ongoing during 2025-26	Target for 25/26 is for 233 pathways to be localised and live by the end of March 26. The key focus will be on those priorities areas identified locally and by the CIN's. CTM Health Pathways will focus on comms and engagement with Primary Care colleagues to increase use of the site. Site utilisation and page views is the second best in Wales. WPRS is in implementation with less than 5 key planned care specialities left to roll out too in RGH and PCH. POW is live for all planned care specialities; this provides the opportunity for clinicians to return inappropriate referrals with advice and guidance to manage patients within primary care. WPRS (eVetting) rollout continuing. Proposed rollout order being brought

		▪ 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.)		to next Outpatient Transformation meeting for decision. DHCW publishing Power BI toll to enable CTM to look at triage outcome by clinician.

NHS WALES PLANNING FRAMEWORK 25-28- TEMPLATES

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- **Population Health and Prevention**
- **Building Community Capacity**
- **Mental Health Access**
- **Women’s Health**

Progress on these expectations, including specific delivery metrics, have been referenced in the planning framework. The set of 3-year strategic priorities and year 1 delivery expectations must be delivered by all health boards, and other NHS organisations where relevant, and will be a focus of the planning process for 2025-26.

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Priority area(s) to deliver 25/26:	
Key focus should be on delivering	• Timely Access to Care • Population Health and Prevention • Building Community Capacity • Mental Health Access • Women’s Health
Priority area(s) to deliver 25/26:	
Key focus should be on delivering	Building community capacity
Ref:	
(Indicate if new priority or continued from 24/25)	

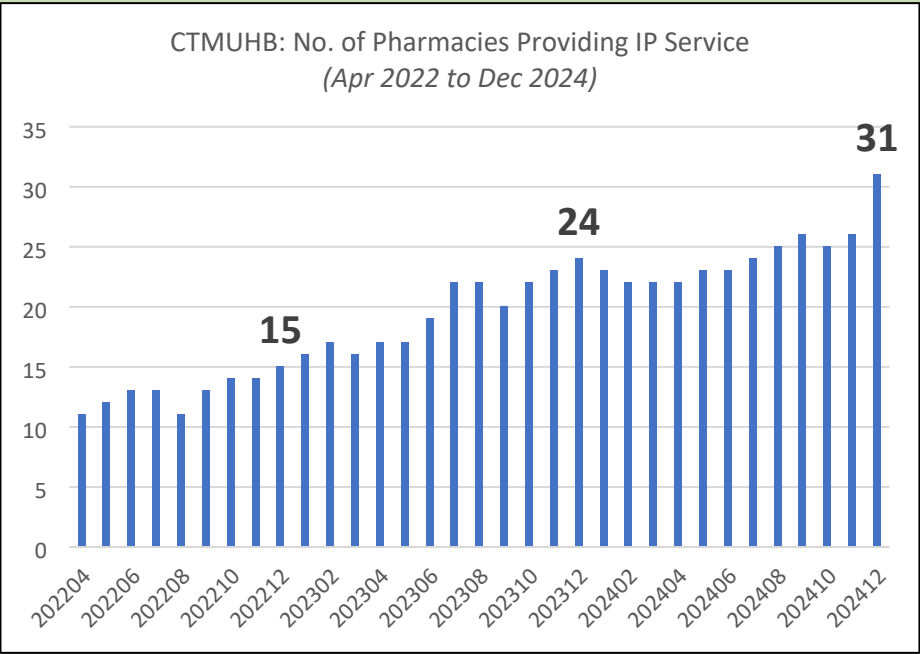
Ministerial requirements: Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP.

The Health Board is supportive of the development of pharmacist independent prescribers and works with pharmacies to support them to achieve this status. We have built in a requirement for training places in our education commissioning return to Health Education and Improvement Wales and have 20 training places currently underway with prescribers qualifying within 25/26.

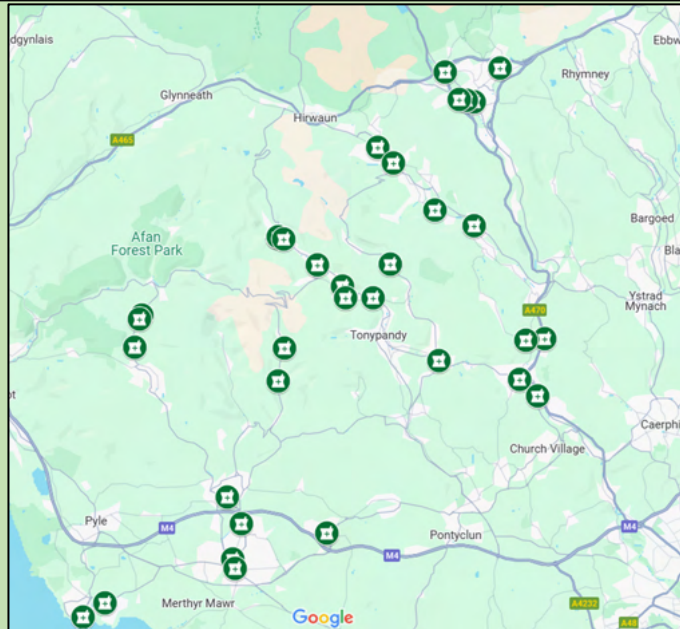
In addition to the HEIW delivered support for pharmacist independent prescribers, the CTM Community Pharmacy Team has developed an Independent Prescriber (IP) Peer Network to support the development of pharmacist IPs and support their integration into the wider CTM service.

Additionally, newly qualified pharmacists registering in 2026 will be independent prescribers on the day on their registration which will present a significant opportunity to continue to grow the capacity on the Community Pharmacy network to deliver the Pharmacist Independent Prescriber Service (PIPS).

The chart below indicates the progress in increasing the availability of pharmacies with independent prescribing in the Cwm Taf Morgannwg University Health Board area. Between 2022 and 2024.



There is a reasonable distribution of pharmacies providing this service across the health board geography but there remains opportunity in the Taff Ely area.



Resume of planning Milestones 24/25:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	-	-	-	-
Progress synopsis	-	-	-	-

Outcomes of delivering Ministerial Priorities:

Ref:	The

Planned milestones for Priority area to deliver 2025/26

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	Monitoring and review of access. Request for IP training has been included in the education training plan submission. Increase number of Common Ailment Scheme (CAS) consultations	Monitoring and review of access. Increase number of Common Ailment Scheme (CAS) consultations Engagement with pharmacies to work to increase IP prescribing pharmacies. Consider additional opportunity for commissioning based on newly qualified IPs	Monitoring and review of access. Increase number of Common Ailment Scheme (CAS) consultations Engagement with pharmacies to work to increase IP prescribing pharmacies.	Monitoring and review of access. Increase number of Common Ailment Scheme (CAS) consultations Engagement with pharmacies to work to increase IP prescribing pharmacies.
Action updates	Total of 5832 IP consultations (+23% v 24/25)			

	delivered from 28 commissioned pharmacies (+47% v 24/25). Ongoing engagement with HEIW to support uptake of allocated IP places. Ongoing engagement with Designated Prescribing Practitioners to facilitate bursary payments and encourage future support for trainee IPs. CAS Consultations: Estimated 24,750 (+10%) v 24/25.[data for 06/25 not available] LHB engagement with WG in support of a structured review of CAS service.			

Overarching outcome measures/ metrics:

Baseline Position 24/25			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
23 Commissioned Pharmacies	26 Commissioned pharmacies	31 Commissioned pharmacies	33 Commissioned pharmacies
Performance Trajectories 25/26			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
33 Commissioned Pharmacies	35 Commissioned Pharmacies	38 Commissioned Pharmacies	41 Commissioned Pharmacies

Performance 25/26			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
38 Commissioned Pharmacies			
Risks	Risks of Non-Delivery	Mitigations	
	Limits to access for the public. Further pressure on other pharmacy services.	Ongoing engagement to support pharmacies by the Community Pharmacy team.	
	Risks to Delivery	Mitigations	
	Lead in time for newly trained independent prescribers.	Longitudinal planning to continuously develop IP pipeline.	
Critical Enablers	Finance		
	Sufficient Community Pharmacy Contractual Framework (CPCF) Funding allocated to the Health Board to be able to continue to fund the predicted growth in the Pharmacist Independent Prescriber Service, as further movement of funding away from dispensing is unlikely to be viable with the current static prescription volume.		
	Consideration of funding further pharmacist Independent Prescriber Services outside of the CPCF may need to be considered if we do not want to cap the service.		
	Workforce		
	The increase in pharmacies providing Independent Prescribing Service is dependent on having the requisite workforce in place with the relevant training. The health board has submitted a request for training places in the education training plan submission to HEIW and will encourage pharmacies to take up the training places offered.		
	Active support is provided to pharmacy teams to take up training and develop their services.		
	Digital		
	Choose Pharmacy Platform redevelopment is underway (current host system for PIPS and Contraception Service).		
	Other (Specify)		
Movement of suitable patients to prescriptions with a longer duration of treatment, releasing capacity to deliver pharmacy services.			
Prevention & Population Health	Opportunities identified		
	Delivery of this service is supportive of best use of NHS resources and will impact positively on accessibility of other services.		

NHS WALES PLANNING FRAMEWORK 25-28- TEMPLATES

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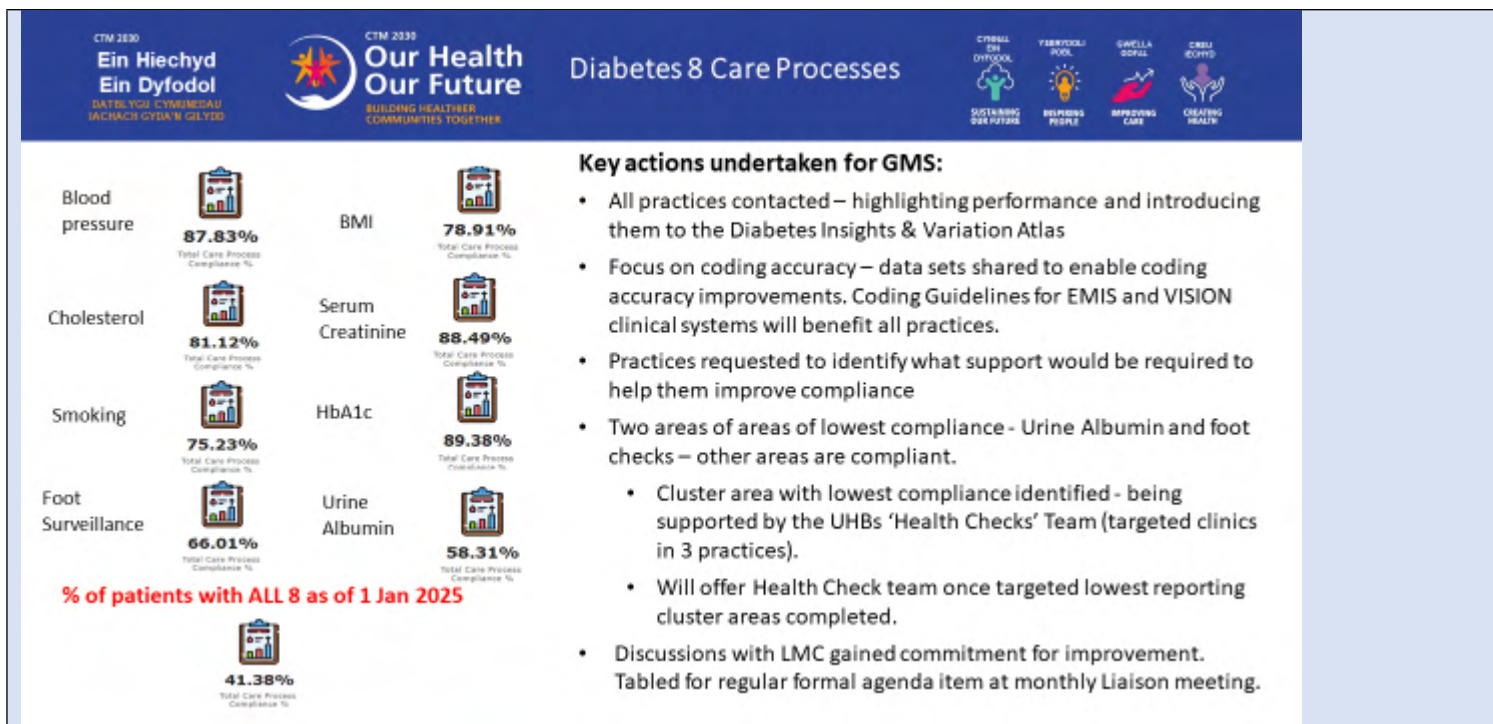
Priority area(s) to deliver 25/26: Diabetes - Deliver a 5-year strategic plan that takes a whole system approach to diabetes, improving condition management and prevention, addressing increasing prevalence and costs. Focused year 1 activity will: • Implement a T2DM pathway between secondary and primary and community care Improve the adult T2DM 8 care processes uptake, completion and recording across primary and community care	
Key focus should be on delivering	• Timely Access to Care • Population Health and Prevention • Building Community Capacity • Mental Health Access • Women’s Health

Priority area(s) to deliver 25/26:	
Key focus should be on delivering	Deliver a 5 yr strategic plan that takes a whole system approach to diabetes, improving condition management and prevention, addressing increasing prevalence and costs. Focused year 1 activity will:

	• Implement a T2DM pathway across secondary and primary & community care • Improve the adult T2DM 8 care processes uptake, completion and recording across primary and community care

Ref:	(Indicate if new priority or continued from 24/25)																								
	Diabetes is an ongoing priority area for Cwm Taf Morgannwg University Health Board. The Creating Health Strategy 2024-2030 prioritises our work on diabetes which will be delivered through our 5 Year Diabetes Plan. The health board has identified a number of key areas of challenge/improvement. • Variation of services across primary, community and secondary care sites, including access to HCL technology, structured education, pre-diabetes services, and specialist services (podiatry, psychology) • Need to improve patient/ family engagement and access to support groups across all ages • Need to improve the uptake and recording of all 8 (7 for paediatrics) care processes across primary, community and secondary care • Implementing NICE guidance TA943 to increase uptake of HCL • Delivering a remission service for adults diagnosed with T2DM since 2020 • Implementation of the AWDPP across all clusters in CTM A governance structure has been developed for the implementation of our 5 Year Diabetes Plan. Key supporting plans include: • CTM 5yr HCL Implementation plan developed; CTMUHB accessing NWSSP bulk procurement opportunities & NHS Executive HCL training/development opportunities • 5yr Diabetes Plan includes refresh of pathways across diabetic care: Initial work completed for diabetic foot-care pathways for admission/ ED • All Wales Diabetes Prevention Programme (AWDPP) to be rolled-out across all CTM clusters from 2025/26 onwards – to identify core funding from 2026/27 • VBHC funded total diet replacement remission service for adults diagnosed with T2DM since 2020 – funding secured for 2025-27 • Improvement plan for delivering and reporting on the 8 diabetes care processes within primary and community care. The below timeline for the program’s establishment was agreed by the Diabetes Programme Board in February 2025: <table><tr><th>ID</th><th>Milestone</th><th>By</th><th>Update</th></tr><tr><td>001</td><td>Establishing Diabetes Programme Board and approve revised PID/ ToR</td><td>Dec 2024-Feb 2025</td><td>Complete</td></tr><tr><td>002</td><td>Incorporate programmes into the portfolio and introduce consistent reporting arrangements</td><td>March 2025</td><td>Complete</td></tr><tr><td>003</td><td>Develop and approve 5yr Diabetes Plan</td><td>June 2025</td><td>Draft agreed by Diabetes Programme board – to be presented at SRG 07/07/25</td></tr><tr><td>004</td><td>Develop work stream 5yr implementation plans • Agreeing KPIS and key deliverables for year 1-2 </td><td>June 2025</td><td>Partial completion – workstream plans to be finalised with KPIS (expected Aug 2025)</td></tr><tr><td>005</td><td>Ongoing management, monitoring and delivery</td><td>June 2025 Onwards</td><td>See above</td></tr></table>	ID	Milestone	By	Update	001	Establishing Diabetes Programme Board and approve revised PID/ ToR	Dec 2024-Feb 2025	Complete	002	Incorporate programmes into the portfolio and introduce consistent reporting arrangements	March 2025	Complete	003	Develop and approve 5yr Diabetes Plan	June 2025	Draft agreed by Diabetes Programme board – to be presented at SRG 07/07/25	004	Develop work stream 5yr implementation plans • Agreeing KPIS and key deliverables for year 1-2	June 2025	Partial completion – workstream plans to be finalised with KPIS (expected Aug 2025)	005	Ongoing management, monitoring and delivery	June 2025 Onwards	See above
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Planned milestones for Priority area to deliver 2025/26				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Governance	- Dashboard for monitoring delivery of the high impact pathway for diabetes will be in place - Develop and approve 5yr Diabetes Plan. - Agreeing KPIs and key deliverables for year 1-2	- Implementation groups to be in place to deliver the plan. - Implementation of year 1 deliverables - Implementation of the Diabetes Type 1 & 2 PROM and associated PREM	Implementation and monitoring	Review and closure of year 1.
T2DM pathway		- Develop and agree a T2DM pathway following publication of the new T2DM NICE guidelines (expected in Summer 2025) - Cost modelling	Pathway implementation: training/ supporting roll-out material delivered	Evaluation and improvement plans developed as required for implementation in yr2/ BAU
Improving T2DM 8 care processes	- Foot surveillance training delivered across primary & community care - Communication/ engagement plan implemented - Targeted work completed with the 5 practices not delivering the diabetes gateway module 8 care processes focus embedded to contract monitoring/ practice governance sessions	- Academy delivery of 8 care processes training/ improvement work - Rolling training programme developed and in-place for foot surveillance - All practices delivering diabetes gateway module OR have alternative service delivery for diabetic patients accessing their practices	- LTC management approach for diabetes model developed 6 monthly review completed – targeted work with lower performing clusters/ practices delivered as required	Evaluation and improvement plans developed as required for implementation in yr2
Update on actions	Governance: 5yr plan draft agreed at board; for discussion at SRG 7.7.25 - Workstream plans and KPIs under development			
Overarching outcome measures/ metrics:				
Baseline position 24/25				
CTMUHB does not have a 5 yr strategic plan for diabetes CTMUHB does not have an agreed T2DM pathway implemented equitably across secondary, primary and community care Adult T2DM 8 care processes recording across primary and community care is given below as an average of the completed health checks, as of January 2025:				



Within the above averages there is variation between the clusters performance, e.g. for diabetic foot surveillance the variation of completion is from 80.25% to 46.22%; for urine albumin, the recorded variation in completion rates was 70.44% to 45.66%. The DIVA data sources do not include where patients decline having a specific check and/ or all checks – work is ongoing within CTMUHB to enable more timely access to the primary care portal data inclusive of dissenter information to identify where improvement is required. The DIVA dashboard records a nil score on all 8 care processes if one check is missing, therefore ensuring inclusion of dissenter data in our local analysis and improvement planning is essential.

Primary care and community services have agreed with the LMC and practices within the CTMUHB footprint that improvement is required to deliver at least 60% completion of all 8 care processes, and 80% completion for individual care processes. The performance trajectories outlined below are for the 8 care processes relating to the care of adult T2DM patients receiving their diabetic care from primary and community care settings.

Within Paediatric services compliance of the 7 care processes for 2024/25 was: 89.2% PCH; 99.1% POW; 89.9% RGH (Wales 93.6%). Separate work is ongoing within paediatric diabetic services to improve compliance of the 7 care processes to the Welsh average. Work within 2025/26 will include looking to merge the separately audited DCH sites to reflect services delivered uniformly across CTMUHB boundary by one team, which may impact on compliance reporting.

Baseline Position 23/24

Quarter 1	Quarter 2	Quarter 3	Quarter 4
•	•	•	•

Performance Trajectories 25/26

Quarter 1	Quarter 2	Quarter 3	Quarter 4
5yr plan with supporting implementation plans delivered 50% compliance with all 8 care processes - Individual care processes completion rates at 65%	- Implementation and monitoring established 55% compliance with all 8 care processes - Individual care processes completion rates at 70% - T2DM pathway agreed	60% compliance with all 8 care processes - Individual care processes completion rates at 75%	65% compliance with all 8 care processes - Individual care processes completion rates at 80%

Performance Review 25/26

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Governance:	•	•	•

• 5yr plan draft agreed at board; for discussion at SRG 7.7.25 • Workstream plans and KPIs under development. • Target not met for all 8 processes. • • However, at the end of Q1, we have met the 65% target for 7 out of the 8 care processes. Improvement work is ongoing			
Risks	Risks of Non-Delivery		Mitigations
	• NICE guidance on the management of T2DM patients is expected in Summer 2025. Delayed publication of this guidance will further delay development of a CTM T2DM pathway (medication costs/ service delivery) • Practices not delivering the diabetes gateway module fail to engage • Practices do not deliver the required improvements across the 8 care processes		Close monitoring of NICE consultation and publication Close working with LMC, practices outside the gateway module and their clusters Primary care governance, Academy and public health driven activities support practices to improve recording and uptake of 8 care processes
Critical Enablers	Finance		
	• T2DM pathway inclusive of early identification and treatment of pre-diabetic/ T2DM patients will increase prescribing costs adding to cost pressures within the system, however early intervention work and good diabetes management reduce the likelihood and costs of longer-term condition related complications. • Increased uptake of 8 care processes will increase diagnostic costs to the health board. • Delivery of the NICE TA943 for HCL usage within T1DM patients requires additional investment which has been built into the IMTP financial planning.		
	Workforce		
	• Staffing increase to deliver NICE TA943 across paediatric and adult services (year 1 of 5yr HCL plan) • Diabetes training for primary and community care practitioners: targeted work to improve foot surveillance; ongoing delivery to increase knowledge of good diabetes care management		
	Digital		
	• Implementation of associated Diabetes PROMs DDST1, DDST2, EQ5DL + PREMs • Develop Diabetes Dashboard on Promptly • Implement Cloud Care Diabeter Pilot for T1DM at RGH • Implement NICE TA943 across paediatric and adult services (year 1 of 5yr HCL plan) • Implementation of WISDM across T1DM/ adult diabetes services		
	Other (Specify)		
Prevention & Population Health	Opportunities identified		
	Developing a comprehensive T2DM pathway across secondary and primary & community care offers the opportunity to improve: the early identification of pre-diabetic patients; identification of T2DM patients; and the care management and health care outcomes for patients living with T2DM. Within this, there is opportunity to: • Develop a risk stratification approach for the identification of pre-diabetic patients to target all-Wales Diabetes Prevention Programme interventions • Develop consistent messaging across CTMUHB to raise awareness of T2DM through working with our community engagement network • Develop a case finding approach for early detection of pre-diabetes and diabetes in people at higher risk • Develop consistent messaging and use behavioural science to improve patient uptake of the 8 care processes • Develop bespoke response to meet the health care needs for HMP Parc diabetic patients		

NHS WALES PLANNING FRAMEWORK 25-28

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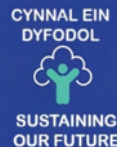
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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



Cwm Taff Morgannwg UHB Draft Women's Health Hub Priority Template

Priority area(s) to deliver 25/26:

Key focus should be on delivering

- Timely Access to Care
- Population Health and Prevention
- Building Community Capacity
- Mental Health Access
- Women's Health

Priority area(s) to deliver 25/26: Women's Health

Key focus should be on delivering

Women's Health Hubs – New Priority

However it must be recognised that in progressing this priority successfully will also contribute to the following:

- Timely Access to Care
- Population Health and Prevention
- Building Community Capacity

Ref:

(Indicate if new priority or continued from 24/25)

Cwm Taf Morgannwg University Health Board has developed and enhanced a number of key services for women in recent years, including the delivery of:

- A one-stop clinic for breast surgery at the Snowdrop Unit to streamline the pathway and improve experience and outcome for women accessing the service.
- Development of a gynaecology hub.

This plan will build on existing delivery plans for women's services.

Resume of planning Milestones 24/25: Not applicable as a new Ministerial Priority for 25/26

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Progress synopsis	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Outcomes of delivering Ministerial Priorities: Not Applicable – New Ministerial Priority for 25/26

Ref: Ministerial Priority 5

Planned milestones for Priority area to deliver 2025/26

	Quarter 1 – Discovery Phase	Quarter 2 – Design Phase	Quarter 3 – Design & Approval Phase	Quarter 4 – Delivery Phase
Ref:	Scoping and Population Health Assessment exercise. The scoping will include:	Complete scoping exercise	Completion of local service development proposals and	On approval of the implementation plan commence work deliver the local hub model against the

	- Local and national benchmarking - Capacity and demand modelling - Workforce review - Skills and capacity review - Review of patient pathways Inputs will be sought from the WHN.		implementation plan. This will incorporate review of job plans and team capacity.	National Service Specification to include recruitment, education and training
	Local Executive lead Programme Management Group to be established to include PPIE and stakeholder engagement	Identify existing capabilities and requirements to meet the women's health hub standards.	Proposal to be progressed via the Health Board's internal governance requirements for consideration and approval. This will be intrinsically linked with the Acute Clinical Services and Primary and Community Services transformation programmes and will need to align with the timelines for these plans.	Monitor the implementation and evaluate the service once implemented and report early data on KPIs and gather patient feedback via PREM's and PROM's
	Work with CTM agreed SRO to establish work programme	Develop a local model options appraisal and ensure there is engagement through the development process.	Development of local Communication Strategy	Implementation will continue into 2026-27
	Work locally following initial meeting the National leadership team to establish local working group to drive forward and develop Women's Health Hubs	On approval of the preferred delivery model commence development of a local proposal and implementation plan	Consider how we ensure we make every contact count and inform information provision to all women attending appointments involving their health and well being Consider the role and requirements of the wider family.	
	Draft Terms of reference and scope to inform working group direction	Support the national development of specific KPIs, data		

		sets and a monitoring and evaluation framework (to include the development of a national dashboard)		
	Establish training needs for our health board teams.	Review digital capabilities to ensure primary care and acute teams can access, input and extract required data to inform developments and deliver services.		
Action	Quarter 1 update			
	Scoping and Population Health Assessment exercise. The scoping will include: • Local and national benchmarking • Capacity and demand modelling • Workforce review • Skills and capacity review • Review of patient pathways Inputs will be sought from the WHN.	Meeting held and overview presentation given at the local PH Consultants Team meeting Initial demographic information developed Scoping exercise commenced, discussion held National with PHW team and locally with Local PH Team to help direct and inform work. Early senior discussion held which have resulted in a number of Hub options being considered due to the geographical spread of the UHB. Training needs analysis to be agreed and driven forward to upskill workforce. Ongoing discussions being taken forward with Data and Information team to support this work and progress pathway reviews.		
	Local Executive lead Programme Management Group to be established to include PPIE and stakeholder engagement	Executive lead agreed who is also undertaking the role of SRO for CTMUHB and Local Implementation and Steering group met to drive forward this work. Initial engagement of recent workshops shared and used to inform funding SBAR which included opportunities to engage and ensure co-production further with Local Communities, Female staff from across CTM who reside in CTM and local Third Sector organisations		
	Work with CTM agreed SRO to establish work programme	SRO Agreed locally along with Clinical Leads for both secondary and Primary and Community Care. Agreement made locally that the SRO will attend the Leadership Group and one of the P&CC Clinical Lead will attend te Clinical Reference Group.		

		Work programme and Project Plan being developed. Some key initial actions already being driven forward	
	Work locally following initial meeting the National leadership team to establish local working group to drive forward and develop Women's Health Hubs	Local Implementation and Steering group agreed and met for the first time in July, however senior discussion groups have met previously to help drive this work forward. Members of the WH Network are included and will remain included throughout all local developments.	
	Draft Terms of reference and scope to inform working group direction	Draft Terms of reference drafted for further discussion and consideration, at our recent Local Implementation and Steering group, some areas of the membership were reviewed and are being actioned, a tweak to the Governance and Reporting structure was discussed and will be updated, and members were asked to feedback any further amendments for consideration.	
	Establish training needs for our health board teams.	Local working groups are being set up locally to help take element of this work forward. This will all be used to support the development of a Training needs analysis to be agreed and driven forward to upskill workforce.	
Overarching outcome measures/ metrics:			
• Delivery of a Local Women's Health Hub model • Specific metrics to be determined with WHN at national level (Q2)			
Baseline position 24/25			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Not Applicable			
Performance Trajectories 25/26			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
1. Commence scoping exercise 2. Establish a local executive-led Programme Management Group	1. Complete scoping exercise ensuring engagement. 2. Confirm local model and service pathways. 3. Commence drafting of local proposals for implementation plans 4. Identify resource requirements.	1. Complete drafting of local proposal 2. Secure necessary approval via Health Board governance processes 3. Communication Strategy confirmed	1. Commence delivery 2. Complete evaluation of the service introduction 3. Confirm comprehensive long term sustainable plan
Quarter 1 update			
Commence scoping exercise	Meeting held and overview presentation given at the local PH Consultants Team meeting Initial demographic information developed Scoping exercise commenced, discussion held National with PHW team and locally with Local PH Team to help direct and inform work. Early senior discussion held which have resulted in a number of Hub options being considered due to the geographical spread of the UHB.		

	Training needs analysis to be agreed and driven forward to upskill workforce. Ongoing discussions being taken forward with Data and Information team to support this work and progress pathway reviews.	
Establish a local executive -led Programme Management Group	Executive lead agreed who is also undertaking the role of SRO for CTMUHB and Local Implementation and Steering group met to drive forward this work. Initial engagement of recent workshops shared and used to inform funding SBAR which included opportunities to engage and ensure co-production further with Local Communities, Female staff from across CTM who reside in CTM and local Third Sector organisations	
Risks	Risks of Non-Delivery	Mitigations
	National timeline not aligned to local plan	Work collaboratively with WHN
	Identified funding streams/resources	Robust proposal and implementation plan with support from WHN to be supported by Welsh Government allocation to Health Board's for 25/26 or other funding source to be confirmed by WG. Use of existing resources will be maximised.
	Risks to Delivery	Mitigations
	As above	Joint funding of hybrid posts Maximising use of existing resources.
Critical Enablers	Finance	
	Overall costs to be determined as part of the scoping exercise and preferred model outcome. This work will require consideration of existing service capabilities and progress already made and the potential to work differently, including virtual models and to maximise the ability to deliver the requirements in a cost-neutral way.	
	Workforce	
	Analysis and cost to be determined as part of the scoping and preferred model outcome.	
	Digital	
	Requirement to be determined in line with the development of Women's National Dashboard, data set and IT integration requirements	
	Other (Specify)	
	Robust local population health needs assessment – led by Public Health colleagues	
	Collaborative working with WHN, HEIW, DHCW, National Pathway Team, local Planning, Estates, IHCs, Divisions, Primary Care, Corporate Services and Communication Team	
	Appointment of a local executive lead, and senior responsible owner, clinical lead and planning and project management support. Appropriately skilled and trained workforce. Assessment of and engagement with the local population to understand needs. Assessment of the improvement to service delivery / access and service pathways and th longer term impact on the reduction of specialist services.	
Prevention & Population Health	Opportunities identified	
	Health Boards will prioritise women's health services across the life course and listen to and act upon the voices of women in the development of these services	

	Better access to services, including preventative healthcare and early intervention, and reduced unmet need for healthcare Improved patient experience, with care being delivered in one appointment where possible Improved health outcomes and reduced health inequalities Improved access to health information, in a range of formats, and supported patient self-management where appropriate



Agenda Item

7.1

CTM Health Board

Regional Partnership Agreement for Services and Support for Older People, People Living with Frailty and Their Carers

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Matt Jenkins, Integrated Services Director, CTM Regional Partnership Board
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	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 Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
CTMUHB main board has received ICCS program updates	28/11/24, 26/9/24, 28/3/24.	Board approved Regional MoU



Update on proposed RPA presented to Strategic Development Committee	16/1/25	Noted
Strategic Development Committee	03/07/2025	Endorsed for Board Approval

Acronyms / Glossary of Terms	
CBC	County Borough Council
CRT	Community Resource Team
CTM	Cwm Taf Morgannwg
ICCS	Integrated Community Care System
JPB	Joint Partnership Board
MoU	Memorandum of Understanding
RIF	Regional Integration Fund
RPA	Regional Partnership Agreement
RPB	Regional Partnership Board
UHB	University Health Board

1. Situation /Background

- 1.1 At its meeting on 16 January 2025 the Strategic Development Committee received a report on the development of a Regional Partnership Agreement (RPA) to support the delivery of seamless services for older people, people living with frailty and their carers through an Integrated Community Care System (ICCS). A commitment to develop the RPA was contained within a Memorandum of Understanding (MOU) between CTMUHB and Bridgend, Merthyr Tydfil and Rhondda Cynon Taf County Borough Councils which was approved by CTMUHB in November 2024.
- 1.2 The components of the CTM ICCS are described in figure 1 below. For older people and people living with frailty, continuity and coordination of care is vital. With an increasing number of people aged over 65 and aged over 85 living with multiple long-term conditions, the ICCS will bring together health and social care to deliver new community pathways developed on a 'once for Cwm Taf Morgannwg' basis. This is both essential to patient outcomes, and ongoing financial sustainability.
- 1.3 Meeting people's needs in the community, securing more healthy days at home, can reduce pressure on secondary care and long-term social care provision. We know that people are not always supported in the right part of the health and care system. This creates 'failure demand', where resources are not used to best effect and better outcomes for people aren't Always achieved.
- 1.4 Whilst the Regional Partnership Board (RPB) has led the development of the ICCS, it does not provide the legal framework necessary for statutory organisations to create a fully integrated model over time.

Figure 1: Cwm Taf Morgannwg ICCS Target Model



1.5 Development of the ICCS is ongoing and short-term delivery milestones are as follows:

- For the RCT and Merthyr Tydfil areas the initial focus is on 'aligning' current community-based health and social care teams and creating a pathway between the Navigation Hub and local authority Single Point of Access. In aiming to deliver this in Autumn 2025, the ICCS program is working with patient-facing/ direct care-giving staff to develop shared understanding, improve processes and increase teamwork to create a team around the person.
- Bridgend is at a different stage, and the next step here is further developing the existing integrated model. To support this a demand and capacity tool is being developed based initially on the Bridgend integrated teams, to support the development of the model. The intention is to scale this as a regional approach.
- A Prevention Pathway is also being scoped. Aims and practical actions are being refined with a view to bringing this to regional boards during the next cycle of meetings.

1.6 The intention is to accomplish the above from Autumn 2025 as a 'Phase 1' of the ICCS program. These are the first steps to take with a view to establishing a fully integrated model consistently across the region in 'Phase 2' for completion in Spring 2027.

- 1.7 The RPA is a binding framework which will enable further progress towards the ICCS target model. Attached as **Appendix 1**, it has been produced co-productively by the statutory partners, with detailed input by senior managers and legal lead officers.
- 1.8 The intention is for the Agreement to be approved by each partner in July 2025. The RPA, in its first iteration:
 - cements shared aims for older people and people living with frailty and doing this in a way that is quantified and will be used for joint accountability;
 - refreshes some existing delivery frameworks whilst progress is made towards the ICCS target model in the phases described above; and
 - provides for additional options such as matrix management posts and pooled resources which can be taken in future at the appropriate moment.
- 1.9 The RPA has been developed under Section 33 of the National Health Services (Wales) Act 2006 and Part 9 of the Social Services and Wellbeing (Wales) Act 2014. The 'Heads of Terms' section at the start of the Agreement articulates its aims and objectives, the broad range of functions covered, risk sharing arrangements including safeguards for partners, governance and monitoring arrangements and performance and outcome measures (included in Appendix 1 to the Agreement), alongside general provisions relating to indemnity and insurance, information sharing, variance and dispute resolution.
- 1.10 Schedules to the Agreement set out details of each of the services to be led and managed through the Section 33 mechanism including service description; annual delivery plans; financial profile (including Regional Integration Fund (RIF) and core funding); budget setting and risk management arrangements; delivery objectives; local governance; and specific performance measures.
- 1.11 Initially, the sole Service governed through the RPA framework will be the Bridgend Community Resource Team (CRT), which has operated under an existing Section 33 Agreement. At each annual review of the RPA, consideration will be given to adding additional integrated Services which form part of the ICCS pathways, for example community resource teams in the other county localities and a new regional discharge model superseding the current Stay Well at Home Service operating under a Part 9 Agreement in Merthyr Tydfil and Rhondda Cynon Taf. The RPA also provides scope for addition in the future of Services serving other population groups.
- 1.12 Robust governance will be established to see overall delivery of the RPA. This will link into the RPB at regional level and, locally, into statutory partners and Joint Partnership Boards (JPBs) which will drive delivery of Services within local authority footprints.

2. Specific Matters for Consideration

2.1 Engagement on this Policy and Procedure has taken place with:

Name Title	Date Consulted/Completed
Equality Impact Assessment	EIA screening has been undertaken. An Equality Assessment is not required as the Regional Partnership Agreement in of itself does not change the shape of community services nor access to them. Impact assessment will be undertaken on future service changes that may be initiated by this high-level agreement.
Informal Consultation with interested parties	Ongoing consultation with statutory partners via the Regional Partnership Board and Regional Partnership Leadership Team between September 2024 and June 2025
Formal Consultation	N/A
Committee – For approval	Strategic Development Committee - 3 July 2025 CTMUHB Board - 31 July 2025 Cabinets of Bridgend, Merthyr Tydfil and Rhondda Cynon Taf CBCs – July 2025

2.2 The RPA is consistent with relevant legislation, as detailed within the Agreement.

2.3 Statutory partners have been regularly engaged in its development.

3. Key Risks / Matters for Escalation

3.1 Key risks and mitigations have been identified throughout the development of the RPA and reflected within the draft under consideration. Specific risks and mitigations are listed below.

- **Risk that system pressures create organisational-centric focus.**
To mitigate this there is clear ownership of the program through the Partnership Leadership Team and wider regional structures. The regions' successful application for support for partnership development through the Health Foundation Q network is supporting a reflective approach.

- **Risk that changes to local delivery structures create disruption.** This includes in the context of the recent and forthcoming Organisational Change Processes. To mitigate this a staged approach is being taken, and there is close involvement of CTMUHB senior staff in the ICCS program's work.
- **Inherent challenge in coordinating work in a complex environment.** Balancing the need for quick results with sufficient engagement will be key.
- **Risk that operational pressures impact on delivery timelines.** The involvement of frontline delivery staff and managers will be crucial in developing effective community pathways, but their time is particularly pressured. This is being managed through a Commissioning Group of senior managers which meets monthly with the ICCS program team.
- **Risk that concerns about cross-subsidising other organisations could lead to a partner/partners not fully signing up to the RPA.** Appropriate safeguards are built into the Heads of Terms and service schedules to prevent this happening.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: Improving our Care Sustaining our Future
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: A Resilient Wales A More Equal Wales
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / 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 (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality	Effective
	If more than one applies please list below Efficient Equitable



(Duty of Quality Statutory Guidance (gov.wales))	Person Centred Timely Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Refine If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is being undertaken in the development of new community pathways.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): NEUTRAL Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below: This is being undertaken in the development of new community pathways.
Cyfreithiol / Legal	Yes (Include further detail below) The RPA is a legal framework. It has been developed through sharing versions of the document with legal leads from the four partners including from NHS Shared Services on behalf of CTMUHB who has signed on the version before Committee.	
Enw da / Reputational	Yes (Include further detail below) This is intended to be positive. The Welsh Government has commented favourably on these developments, including at a recent regional meeting with the Cabinet Secretary.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	The intention is to use resources more effectively, reducing 'failure demand'.	

5. Recommendation

5.1 That the Board:

- Notes the progress made in development of the RPA since January and the matters for consideration outlined in 2.1 – 2.8;

- **Approves** the RPA and notes the intention to seek similar approval from the three local authorities within the same timescale, and in advance of commencement of the Agreement in the Autumn of 2025.

DATED _____

BRIDGEND COUNTY BOROUGH COUNCIL

and

MERTHYR TYDFIL COUNTY BOROUGH COUNCIL

and

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

and

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

REGIONAL PARTNERSHIP AGREEMENT

for

**THE PROVISION OF INTEGRATED HEALTH AND SOCIAL CARE SUPPORT FOR
OLDER PEOPLE AND PEOPLE LIVING WITH FRAILTY AND THEIR CARERS IN THE
CWM TAF MORGANNWG REGION**

Clause heading and number	Page number
1 <u>DEFINITIONS AND INTERPRETATIONS</u>	5
2. <u>TERM</u>	8
3. <u>AIMS AND OBJECTIVES</u>	8
4. <u>FINANCIAL CONTRIBUTIONS</u>	10
5. <u>NHS FUNCTIONS AND COUNCIL HEALTH RELATED FUNCTIONS</u>	10
6. <u>THE SERVICES</u>	10
7. <u>ARRANGEMENT OF SERVICES</u>	12
8. <u>FINANCIAL PERFORMANCE AND RISK SHARING ARRANGEMENTS</u>	13
9. <u>REVIEW</u>	14
11. <u>TERMINATION</u>	15
12. <u>EFFECTS OF TERMINATION</u>	16
13. <u>SCRUTINY</u>	16
14. <u>EXTERNAL INSPECTION AND MONITORING</u>	17
15. <u>INDEMNITY AND INSURANCE</u>	18
16. <u>VARIATION</u>	21
17. <u>CONFIDENTIALITY AND DATA PROTECTION</u>	21
18. <u>FREEDOM OF INFORMATION</u>	22
19. <u>DISPUTE RESOLUTION</u>	22
20. <u>EXCLUSION OF PARTNERSHIP AND AGENCY</u>	24
21. <u>ASSIGNMENT AND SUB AGREEMENTS</u>	24
22. <u>THE CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999</u>	24
23. <u>PREVENTION OF CORRUPTION / QUALITY CONTROL</u>	24
24. <u>COMPLAINTS</u>	24
25. <u>NOTICES</u>	25
26. <u>ADDITION OR REMOVAL OF SERVICES</u>	25
27. <u>GENERAL PRINCIPLES</u>	26
28. <u>FORCE MAJEURE</u>	26
29. <u>SEVERABILITY</u>	26
30. <u>WAIVER</u>	27
31. <u>GOVERNING LAW</u>	27
32. <u>DEVELOPMENT OF THE AGREEMENT</u>	27
APPENDIX 1: PERFORMANCE MEASUREMENT FRAMEWORK	30
SCHEDULE 1.1: BRIDGEND COMMUNITY RESOURCE TEAM - HOST PARTNER, AIMS AND OUTCOMES & ACCESS TO SERVICE	33
SCHEDULE 1.2: THE LOCAL HEALTH BOARD'S FUNCTIONS AND THE LOCAL AUTHORITY FUNCTIONS	39
SCHEDULE 1.3: RESOURCES - FINANCE & BUDGET SETTING	40
SCHEDULE 1.4: GOVERNANCE - APPROVALS, OVERSIGHT & PERFORMANCE	44

SCHEDULE 1.5: FINANCIAL AND PERFORMANCE REPORTING.....	48

THIS AGREEMENT is made the
BETWEEN

- (1) **BRIDGEND COUNTY BOROUGH COUNCIL** of Civic Offices, Angel Street, Bridgend CF31 4WB, ("Bridgend"),
- (2) **MERTHYR TYDFIL COUNTY BOROUGH COUNCIL** of Civic Centre, Castle Street, Merthyr Tydfil CF47 8AN ("Merthyr Tydfil"),
- (3) **RHONDDA CYNON TAFF COUNTY BOROUGH COUNCIL** of 2 Llys Cadwyn, Taff Street, Pontypridd, CF374TH ("RCT") (together "the Councils") and
- (4) **CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD** of Ynysmeurig House Navigation Park Abercynon CF45 4SN (the "UHB").

(collectively referred to as "the Partners").

WHEREAS:

- A This Agreement covers arrangements to plan and arrange provision for adult and older people's services and is made pursuant to the powers conferred to the parties by Section 33 of the NHS (Wales) Act 2006 (the '2006 Act') and Part 9 of the Social Services and Well-being (Wales) Act 2014 (the "SSWBA") (together hereinafter referred to as the 'Acts') and the Regulations.
- B This Agreement provides for the establishment and management of integrated arrangements and, where specified allocated or Pooled Funding arrangements between the UHB and the Councils where one Partner will from time to time be the Host Partner for a Service.
- C For the purpose of the implementation of the Partnership Arrangements under this Agreement:
 - 1) The UHB has agreed that the Councils may, in conjunction with exercising their Local Authority Functions, exercise the UHB Functions in relation to the Services and;
 - 2) The Councils have agreed that the UHB may, in conjunction with exercising its Local Health Board Functions, exercise the Councils' Local Authority Functions in relation to the Services.
- D Where the UHB and the Councils arrange Services pursuant to this Agreement they shall be set out according to the Schedules and the terms herein.
- E The Partners shall carry out consultation on the proposals for any Service with those persons, user groups, staff and statutory and non-statutory providers, who appear to them to be affected by the arrangement.
- F The Partners have agreed to enter into this Agreement to fulfil the requirements of the Acts, the Regulations and Guidance and to record their respective rights and obligations under the Partnership Arrangements and the

terms on which the Partnership Arrangements will be exercised and the Service will be delivered.

- G The Partners wish to improve the effectiveness of the Services and support delivered by them through the Partnership Arrangement.
- H It is intended that this Agreement be varied and supplemented as necessary, through the inclusion of additional Schedules as the Partnership Arrangements develop over time.

1 DEFINITIONS AND INTERPRETATIONS

- 1.1 It is agreed that in this Agreement, except where the context otherwise requires, the following expressions shall have the meanings respectively ascribed to them:

“Acts”	Means the National Health Service (Wales) Act 2006 and the Social Services and Well-being (Wales) Act 2014 (SSWBWA).
“2000 Regulations”	Means the Local Authorities Partnership Arrangements (Wales) Regulations 2000 S.I. No. 2993 (W 193) as amended, varied or replaced from time to time.
“Agreement”	Means this Regional Partnership Agreement and any variation of it from time to time agreed between the Partners.
“Allocated Funds”	Means the joint fund or joint funds of monies allocated by the Partners from time to time being shared contributions/budgets from the Partners for the purpose of securing the Services in the Localities pursuant to this Agreement.
“Allocated Funds Manager”	Means the person determined from time to time under Clause 7.7 and who has been identified in the particular Schedules for a Service included in this Agreement.
“Authorised Officers”	Means the persons notified in writing from time to time by each of the Partners to the other from time to time as authorised to act on behalf of that Partner in that capacity (which person shall until further notice be for the Council its Head of Paid Service and for the UHB its Chief Executive).
“Budget”	Means the budget for a Service as set out in or ascertained in accordance with the relevant Schedule.
“Commencement Date”	Means 1 October 2025.
“Data Protection Legislation”	Shall include but not limited to: “Data Protection Legislation” all applicable data protection and privacy legislation in force from time to time in the UK including the UK GDPR; the Data Protection Act 2018 (DPA 2018) (and regulations made thereunder) and the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended and the guidance and codes of practice issued by the Information Commissioner or other relevant regulatory authority and applicable to a party.
“Directions”	Means such statutory directions in respect of Services as the Partners must follow.

“Eligibility Criteria Threshold”	Means the four criteria as derived from the Welsh Government’s Guidance on “Fair Access to Care” as set out in “Creating a Unified and Fair System for Assessing and Managing Care”, April 2002 and these being critical, substantial, moderate and low.
“Financial Year”	Means the financial year from 1st April in any year to 31st March in the following calendar year.
“Functions”	Means the Health Board Functions and the Local Authority Functions which may be carried out (in whole or part) by a Partner for any Service approved by the Partners and which are reproduced in Schedules to this Agreement.
“Guidance”	Means the statutory guidance issued by the Welsh Government;
“Host Partner”	Means the Partner responsible for any Allocated Funds within a Service included in this Agreement.
“Integrated Leadership Board”	The partnership board that reports into the Cwm Taf Morgannwg Regional Partnership, responsible for ensuring completion actions agreed at the Regional Partnership.
“Joint Partnership Board”	A group of Health Board, Local Authority and Third Sector executive officers that provides oversight of integrated services in each County area.
“Law”	Means: (a) any Act of Parliament, Act or Measure of the Welsh Ministers or any other statute, proclamation, order, regulation, legislation (whether primary or subordinate) or other law which applies to the performance of this Agreement or to the provision of the Services; (b) any applicable judgment of a relevant court of law which is a binding precedent, in each case in force from time to time in Wales.
“Locality”	An area co-terminus with County Borough Council boundaries.
“Local Authority Functions”	Means: those functions set out in either regulation 5 of the 2000 Regulations or Schedule 1 of the SSWBA Regulations which may be carried out (in whole or part) by the Partners for any Services and which are reproduced in the applicable Schedule for ease of reference.
“Local Health Board Functions”	Means those functions set out in either regulation 5 of the 2000 Regulations or Schedule 1 of the SSWBA Regulations which may be carried out (in whole or part) by the Partners for any Services and which are reproduced in the applicable Schedule for ease of reference.
“Operational Management Board”	A board of local authority and health board executives which report into a Joint Partnership Board, responsible for driving the operational delivery of integrated Services in the relevant locality.
“Partner(s)”	Means the Councils and the UHB, and the term “Partner” shall mean any of them;
“Partnership Agreements”	means the arrangements as set out in this Agreement concerning the planning, or arranging of Services as detailed in the Schedules

	and in accordance with the Acts, Regulations and Guidance and any Service;
“Pooled Fund”	Means a fund established and maintained by a local authority or a Local Health Board, out of which the payments may be made towards the expenditure incurred for the purpose of, or in connection with, partnership arrangements.
“Regional Partnership Board”	Means a statutory board set up under Part 9 of the SSWBWA in each local health board area to bring together partnership bodies and other stakeholders to plan and deliver integrated health and social care, promoting better well-being.
“Regulations”	Means the 2000 Regulations and the SSWBA Regulations;
“SSWBWA Regulations”	means the Partnership Arrangements (Wales) Regulations 2015 S.I. No. 1989 (W.299) as amended, varied or replaced from time to time;
“Revised Annual Plan”	Means an annual statement of agreed intentions referred to in Clause 32.2 and individual Schedules;
“Schedule(s)”	Means a schedule attached to this Agreement;
“Service(s)”	Means the Services which are to be made available to Service Users as described in the Schedules and whose costs are to be met from the Pooled or Allocated Fund or in respect of which the Partners have agreed to make expenditure;
“Service Users”	Means the people who receive the Services to be arranged by the Partners;
“Term”	Means the period from the Commencement Date until termination in accordance with the terms of this Agreement.

1.2 Save to the extent that the context or the express provisions of this Agreement otherwise require:

- 1.2.1 Obligations undertaken or to be undertaken by more than a single person shall be made and undertaken jointly and severally;
- 1.2.2 Words importing any gender include any other gender and words in the singular include the plural and words in the plural include the singular;
- 1.2.3 References to statutory provisions shall be construed as references to those provisions as respectively amended or re-enacted (whether before or after the Commencement Date) from time to time;
- 1.2.4 Headings and the Index are inserted for convenience only and shall be ignored in interpreting or in the construction of this Agreement;
- 1.2.5 References in this Agreement to any Clause or Sub-Clause Paragraph or Schedule without further designation shall be construed as a reference to the Clause or Sub-Clause of or Schedule to this Agreement so numbered;
- 1.2.6 Any obligation on any of the Partners shall be a direct obligation or an obligation to procure as the context requires;

- 1.2.7 Any reference to “indemnity” or “indemnify” or other similar expressions shall mean that a Partner indemnifies, shall indemnify and keep indemnified and hold harmless the other Partners;
- 1.2.8 Any reference to a person shall be deemed to include any permitted transferee or assignee of such person and any successor to that person or any person which has taken over the functions or responsibilities of that person but without derogation from any liability of any original Partner to this Agreement; and
- 1.2.9 This Agreement and its Schedules should be read as a whole, but in the event of any inconsistency the Schedules shall have precedence.

2. **TERM**

- 2.1 This Agreement shall commence on the Commencement Date and shall be ongoing, subject to annual reviews and earlier termination as provided below.
- 2.2 The Agreement may be terminated in accordance with the provisions of Clause 11.

3. **AIMS AND OBJECTIVES**

- 3.1 Effective health and social care and support for older people, people living with frailty and their carers requires coordination of care and integration of Services shaped around the needs of those people. The Social Services and Wellbeing (Wales) Act requires local authorities to exercise their social services functions with a view to ensuring the integration of care and support provision and health-related provision where they consider that this would:
 - 3.1.2 Promote the wellbeing of children within their area, adults within their area who have needs for care and support and carers within their area with need for support
 - 3.1.2 Contribute to the prevention or delay of the development by children or adults within their area of needs for care and support or the development by carers within their area of needs for support, or
 - 3.1.3 Improve the quality of care and support for children and adults, and of support for carers, provided in their area (including the outcomes that are achieved from such provision)
- 3.2 The Partners have committed to progress the integration of Services across the population groups for which they have responsibility for providing Care and Support. As part of this, they have committed to the development of an Integrated Community Care System (ICCS), which will be delivered by inter-agency, multi-disciplinary teams operating in Localities across the region.
- 3.3 In entering into this Agreement, Partners share the following overarching aims and objectives **in relation to the ICCS**:

- 3.3.1 Maintaining the independence of our population and delivering care in the most effective way.
- 3.3.2 To facilitate a staged approach to the integration of Services through:
- Creating a regional model of integrated community pathways, where each Locality works to implement the regional optimal model.
 - Integrated commissioning arrangements facilitating a joint approach to the planning, procurement, monitoring and review and ongoing improvement of Services.
 - Integration over time, of management and other posts within an integrated team structure.
 - Alignment of respective partners' budgets through allocated funds, with scope over time for full risk-sharing through establishment of Pooled Funds.
- 3.3.3 Move towards a joint commissioning approach for when we draw on the same providers and/or there a dependency in one partner on another partner achieving a sufficiency of provision. This will be facilitated through a greater understanding of capacity in and demand for our community services.
- 3.3.4 To develop continuous service improvement which will includes joint risk management and workforce learning and development.
- 3.4 The anticipated impact of this Agreement is improved outcomes for Service Users and their carers, and the wider population through effective urgent response and prevention support.
- 3.5 Agreed outcomes and performance measures will be used to measure impact of the overall Regional Partnership Agreement. An initial suite of measures has been identified, and these are included in **Appendix 1**. These will be reviewed and refined over time and amended with the agreement of Partners via the Integrated Leadership Board. Measures in Appendix 1 are designed mainly to assess the impact of the Agreement overall. Performance measures for individual Services are set out in the Schedules to this Agreement.
- 3.6 Independent evaluation on the impact of this Agreement and the extent to which it has facilitated integrated working across the partners will be undertaken at intervals set by the Integrated Leadership Board.
- 3.7 Targets may be set for any Service and these will be set out in the Schedule for that Service. They will be reviewed on an annual basis.
- 3.8 This iteration of this Agreement sets out arrangements for the delivery of the ICCS. **Provision is available for future expansion of the Agreement to include additional Services delivered for other population groups, as required and agreed by Partners. In such an event, the substantive**

provisions within the Agreement will apply, although these will be subject to review and any adjustments made to ensure they reflect specific arrangements for those additional Services.

4. FINANCIAL CONTRIBUTIONS

- 4.1 The Budget for each Financial Year together with the mechanism for calculating subsequent Budgets and Budget contributions to an Allocated or Pooled fund, including how increases to contributions should be agreed, is set out in relevant Schedules.
- 4.2 No provision of this Agreement shall preclude the Partners by mutual agreement making additional contributions of non-recurring monies to the Allocated or Pooled Funds for a Service from time to time. Any such additional contributions of non-recurring monies shall be explicitly recorded in minutes of the overseeing board and recorded in the budget statement for a Service as a separate item.

5. NHS FUNCTIONS AND COUNCIL HEALTH RELATED FUNCTIONS

- 5.1 The Local Health Board Functions and the Local Authority Functions which may be carried out (in whole or part) by a Partner from time to time according to any Services are set out in each Schedule.

6. THE SERVICES

- 6.1 The Partners subscribe to the ICCS, which is based on two care pathways, each inextricably linked but with a clear focus, ring-fenced resources and defined objectives. These are:
 - 6.1.1 **Urgent Community Response Pathway:** Urgent, unscheduled, intensive community care delivered by multi-disciplinary teams on a time-limited basis and providing enhanced levels of support at times of deterioration, changeability, when an intensive period of recovery or rehabilitation is needed, or during transitions of care. This can be provided at home or in care settings.
 - 6.1.2 **Prevention Pathway:** Establishing pro-active care and enabling older people and people living with frailty to maintain independence and spend more healthy days at home. Multi-disciplinary teams will provide preventative care and facilitate wider collaboration across sectors to meet the needs of individuals and communities.
- 6.2 The model also includes the intention to further develop an **integrated central navigation hub** providing a comprehensive triage service, receiving referrals from health and care professionals and Local Authority Single Points of Access and facilitating access to appropriate services within the Urgent Community Response pathway.

Figure 1: The Cwm Taf Morgannwg ICCS for older people and people living with frailty



- 6.3 The scope of this Agreement is the provision and management of Services within the pathways described above. These Pathways are at different stages of development, therefore whilst Figure 1 describes the overall model, the Services directed by this Agreement are only those set out in Schedules.
- 6.4 As we undertake this service change as partner Statutory Organisations, with wider partners in the Regional Partnership and through a co-productive approach with our staff, Trades Unions, Llais and our population, the intention is to undertake an annual update of Schedules to facilitate this.
- 6.5 The Services shall be arranged by the members of the regional Integrated Leadership Board, in liaison with local Joint Partnership Boards in each Locality and in accordance with the provisions of the included Services and the relevant Schedules.
- 6.6 The Partners will ensure that the national eligibility criteria as set out in the SSWBWA are fully implemented and that the Eligibility Criteria Thresholds as agreed by the relevant Council are consistently applied.
- 6.7 The Eligibility Criteria Threshold for the provision of specific Services will operate according to the relevant Schedule.

7. ARRANGEMENT OF SERVICES

- 7.1 For each Service referred to in a Schedule to this Agreement, Partners may choose to create an Allocated Fund or a Pooled Fund. This will be determined through agreement in Partners' own organisational governance processes and put into practice through creating and agreeing through the Integrated Leadership Board a Schedule that specifies this and updating this Agreement. Each Partner will identify budgets within its organisation, which together will form such Funds.
- 7.2 For any Service one of the Councils or the UHB shall be the Host Partner. Governance arrangements will be established in accordance with the Schedules to carry out specified functions.
- 7.3 An Allocated/ Pooled Funds Manager shall be responsible for the management of the Allocated/ Pooled Funds for a Service. The Allocated Funds Manager may have accountability across the region or within a Locality, as agreed by the Partners and set out in the relevant Schedule.
- 7.4 An Allocated/ Pooled Funds Manager shall be approved by the Partners who are not the Host Partner for a Service (such approval not to be unreasonably withheld) and affirmed in the role via agreed governance at the outset of a Service.
- 7.5 The internal regulations of the Host Partner shall apply to the management of the Allocated/ Pooled Funds under this Agreement, insofar as the funding is held and defrayed by the Host Partner.
- 7.6 The Allocated / Pooled Funds Manager shall be responsible for authorising payments from the Allocated/ Pooled Funds in accordance with the Service description and the aims and objectives, as set out in Schedules to this Agreement provided that the Partners shall be responsible for payments under regular day to day provision of the Service supplied directly through their own employees and/or contractors.
- 7.7 The Allocated/ Pooled Funds Manager shall be responsible for managing the Allocated / Pooled Funds and forecasting and reporting to the relevant Joint Partnership Board (via any local operational board as appropriate) and its operational upon the targets and information in accordance with and any further targets or performance measures that may be set by the Joint Partnership Board from time to time.
- 7.8 The Allocated / Pooled Funds Manager shall report to the Authorised Officers. The Council's Authorised Officer shall in turn ensure reporting on the same to the officer of the Council responsible for the administration of their financial affairs under Section 151 of the Local Government Act 1972. The UHBs Authorised Officer/ Partnership Lead will do similarly.
- 7.9 Each Partner shall comply with all Law and Guidance relating to the provision of the Services or any part thereof.

8. FINANCIAL PERFORMANCE AND RISK SHARING ARRANGEMENTS

- 8.1 The Allocated / Pooled Funds are to be used solely to achieve the aims and objectives of a Service set out in the relevant Schedule and according to the arrangements for spend and performance set out within the Schedule.
- 8.2 The Allocated / Pooled Funds Manager for Services within this Agreement shall submit information monthly and report every three months in summary form via agreed governance, on spend and the performance information specified within the relevant Schedule. Reports will be prepared at Locality or regional level, as specified within the relevant Schedule. The Partners agree to provide all necessary information to the Pooled / Allocated Funds Manager in time for the reporting requirements to be met.
- 8.3 The Partners shall ensure:
 - 8.3.1 The Allocated/ Pooled Funds are used efficiently to deliver agreed outcomes.
 - 8.3.2 The expenditure and income within the Allocated / Pooled Funds remain within budget, and that any exceptions to this are reported to the relevant Joint Partnership Board (via any local operational board as appropriate) in a timely manner.
 - 8.3.3 A high level of probity in financial management arrangements.
 - 8.3.4 Resources allocated to Allocated Funds are adequately protected.
- 8.4 The Partners shall take mitigating action as appropriate to ensure expenditure remains within the limit of an Allocated / Pooled Fund and no Partner shall act unreasonably to expose the other to undue financial risk.
- 8.5 The monthly reports of the Allocated / Pooled Funds Manager to be submitted to the Joint Partnership Board shall include monthly financial performance reports detailing performance against agreed funding. The report will include a variance analysis for the period and expected forecast outturn and where required, an explanatory note setting out actions being taken to tackle areas where there is a projected underspend or overspend against agreed budgets. Annual statements of spending and performance against the Allocated /Pooled Funds will also be provided in line with any statutory timescales required by either the UHB or the Council.
- 8.6 The Allocated / Pooled Funds Manager shall maintain and provide in addition to information provided under Clause 8.2 above when requested by either of the members of the Joint Partnership Board at the expense of that Partner such information as shall be appropriate to describe the cost of arranged Services for so long as any part thereof is being provided to Service Users notwithstanding any notice of termination in accordance with Clause 11.

- 8.7 The governance arrangements shall be as set out in the Schedule for a Service.
- 8.8 Approval for all other reasonable administrative expenses incurred by the Allocated / Pooled Funds outside of the budget in-year must be approved in writing in advance of spend and will require the agreement of the Partners before being accepted as an allowable charge to the particular Allocated / Pooled Fund for a Service.

9. REVIEW

- 9.1 The Partners, through the Integrated Leadership Board shall review the operation of this Regional Partnership Agreement and Services delivered though it annually by 1st July of every year.
- 9.2 Reviews of this Agreement shall be conducted in good faith and in accordance with the governance arrangements set out in Clause 32.
- 9.3 The Partners shall review the operation of this Agreement on the coming into force (or anticipation of the coming into force) of any legislation or guidance affecting the terms of this Agreement so as to ensure that the terms of this Agreement comply with such legislation or guidance.

10. FINANCIAL PLANNING AND BUDGET SETTING PROCESS

- 10.1 In respect of Allocated / Pooled funding arrangements set out in Schedules to this Agreement, the Partners will prepare planning assumptions of inflation allowances for pay and non-pay expenditure and income together with proposed variations to the expenditure budget in respect of for example:
 - 10.1.1 Growth and demographic changes;
 - 10.1.2 Service enhancements and reductions;
 - 10.1.3 Required efficiency/quality improvements;
 - 10.1.4 Cost pressures/increases in demand; and expected changes in Service delivery costs;
 - 10.1.5 National initiatives.
- 10.2 These will be considered in the context of the overall budget of the Councils and the UHB as applicable. A demand and capacity model for ICCS, which is currently being developed, will support such considerations.
- 10.3 The budget for a Service and which is to be agreed by the Partners will take into account effects on other budgets and the financial resources of the Partners.
- 10.4 Where the Partners do not agree an annual Budget by the time of the commencement of a new Financial Year they shall remain liable to contribute the same budget as was identified as their contribution in the previous Financial Year (together with any inflation on salaries including increments

and pay settlements) until such time as an annual review in accordance Clause 9 or termination in accordance with Clause 11 takes effect.

- 10.5 As part of the annual Budget setting process, the Partners shall seek appropriate advice in respect of the factors outlined in Clauses 10.1 and 10.3 above.

11. TERMINATION

- 11.1 If the UHB or any of the Councils fail to meet any of their respective obligations under this Agreement, any other Partner may by written notice request the Partner in default to take such reasonable action to rectify such failure within 60 days of the date of the notice.
- 11.2 Should the Partner in default fail to rectify such failure within such time-scale, the other Partner may give a minimum of three months written notice to terminate the Agreement.
- 11.3 Any Partner shall be entitled to terminate this Agreement immediately by notice to the other Partners, if any other Partner, its employees or agents either offer, give or agree to give to anyone any inducement or reward or confers any other benefit in respect of this or any other Agreement (even if that Partner is unaware of any such action) or otherwise commits an offence under the Bribery Act 2010 or Section 117(2) of the Local Government Act 1972.
- 11.4 Any Partner is entitled to terminate this Agreement forthwith by written notice to the other Partners if an event of force majeure pursuant to Clause 28 persists for more than 3 months.
- 11.5 Any Partner is entitled to terminate this Agreement by giving not less than twelve months written notice to the other Partners with such notice to end at the end of a Financial Year.
- 11.6 The Partners may mutually agree that this Agreement is terminated on an agreed date.
- 11.7 Any termination of this Agreement under this Clause shall be without prejudice to any continuing obligations of the Partners under Clause 12.
- 11.8 Any addition or removal of a Service provided pursuant to this Agreement shall be dealt with in accordance with Clause 32.

12. EFFECTS OF TERMINATION

- 12.1 Notwithstanding any notice of termination in accordance with Clause 11:
- 12.1.1 The Partners shall continue to be liable to arrange the Service within a Schedule in accordance with this Agreement until the actual date of termination;
 - 12.1.2 The Partners shall remain liable to operate the Allocated/ Pooled Fund for a Service in accordance with this Agreement so far as is necessary to ensure fulfilment of the obligations in Sub-Clause 12.1.1;
 - 12.1.3 For the avoidance of doubt the Partners shall remain liable to contribute that proportion of the cost of a Service which comprises its contribution until the termination takes effect;
 - 12.1.4 In the event the Partners have jointly agreed to procure a contract with a provider for the provision of any part of the Services and one Partner has agreed to make a contribution to the other in respect of the costs of that contract the contributing Partner shall continue to pay such contribution while that contract subsists; and
 - 12.1.5 The Partners shall cooperate together to ensure that any Service User who has started to receive a Service under this Agreement continues to receive an appropriate Service whilst the Partners make arrangements to revert to separate service provision.
- 12.2 Assets purchased from the Allocated / Pooled Funds will be disposed of by the Partners for the purposes of meeting any of the costs of winding up the Service or where this is not practicable such goods will be shared proportionately between the Partners in the percentage of their contributions to the Allocated Funds.
- 12.4 In the event that this Agreement is terminated the Partners agree to co-operate to ensure an orderly wind up of their joint activities as set out in this Agreement so as to minimise disruption to all Service Users carers and staff and comply with individual rights as set out in their contract of employment.
- 12.5 The operation of this Clause 12 together with Clauses 14 to 19 shall survive the termination or expiry of this Agreement.

13. SCRUTINY

- 13.1 Collective scrutiny of this Agreement and the Services within it will be undertaken by the Integrated Leadership Board. Arrangements for the Integrated Leadership Board, as a sub-group of the Regional Partnership, are set out in its Terms of Reference which are agreed by the Regional Partnership.
- 13.2 Scrutiny of Services within Localities as specified in the Schedules, will be provided by Statutory Organisations. At regional level, as set out in figure 2 below, this will be supported by the Regional Partnership Board and

Integrated Leadership Board, and within Localities by the relevant Joint Partnership Board and any operational boards as appropriate. Details of local arrangements are provided within the relevant Schedules.

Figure 2: Governance chart



- 13.3 The Partners will make senior officers available to attend each other's committees and boards with responsibility for the development of policy and the scrutiny of decisions taken in relation to the Services.

14. EXTERNAL INSPECTION AND MONITORING

- 14.1 The Partners shall:

- 14.1.1 Comply with any statutory inspection requirements in relation to Services and will liaise as required with the Care Inspectorate Wales

(CIW) and Healthcare Inspectorate Wales (HIW) and/or other relevant regulatory bodies.

14.1.2 Provide appropriate access and information to any external body empowered by statute to inspect or monitor the Partners' discharge of the Services.

14.1.3 Work together to ensure that recommendations made to the Partners pursuant to its delivery agreements with the Welsh Government or any other administrative procedure which replaces it are implemented.

15. INDEMNITY AND INSURANCE

15.1 The Partners acknowledge and agree that, at all times during the term of this Agreement:

15.1.1 The UHB will remain a member of the Welsh Risk Pooling Scheme and applies NHS indemnity to its activities which are covered by this agreement; and

15.1.2 The UHB will remain a member of the Welsh Risk Pooling Scheme and applies NHS Indemnity to its activities which are covered by this agreement.

15.2 The Councils undertakes that during the term of this Agreement and for a period of 12 years thereafter, they shall either self-insure or maintain in force, with a reputable insurance company including but not limited to employers liability, public liability and other liabilities to third parties in an amount not less than ten million pounds (£10,000,000) per claim arising from a single event or series of related events in a single calendar year.

15.3 Each Partner shall notify the others if any policy is (or will be) cancelled or its terms are (or will be) subject to any material change.

15.4 A Partner shall upon request from the other Partner from time to time:

15.4.1 Provide evidence that the insurance arrangements required by clause 15.1 and 15.12 are fully paid up and in force;

15.4.2 Allow the requesting Partner to inspect its insurance policies; and

15.4.3 Provide the requesting Partner with copies of the full policy document.

15.5 Nothing in this Agreement shall exclude or restrict the liability of a Partner:

15.5.1 For any damage to property real or personal including (but not limited to) any infringement of third party patents copyrights and registered designs;

15.5.2 For any personal injury including injury resulting in death;

- 15.5.3 For any fraudulent or dishonest act of any of its officers, employees or contractors;
- 15.5.4 For any breach of the obligations under Clause 17 or any related statutory provision or arising out of or in connection with a Service.
- 15.6 In relation to any other type of claim not excluded by the operation of Clause 15.5, each Partner ("the Indemnifying Partner") shall indemnify the other Partners, their officers, employees and agents against any damage, cost liability, loss, claim or proceedings whatsoever arising in respect of the Indemnifying Partner's acts or omissions. Where the Indemnifying Partner has only contributed partially to the cause of any damage, cost, liability, loss, claim or proceedings, it shall only be liable to indemnify the other Partner for such proportion of the total costs of such damage, cost, liability, loss, claim or proceedings as its contribution to the cause bears to the total damage, cost, liability, claim or proceedings. Where the Partners are unable to agree any such apportionment, the Disputes Procedure in Clause 19 shall apply.
- 15.7 The indemnity under Clause 15.6 shall not apply to any such claim or proceeding:

- 15.7.1 unless, as soon as reasonably practicable following receipt of notice of such claim or proceeding, the Partner in receipt of a claim shall have notified the other Partner in writing of it, and shall, upon any of the latter's request and at the latter's cost, have permitted the former to have full care and control of the claim or proceeding, using legal representation approved by the latter Partner, such approval not to be unreasonably withheld; or
- 15.7.2 if the Partner in receipt of the claim or proceeding, its employees or agents shall have made any admission in respect of such claim or proceeding or taken any action related to such claim or proceeding prejudicial to the defence of it without the written consent of the other Partner (such consent not to be unreasonably withheld or delayed), provided that this condition shall not be treated as breached by any statement properly made by the Partner in receipt of the claim, its employees or agents in connection with the operation of its internal complaints procedures, accident reporting procedures or disciplinary procedures or where such statement is required by law.
- 15.8 Each Partner shall keep the other Partner and their legal advisers fully informed of the progress of any such claim or proceeding, will consult fully with the other Partner on the nature of any defence to be advanced and will not settle any such claim or proceeding without the written approval of the other Partner affected (such approval not to be unreasonably withheld).
- 15.9 Without prejudice to the provisions of Clause 15.7, the Partners will use their reasonable endeavours to inform each other promptly of any circumstances reasonably thought likely to give rise to any such claim or proceedings of which they are directly aware and shall keep each other reasonably informed of developments in relation to any such claim or proceeding even where they decide not to make a claim under this indemnity.
- 15.10 The Partners shall each give to the other such help as may reasonably be required for the efficient conduct and prompt handling of any claim or proceeding.
- 15.11 The Partners shall ensure that they maintain policies of insurance (or in the case of the UHB, equivalent arrangements through the scheme operated by Welsh Risk Pool) to cover the matters referred to in Clauses 15.5 and 15.6 including but not limited to employers liability, public liability and other liabilities to third parties.
- 15.12 The Partners will maintain the insurances set out in Clause 15.1 and 15.11 for a period of 12 years following any termination or expiry of the Agreement.

16. VARIATION

- 16.1 No variation to this Agreement shall be effective unless it is in writing and executed by the Partners using the same formalities as this Agreement.

17. CONFIDENTIALITY AND DATA PROTECTION

- 17.1 The Partners shall comply and have adequate measures in place to ensure its compliance at all times with the provisions and obligations of the Data Protection Legislation. This shall include but is not limited to:

17.1.1 Partners shall not use Personal Data and Sensitive Personal Data (as defined in the Data Protection Legislation) or any part thereof for any purposes whatsoever other than for the purpose of performing the Services;

17.1.2 Partners shall keep and dispose of all Personal Data and Sensitive Personal Data in a safe and secure manner; and

17.1.3 Partners shall retain all Personal Data and Sensitive Personal Data for only as long as is necessary for performing the Services.

- 17.2 Partners shall immediately inform each other in the event of any breaches or suspected breaches of the provisions of the Data Protection Legislation in relation to information obtained in the course of performing the Services.

- 17.3 Each Partner shall:

17.3.1 treat as confidential and provide appropriate safeguards for all or any information which belongs to and has been supplied by and designated as confidential by the other Partners howsoever or in whatsoever manner such information is conveyed or stored, including information which relates to the business, affairs, assets, goods or services or operations of the other Partners ("Confidential Information"); and

17.3.2 not disclose any Confidential Information to any other person without the prior written consent of the Partners, except to such person and to such extent as may be necessary for the performance of the Services or as required by law.

- 17.4 The Partners shall take all necessary precautions to ensure that all Confidential Information obtained from other Partners under or in connection with the Services:

17.4.1 is given only to such of the staff engaged in connection with the performance of the Services as is strictly necessary for the performance of the Services and only to the extent necessary for performance of the Services;

17.4.2 is treated as confidential and not disclosed (without prior approval) or used by any staff otherwise than for the purposes of the Services.

17.5 The Partners agree that information relating to the provision of Services as defined in this Agreement may also be shared with the Welsh Government, Welsh NHS bodies and Audit Wales where this is necessary for them to meet their obligations as defined by statute, regulation or contractual commitment.

17.6 The obligations of confidentiality in this Clause 17 shall not extend to any matter which a Partner can show:

17.6.1 is in, or has become part of, the public domain other than as a result of a breach of the obligations of confidentiality under this Agreement; or

17.6.2 is required to be disclosed under any applicable law, or by order of a court or governmental body or authority of competent jurisdiction.

18. FREEDOM OF INFORMATION

18.1 The Partners agree they will each co-operate with one another to enable any Partner receiving a request for information under the Freedom of Information Act 2000 or Environmental Information Regulations 2004 to respond to that request promptly and within the statutory timescales. This co-operation shall include but not be limited to finding, retrieving and supplying information held, directing requests to other Partners or parties as appropriate and responding to any requests by the Partner receiving a request for comments or other assistance.

19. DISPUTE RESOLUTION

19.1 Prior to any dispute difference or disagreement being referred to mediation pursuant to the remaining provisions of this Clause 19 the Partners shall seek to resolve the matter as follows:

19.1.1 in the first instance the issue shall be considered by Chief Officers with delegated responsibility for the Services;

19.1.2 if the aforementioned Chief Officers are unable to resolve the matter within 30 working days then the issue shall be referred to the Head of Paid Service of the Council and the Chief Executive Officer of the UHB ('the Heads of Paid Service');

19.1.3 if the Heads of Paid Service are not able to resolve the matter within a further thirty (30) working days the provisions of paragraph(s) 19.2 and 19.3 shall take effect.

19.2 In the event of the Heads of Paid Service not being able to resolve the matter shall be dealt with by the following mediation procedure:

- 19.2.1 for the purpose of this paragraph 19.2 a dispute shall be deemed to arise when one Partner serves on the other a notice in writing stating the nature of the dispute;
 - 19.2.2 every dispute notified under this paragraph 19.2 shall first be referred to mediation in accordance with the mediation procedures of the Alternative Dispute Resolution Group London;
 - 19.2.3 the mediator shall be agreed upon by the Partners and failing such agreement within fifteen (15) working days of one Partner requesting the appointment of a mediator and proposing a name then the mediator shall be appointed by the Director of the Welsh Government for the time being with responsibilities for the oversight of the Services;
 - 19.2.4 unless agreed otherwise the Partners shall bear their own costs of the mediation and share equally the costs of the mediator;
 - 19.2.5 the use of mediation will not be construed under the doctrines of laches waiver or estoppel to affect adversely the rights of any Partner and in particular any Partner may seek a preliminary injunction or other judicial relief at any time if in its judgment such action is necessary to avoid irreparable damage.
- 19.3 In the event of the Partners failing to reach agreement following mediation the following procedure shall be followed:
- 19.3.1 in the event of the Partners failing to reach agreement on their dispute or difference following mediation pursuant to paragraph 19.2 one Partner may serve on any other a notice in writing stating the nature of the matters still in dispute;
 - 19.3.2 the dispute or difference shall then be referred to the arbitration of a sole arbitrator to be appointed in accordance with Section 16(3) of the Arbitration Act 1996 ("the Arbitration Act");
 - 19.3.3 in the event of failure of the Partners to make the appointment pursuant to Section 16(3) of the Arbitration Act the appointment shall be by the President (or if the President be unwilling, unable or unavailable) the Vice President for the time being of the Law Society;
 - 19.3.4 the arbitration will be regarded as commenced for the purposes set out in Section 14(1) of the Arbitration Act when one Partner sends to the other written notice in accordance with the Arbitration Act;
 - 19.3.5 the arbitration shall be conducted in accordance with the Rules of the Chartered Institute of Arbitrator(s) or any amendment or modification thereof being in force at the date of commencement of the arbitration.
- 19.4 This dispute resolution procedure cannot be used in relation to any dispute relating to the setting of the Budget or any revision of this Agreement.

20. EXCLUSION OF PARTNERSHIP AND AGENCY

- 20.1 The Partners expressly agree that nothing in this Agreement in any way creates a legal partnership between them.
- 20.2 No Partner nor any of its employees or agents will in any circumstances hold itself out to be the servant or agent of the other Partners, except where expressly permitted by this Agreement.

21. ASSIGNMENT AND SUB AGREEMENTS

- 21.1 A Partner shall not assign or transfer the whole or any part of this Agreement, without the prior written consent of the other Partners, except where expressly permitted by the Agreement.
- 21.2 A Partner shall be entitled to assign novate or otherwise transfer its rights and obligations pursuant to this Agreement to a statutory successor. This Agreement shall be binding on and shall endure to the benefit of the UHB and the Councils and their respective successors and permitted transferees and assignees.

22. THE CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999

- 22.1 The Contracts (Rights of Third Parties) Act 1999 is hereby excluded.
- 22.2 No variation to this Agreement and no supplemental or ancillary agreement to this Agreement shall create any such rights unless expressly so stated in any such agreement by the parties to this Agreement. This does not affect any right or remedy of a third party, which exists or is available apart from the Contracts (Rights of Third Parties) Act 1999.

23. PREVENTION OF CORRUPTION / QUALITY CONTROL

- 23.1 The Partners shall have mutual policies and procedures to ensure that relevant controls, assurance, probity and professional standards are met.

24. COMPLAINTS

- 24.1 The Partners shall ensure that any complaints received about the Service shall be dealt with promptly and in accordance with their adopted complaints procedures. For the avoidance of doubt where a Partner is acting as the Host Partner for a Service in this Agreement, where a complaint is received about the Service the complaints procedure of the Host Partner shall be used to deal with the complaint.
- 24.2 Where applicable any complaints which have not been resolved under the above sub clause shall be dealt with under any appropriate statutory complaints procedure which applies to that class of complaint.

25. NOTICES

25.1 All notices under this Agreement shall only be validly given if given in writing, addressed as follows:-

25.1.1 if to the UHB, addressed to its Chief Executive as above; or

25.1.2 if to the Councils, addressed to its Chief Executives as above.

25.2 Any notices required to be given under this Agreement must be in writing and may be served by personal delivery, post (special or recorded delivery or first class post) or email at the address set out at the beginning of this Agreement or at such other address as each party may give to the other for the purpose of service of notices under this Agreement. Notices shall be deemed to be served at the time such an email is received or when the notice is handed to or left at the address of the party to be served (in the case of personal delivery) or the day (not being a Saturday, Sunday or public holiday) next following the day of posting (in the case of notices served by post).

25.3 To prove service of any notice, it shall be sufficient to show in the case of a notice delivered by hand that the same was duly addressed and delivered by hand and in the case of a notice served by post that the same was duly addressed prepaid and posted special or recorded delivery or by first class post.

26. ADDITION OR REMOVAL OF SERVICES

26.1 As noted in Clause 3, the approach to integration will be incremental. This Agreement will be further refined and developed to reflect the ongoing implementation of the ICCS. An implementation programme has been established setting out milestones for the development of the ICCS and this will include actions to:

- Add Services that will be delivered in an integrated way across the ICCS pathways;
- Revise existing Schedules to achieve consistency and alignment;
- Ensure continuous improvement as referenced in 3.2;
- Review and refine the outcomes and performance measurement framework.

26.2 The Agreement will also be reviewed and adjusted as necessary to cover Services for other population groups.

26.3 The Partners may by mutual consent add further Services to this Agreement or remove Services from it.

26.4 The Services shall be added or removed by such amendment to the Schedules and the body of this Agreement as the Partners may agree which may include separate description of Services, Allocated/ Pooled Funds and management arrangements.

- 26.5 Any amendments to this Agreement shall be in accordance with the provisions of clause 16.

27. GENERAL PRINCIPLES

- 27.1 In relation to the Services, the Partners shall:

- 27.1.1 Treat each other with respect and an equality of esteem;
- 27.1.2 Be open with information about the performance and financial status of each;
- 27.1.3 Provide early information and notice about relevant problems; and
- 27.1.4 Co-operate with each other to agree joint protocols and any variance in such protocols as may be required from time to time.

28. FORCE MAJEURE

- 28.1 In this Agreement "force majeure" shall mean any cause preventing any Partner from performing any or all of its obligations which arises from or is attributable to acts, events, omissions or accidents beyond the reasonable control of the Partner so prevented including without limitation act of God, war, riot, civil commotion, malicious damage, compliance with any law or governmental order rule regulation or direction, accident, fire, flood or storm.
- 28.2 If any Partner is prevented or delayed in the performance of any or all of its obligations under this Agreement by force majeure, that Partner shall forthwith serve notice in writing on the other Partner or Partners specifying the nature and extent of the circumstances giving rise to force majeure and shall, subject to service of such notice (and to Clause 28.4), have no liability in respect of the performance of such of its obligations as are prevented by the force majeure events during the continuation of such events.
- 28.3 The Partner affected by force majeure shall use all reasonable endeavors to bring the force majeure event to a close or to find a solution by which the Agreement may be performed, despite the continuance of the force majeure event.
- 28.4 If any Partner is prevented from performance of any or all of its obligations for a continuous period in excess of three months the other Partners may terminate this Agreement forthwith by written notice, in which case none of the Partners shall have any liability to the other except that rights and liabilities which accrued prior to such termination shall continue to subsist.

29. SEVERABILITY

- 29.1 If at any time any part of this Agreement (including any one or more of the clauses of this Agreement or any sub-clause or paragraph or any part of one or more of these clauses) is held to be or becomes void or otherwise unenforceable for any reason under any applicable law, the same shall be deemed omitted from this Agreement and the validity and/or enforceability of

the remaining provisions of this Agreement shall not in any way be affected or impaired as a result of that omission.

30. WAIVER

- 30.1 The rights and remedies of any Partner in respect of this Agreement shall not be diminished, waived or extinguished by the granting of any indulgence, forbearance or extension of time granted by such Partner to the other nor by failure of, or delay by the said Partner in ascertaining or exercising of any such rights or remedies. The waiver by any Partner of any breach of this Agreement shall not prevent the subsequent enforcement of any subsequent breach of that provision and shall not be deemed to be a waiver of any subsequent breach of that or any other provision.

31. GOVERNING LAW

- 31.1 This Agreement shall be considered as a contract made in England and Wales and shall be subject to the laws of England and Wales as they apply in Wales.
- 31.2 Subject to the provisions of any jointly agreed dispute resolution procedure, all the Partners agree that the courts of England and Wales shall have exclusive jurisdiction to hear and settle any action, suit, proceeding or dispute in connection with this Agreement and irrevocably submit to the jurisdiction of those courts.

32. DEVELOPMENT OF THE AGREEMENT

- 32.1 Annual plans will set out development activity for the coming year and annual reports will be prepared for the Regional Partnership Board outlining progress against planned activity.

IN WITNESS whereof the Partners have executed this Agreement as a Deed the day and year first before written.

Executed as a deed by affixing the

COMMON SEAL of

**THE CWM TAF MORGANNWG
UNIVERSITY HEALTH BOARD**

In the presence of:

Signed (Authorised Officer):

Name/Position:

Executed as a deed by affixing the

COMMON SEAL of

BRIDGEND COUNTY BOROUGH COUNCIL

In the presence of:

Signed (Authorised Officer):

Name/Position:

Executed as a deed by affixing the

COMMON SEAL of

MERTHYR TYDFIL COUNTY BOROUGH COUNCIL

In the presence of:

Mayor:

Signed (Authorised Officer):

Name/Position:

Executed as a deed by affixing the

COMMON SEAL of

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

In the presence of:

Mayor:

Signed (Authorised Officer):

Name/Position:

APPENDIX 1: OUTCOMES AND PERFORMANCE MEASUREMENT FRAMEWORK

This framework provides a basis for understanding the impact of the ICCS. Where specific measures in the framework are under development, these are noted. This framework will evolve over time and will be updated formally through the Integrated Leadership Board.

Category 1 - Population Wellbeing Outcomes

'Measures that describe the aggregate effect of our Integrated Health and Community Care System on our population'

- Healthy Days at Home. This is population health outcome measure of time spent outside of institutional health and care settings. Whilst the measure is being developed it will be necessary to rely on proxy measures. The following are suggested: length of stay in hospitals, length of stay in care placements, long term placement commissioned hours relative to population size.
- 'What matters to me'. We are exploring whether data collected about people's self-reported experience of health and social care can be aggregated to provide a picture of whether needs are regularly being met.

Category 2 – System Shift

'Measures that describe the extent to which we are rebalancing the system, meeting needs closer to home and reducing failure demand in acute healthcare and long-term social care provision.'

These are described in the environments in which treatment and care is provided. Specifically the community, care homes (which are part of the community but are drawn out here because of their distinctiveness) and acute and community hospitals.

Community environment	Care home environment	Hospital environment
Number and percentage of people with an integrated assessment [input]	% >75yo with Future Care plan in place [input]	Reductions in >75yo conveyed and admitted [output]
Number of urgent care contacts in Primary Care [input]	% care home conveyance without input from Clinical navigation hub – reduce to zero [output]	Reduction in LOS in hospital >75yo [output]
Clinical Navigation Hub demand and response data [input and output]	Conveyances and admissions from Care homes – reduce [output]	LoS in acute hospital less than 1 day >75yo (SDEC) [output]
Count of IAA integrated urgent response calls [input]	Percentage of deaths within 48 hours following an admission from a care home [output]	Reduction in Pathway of Care Delays > 75 y. o. [output]

Intermediate care team referrals and waiting times [input]		Readmission rates at 7 days and 28 days following discharge [output]
Unplanned community nursing demand [input]		Deconditioning measures e.g. care tariff / via Optimise [output]
Hold or reduce the level of long-term social care packages [output]		
Volume of commissioned care following a hospital stay – hold or reduce [output]		
Actual place of death compared to preferred place of death [output]		

Tier 3 – Service Performance

‘A selection of performance metrics for specific services in and around our optimal community model’.

Measures will be selected for each Service within this Agreement and these will be set out in relevant Schedules.

- Percentage of GP practices that have achieved all standards set out in the National Access Standards
- IAA provision
- LOS in intermediate care team (urgent response team and long-term team) [output]
- Level of dependency pre- vs. post- involvement of intermediate team (6 weeks and 12 week)
- District nursing referrals and waiting times [input]
- Older people’s mental health measures
- Number and waits per 100k population for
 - adult social care assessment
 - reablement
 - other therapies
 - domiciliary care
 - residential care
 - NHS Continuing Healthcare
- Telecare provision
 - Average annual falls per area
 - % falls where an ambulance was called with a response service in place
 - % falls where an ambulance was called without a response service in place

- Proportion of mobile response team (MRT) responses in less than 1 hour
- Median length of stay in hospital with a fall and long lie

Tier 4 – Feedback from our population and our staff

‘A range of measures that describe how people experience different areas of service provision. Also how staff in community roles feel about their work – research shows job satisfaction correlates with service quality.’

- PROMS and PREMS. Family/ carer reported outcomes.
- Social care quality/ ‘what matters’ measures via the national performance framework/ local surveys of everyone with a care plan
- Survey of each person that has received intermediate care
- Staff wellbeing and job satisfaction from organisations’ people surveys
- Staff sickness rates in intermediate care teams
- Staff turnover in intermediate care teams.

SCHEDULE 1.1: BRIDGEND COMMUNITY RESOURCE TEAM - HOST PARTNER, AIMS AND OUTCOMES & ACCESS TO SERVICE

1. INTRODUCTION

Services aims and outcomes for the Service at commencement of this Agreement are as set out here with details of the Host Partner.

HOST PARTNER: Bridgend County Borough Council

PARTNERS: Bridgend County Borough Council, Cwm Taf Morgannwg University Health Board

2. AIMS

- 2.1 The overarching strategic aim of this Agreement is to ensure coordinated arrangements for the integrated provision of high quality, cost effective intermediate care services which meet local health and social care needs. Together we aim to:
- achieve the highest quality of seamless care with people using our services being at the heart of service planning, commissioning and delivery via an Allocated / Pooled Fund;
 - increase the operational efficiency of the Services and ensure sustainability;
 - optimise the mix of service provision skills across health and social care and develop more rewarding jobs and careers for staff;
 - support greater and more coordinated engagement with the third sector and carers;
 - enhance creativity and problem solving within the various multidisciplinary services with quicker decision making.
- 2.2 Partners BCBC and CTMUHB will co-design and deliver Services that meet the current and future needs of people in Bridgend. Through this Agreement partners seek to maximise outcomes by delivering integrated provision from allocated funds. This builds on a longstanding arrangement predating a boundary change for the University Health Board in 2019.
- 2.3 The background to this Service lies in the Western Bay documents: August 2013 “*Joint Commitment - Delivering Improved Community Services*”, January 2014’s “*Transforming care through investment in the intermediate tier – 3-year business case*” and the “*Statement of Intent on Integration*” from July 2014.
- 2.4 Whilst the Services described here are longstanding, the approach to develop a strengthened intermediate care tier is ever more relevant and important. It fits with the vision of Wales’ 10-year health and social care plan ‘A Healthier

Wales' and complementary policy in 'Further Faster: Developing Community Care Capacity' and the Six Goals for Urgent and Emergency Care.

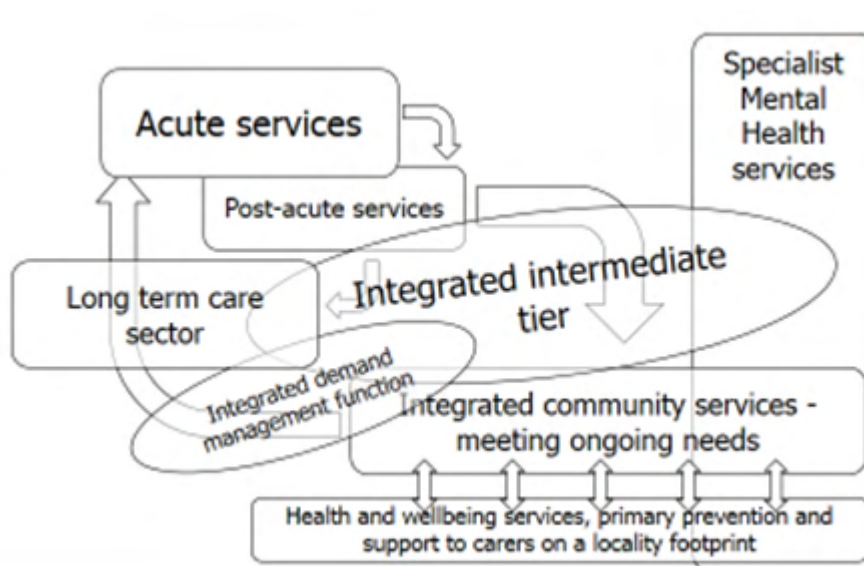
- 2.5 As a regional partnership we are developing a new demand and capacity model which will be used to update the analysis upon which the original Business Case was built. This will influence the future shape of the Service and equivalent teams in other parts of the Cwm Taf Morgannwg region as we develop regional care pathways.

3. SERVICE DELIVERY OBJECTIVES

- 3.1 The Allocated / Pooled Fund will support a seamless range of Services that reflect the needs of the local population, in line with the agreed policies and the Services commissioned by the Partners. Within the defined scope it will fund the care for the residents of the Locality who present with health and social care issues by ensuring that the right care is provided at the right time, in the right place and at the optimum cost.
- 3.2 Early assessment will be delivered through an appropriate single process to assess the needs of Service Users. Where possible, interventions will be provided to people in their home for people who meet the prevailing eligibility criteria. The preference will be for time limited interventions, with publicly funded longer-term support (outside the scope of these Intermediate Care services) only where necessary.
- 3.3 Intermediate care services will be planned and delivered according to a single model across providers so that the clinical and social care needs of the Service User are met in the most effective way.
- 3.4 The Partners will ensure that the access pathway into specialist services is made easier for people with intermediate care needs including referral pathways to allied services and those provided by the Third Sector. This will include a rapid mobile response to respond to Telecare activations. This will complement other community-based services that assist timely discharge from hospital.
- 3.5 The arrangements will allow more effective service planning as the traditional barriers between health and social care definition and funding can be overcome by the Allocated / Pooled Funds and a single management structure. This will make the most efficient and effective use of public service and Third Sector resources together with carers in the community.
- 3.6 The integrated care operational manager shall maintain an awareness and knowledge of the Council and Health Board's policies and procedures so far as they relate to the Service and ensure that the Service complies.
- 3.7 An effective Community Resource Team will have the following positive knock-on effects in other parts of our health and care system:
- reduced unscheduled hospital admissions through enhanced rapid response and more focus on reablement;

- reduced occupancy of hospital beds by residents of the Locality utilised for post-acute recuperation or step up;
- reduced number of placements in residential and nursing homes because more people are supported to remain living at home;
- reduced need for ongoing domiciliary care packages through increased reablement and right-sizing care (regular objective reviews of needs and eligibility); and
- reduced hours of support that were provided at commencement of enabling intervention when leaving short-term enabling services intervention.

Schedule 1.5 provides detailed performance measures for the Community Resource Team.



4. SERVICE IMPROVEMENT OBJECTIVES

4.1 Strengthening our intermediate care model will mean:

- Enhancement of access and the speed of referral by further streamlining processes and improving the subsequent end-to-end pathways, reducing wait times, ensuring timely access to support.
- Delivering more integrated and collaborative approaches to intermediate care ensuring the benefits are delivered as planned to patients, individuals and each organisation.
- Development of the support processes and improvement of efficiency by reducing duplication, improving business processes and reducing administration effort.
- Optimisation of the skills mix across health, social care, third sector and carer provision and development of a cost-effective working pattern make best use of the expanded intermediate tier.

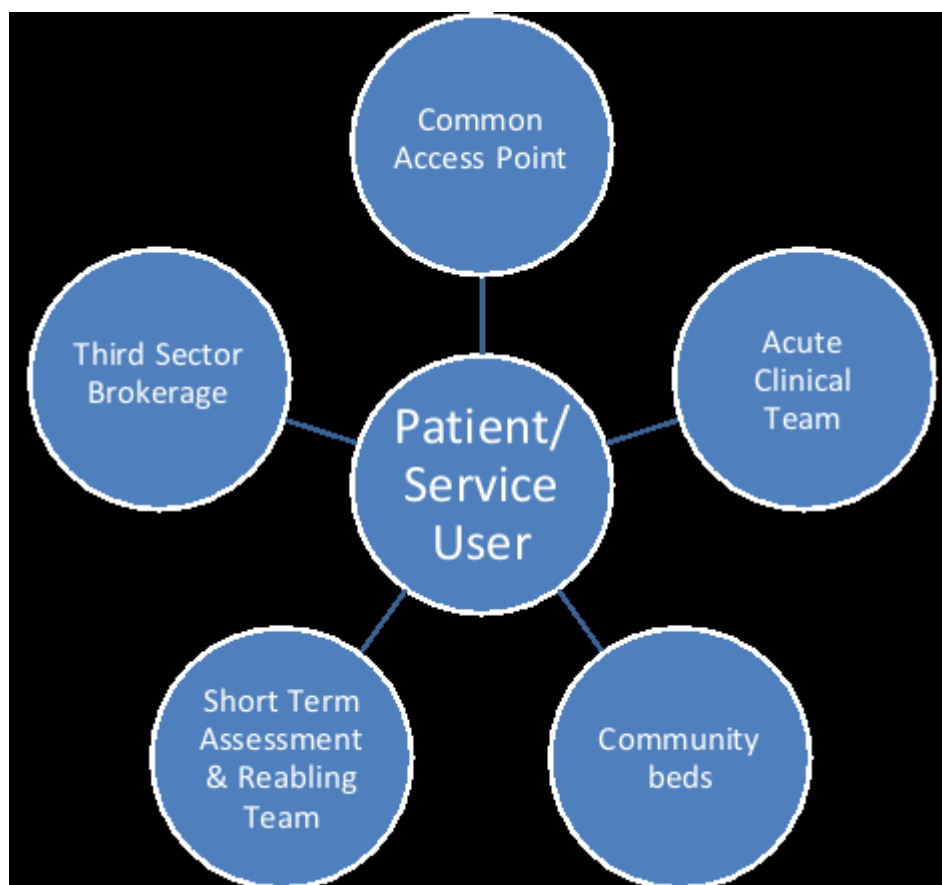
- Workforce development and enhancing job satisfaction and career options by addressing the traditional barriers to inter-disciplinary working and staff progression.
- Monitoring the effectiveness of intermediate care programs, gathering data on patient outcomes, and using this information to continuously improve service delivery.
- The development of a 'customer feedback' mechanism that records and acts on individual and carer comments and a 'stakeholder feedback' mechanism to capture ideas from referrers, Health and social care staff and the Third sector.
- Development of an audit plan to evidence quality in relation to interventions and record keeping.
- Maximising the impact of the Budget by improving the resourcing processes, enhancing cross-organisation team working, reducing operational duplication/administration and sharing equipment and facilities.

5. **SERVICE PERFORMANCE MEASUREMENT**

- 5.1 A set of measures will be adopted to monitor, report and improve the Service. They will be produced monthly to demonstrate the extent to which the Partnership's objectives are being delivered.
- 5.2 Measures are included in Schedule 1.5.

6. **SCOPE OF SERVICES**

- 6.1 The scope encompasses a range of intermediate care services, specifically those which deliver improved local performance by allowing more flexible use of intermediate tier resources between Partners including:
- Interventions that provide an alternative to a hospital bed;
 - Interventions that support timely safe discharge from hospital;
 - Interventions that reduce or avoid the need for an ongoing domiciliary care package;
 - Interventions that reduce the need for long term residential care;
 - Interventions that reduce the need for long term nursing care or continuing health care;
 - Interventions that optimise independent living or improve carer's ability to manage;
 - Services and facilities that manage access to the above such as the Early Intervention Prevention Hub.



The Allocated / Pooled Funds will cover the full costs of this provision, as detailed in Schedule 1.3.

6.2 The functions and services included within the scope of the Service are to be:

Function	Services included (as at the Commencement Date)
Front door to social care	Early intervention prevention hub (EIPH)
Rapid Response	Acute Clinical Team
Home and bed based Reablement	Short Term Assessment and Reabling team

7. ELIGIBILITY

7.1 The recipients of the Service are to be:

- adults of 18 years of age or over
- who are normally resident within the Locality whether at home or in a residential setting

- with a clinical or social care issue that threatens their physical health or independence
- who require an Intermediate Care Service that is funded by the Health Board or the Council (regardless of who provides it).

7.2 This does not include:

- Acute hospital care;
- Funding for long term residential care home placements;
- Continuing Health Care, apart from some assessments in the community;
- Mental Health or Learning Disability Services, although these patients may also have needs that are within the defined scope of Intermediate Care;
- Palliative care, although some physical care to support District Nursing Services may be included, Care provided by the Community Networks, the scope of which varies across the Cwm Taf region.

7.3 The Eligibility Criteria Threshold for Services will be as per the prevailing policies of the organisation that has statutory responsibility for that provision. Any changes to the Eligibility Criteria threshold may result in changes to the funding requirements and this should be taken into account during the planning.

7.4 Access to Services is available from a number of locations and across a number of channels and will develop over time.

SCHEDULE 1.2: THE LOCAL HEALTH BOARD'S FUNCTIONS AND THE LOCAL AUTHORITY FUNCTIONS

THE LOCAL HEALTH BOARD FUNCTIONS

Functions:

Section 117 of the Mental Health Act 1983 (after care)

Section 82 of the National Health Service Act 2006 (cooperation between NHS bodies and local authorities)

Section 1 of the National Health Service (Wales) Act 2006 (duty to promote health service)

Sections 2 and 3 of the National Health Service (Wales) Act 2006 (powers to provide health services), including rehabilitation services and services intended to avoid admission to hospital but excluding surgery, radiotherapy, termination of pregnancies, endoscopy, the use of Class 4 laser treatments and other invasive treatments and emergency ambulance services

Section 10(1), (2), (3), (4) and (5) of the National Health Service (Wales) Act 2006 (arrangements with other bodies)

Section 38(6) of the National Health Service (Wales) Act 2006 (duty to make available services provided by a person employed in the health service to enable local authorities to discharge functions)

Section 14A of the Social Services and Well-being (Wales) Act 2014 (plans following assessments of needs under section 14)

THE LOCAL AUTHORITY FUNCTIONS

Functions:

1 Social Services functions contained in Schedule 2 to the Act, except—

- (a) the functions in Part 5 of the Act (charging),
- (b) section 144 of the Act (Directors of Social Services),
- (c) sections 1 and 2 of the Adoption Act 1976,
- (d) sections 114 and 115 of the Mental Health Act 1983,
- (e) Parts VII to X and section 86 of the Children Act 1989

2 The functions under section 7 of the Disabled Persons (Services, Consultation and Representation) Act 1986

SCHEDULE 1.3: RESOURCES - FINANCE & BUDGET SETTING

1. Introduction

- 1.1 This Schedule outlines the governance for budget setting and budget management for Allocated / Pooled Fund resources.
- 1.2 This Schedule provides details of the budgets, goods and services to be made available by the Partners for a Service.

2. Budget process

- 2.1 The initial budget planning assumptions of each Partner shall be shared by the Partner's financial leads and the Allocated/ Pooled Funds Manager shall ensure that any matters relating to the Allocated/ Pooled Funds for a particular Service that might have a material effect on planned expenditure or income are identified and reported to the Joint Partnership Board which shall be no later than 31 December prior to the commencement of any Financial Year provide the Partners a proposed budget for that Financial Year.
- 2.2 By 31 January before the commencement of each Financial Year the Council and the Health Board shall advise each other of their anticipated budgeted expenditure in respect of that Financial Year. In the event that the amount of the anticipated budget alters during any formal budget approval process, then the one party shall advise the other party of that change without delay.
- 2.4 By 31 March before the commencement of each Financial Year the Council and the Health Board shall advise each other of their agreed budgeted expenditure contribution to the Allocated/ Pooled Fund the following Financial Year.
- 2.5 The Budget as approved by the Partners will be presented by the Allocated/ Pooled Funds Manager to the relevant Joint Partnership Board (via any local operational board as appropriate) in each Financial Year for the Budget to be received by the Joint Partnership Board.

3. Financial Performance and Risk Sharing Arrangements

- 3.1 The Host Partner for the operation of the Service shall appoint an Allocated / Pooled Funds Manager (and there may be a separate Allocated Funds Manager for each Service) with responsibility for the integrated management of the Allocated / Pooled Funds, subject to the governance arrangements set out in Schedule 1.4.
- 3.2 The Budget is to be used solely to achieve the aims and outcomes set out in Schedule 1.1, and the performance framework as appended. An Annual Plan for a Service should be provided to describe this.
- 3.3 Each Partner will provide data to the Allocated / Pooled Funds Manager by the following 20th of each month to enable the Allocated Funds Manager to

submit reports to the relevant Joint Partnership Board (via any local operational board as appropriate) on a quarterly basis on the financial information and spend as referred to as Schedule 1.3 and performance information needed for effective governance of the Service as specified at Schedule 4.

- 3.4 Reports will be provided to the Joint Partnership Board more frequently as and if required.
- 3.5 Information is to be reported separately in respect of Allocated / Pooled Funds for each Service. The Partners agree to provide all necessary information to the Allocated Funds Manager in time for the reporting requirements to be met.
- 3.6 The Allocated / Pooled Funds Manager shall ensure that action is taken to manage any projected under or overspend from the budgets relating to the fund, reporting on the variances and the actions taken or proposed to the Joint Partnership Board.
- 3.7 If at any time during the Financial Year there is a projected under or overspend on the Funds Manager will prepare an action plan for presentation to and agreement of the Joint Partnership Board in order to manage the variance, for the particular Service as quickly as possible.
- 3.8 The Joint Partnership Board will consider any action plan where required and amend if appropriate or agree additional actions to be taken to manage the variance.
- 3.9 The Funds Manager will provide monthly progress reports to the Joint Partnership Board on implementation of any action plan, until such time that the under or overspend has been dealt with to the satisfaction of the Joint Partnership Board keeping it informed at all times.

4. Construction of Budget and Basis of Contributions

- 4.1 For the avoidance of doubt, any personal contributions payable by Service Users towards any Council services will continue to be collected by the Council, and not form part of the Allocated/ Pooled Funds.

5. Resources Available and in Support of the Partnership Outside of Allocated / Pooled Funds

- 5.1 Each Partner shall provide resources outside of the Allocated Funds, unless otherwise agreed by the relevant Joint Partnership Board (via any local operational board as appropriate), for those activities deemed necessary to enable this Agreement to be discharged. These include, but are not limited to the following services:-
 - Personnel;
 - Contracts and management functions;
 - Operations functions;

- IT functions;
- Finance functions; and
- Property functions.

5.2 Where additional work in support of the Service outside of Allocated Funds is at the request of a Partner to the other Partners, a charge can be raised by mutual agreement of the Partners where this constitutes an additional expense for the requesting Partner.

6. Accommodation Arrangements for Services

6.1 The Partners shall continue to provide or make available the premises (or suitable alternatives) that they provided or made available for the purposes of the Service before the Commencement Date, with the same level of support services and facilities management.

7. Commissioning and Procurement Arrangements

7.1 The Partners agree that:

- 7.1.1 The Financial, Procurement and Contract Procedure Rules of the Council will apply to all procurement activity undertaken by the Council;
- 7.1.2 The Standing Orders and Standing Financial Instructions of the Health Board will apply to all procurement activity undertaken by the Health Board;
- 7.1.3 Procurement activity will only be undertaken from the Allocated/ Pooled Funds in accordance with commissioning plans approved by the relevant Joint Partnership Board (via any local operational board as appropriate).

8. Hosting and Administration of the Allocated Funds

- 8.1 The Allocated/ Pooled Funds Manager shall ensure that the Fund is maintained to national and professional standards and that the payment of suppliers' invoices complies with their payment terms, ensuring that no late payment charges are incurred by the Partners.
- 8.2 The Funds Manager shall be responsible for ensuring that appropriate financial systems are operational and in place for the Allocated/ Pooled Funds in order to provide the necessary control and production of financial information.

9. Information Requirements

- 9.1 The Allocated / Pooled Funds Manager shall ensure that all financial and other information required by the Partners in relation to compiling performance

statistics, statutory and other returns is made available by any agreed deadlines.

- 9.2 The Allocated / Pooled Funds Manager shall ensure that all financial and other information required to measure performance against the Services, as set out in Schedule 4, is made available by any agreed deadlines.
- 9.3 The Allocated / Pooled Funds Manager shall establish arrangements for making available all financial and other information necessary to assist the Partnership.

10. VAT

- 10.1 The VAT regime will operate in accordance with partnership structure (a) as referred to in the joint guidance issued by the Department of Health and HM Customs and Excise.

11. Capital

- 11.1 The Allocated Fund shall not normally be applied towards capital expenditure. If a need arises for the transfer of any agreed capital funds between the Partners then, unless the Partners agree otherwise, the Partners shall use the grant making powers under Section 194 or Section 34 of the Act.

SCHEDULE 1.4: GOVERNANCE - APPROVALS, OVERSIGHT & PERFORMANCE

1. Introduction

- 1.1 The Partners have agreed the governance arrangements set out in this Schedule in furtherance of the aims and objectives as described in Clause 3 and Schedule 1.1 of the Agreement.
- 1.2 It is the intention of the Partners to review the governance arrangements as a part of the Annual Review process set out below and as at Clause 9 of the Agreement.
- 1.3 Any variation to the Agreement shall be effected through the mechanism of Clause 16 of the Agreement.
- 1.4 The arrangements set out in this Schedule shall apply until such time as the Partners agree otherwise.
- 1.5 Any changes to the approved Service must be confirmed by the Bridgend Joint Partnership Board.

2. The Bridgend Joint Partnership Board

- 2.1 Ultimately, responsibility for the provision of statutory services resides with the relevant Partner (i.e. BCUHB or CTMUHB). For the functioning of this Agreement, the Bridgend Joint Partnership Board ("the JPB") is collectively responsible for the effective delivery of Services and outcomes described in Schedule 1.1, 1.2 and 1.3.
- 2.2 Services may only be added to this Schedule under Clause 26 through the agreement of the Council and the Health Board.
- 2.3 Services may be removed from this Schedule under Clause 26 through the agreement of the Council and the Health Board and as to be confirmed at the JPB.
- 2.4 The JPB shall:
 - Set the annual priorities for the Bridgend Community Resource Team
 - receive all reports required under the Schedule 1.1 and agree actions or refer proposals for action back to the Partners for approval as the case may be;

- review annually the operation of the Bridgend Community Resource Team in the context of the developing Cwm Taf Morgannwg Integrated Community Care System;
- review as necessary and confirm the Service's Standard Operating Procedure and undertake any risk assessment and agree actions and recommendations arising following the review;
- establish an Operational Management Board, which will meet monthly with the Allocated/ Funds manager to assess delivery. A lead member from each statutory organisation should be nominated, and they or a deputy must attend each Operational Management Board meeting. Additional membership shall be determined by the JPB.
- consult further and agree actions where appropriate on any plan and progress on priorities as necessary to ensuring suitable consultation and Equality Impact Assessments are undertaken for any major changes to Services arising from the Annual Plans for commissioning.

3. Operational Management Board

- 3.1 An Operational Management Board for the Service will assist the JPB in its activities through oversight of the operational management of the Community Resource Team.
- 3.2 The Operational Management Board will meet at a least 10 times per annum.
- 3.3 The membership of the Operational Management Board shall be agreed by the JPB upon admittance to the Partnership Arrangements and the JPB shall confirm the name of the officers comprising as a minimum:
- The Partnership Lead Officer from the Host Partner for any established Service
 - The Allocated / Pooled Fund Manager from the Host partner for the Service
 - Other members comprising
 - One non-host partner officer
 - One Finance officer (Council)
 - One Finance officer (Health Board).
- 3.4 The role of the Operational Management Board will be to receive such information as is necessary and as outlined in the Service reporting framework and to assist the Allocated Pooled / Funds Manager in the review, and development of the Annual Plan (based on the aims and objectives at

Schedule 1.1) and any other actions deemed necessary or helpful to effective arrangements for of the Services from time to time.

4. The Allocated/ Pooled Funds Manager

- 4.1 The Allocated / Pooled Funds Manager may delegate the day-to-day management of funds and objectives in accordance with the Host Partner Procedure Rules, Financial Regulations and such other applicable Service of Delegation.

5. Information Planning and Reports

- 5.1 The Allocated / Pooled Funds Manager shall supply the Operational Management Board on a monthly basis the financial and activity information as referred to as Schedule 1.3 on Resources and as set out at Schedule 1.4 as the activity reporting framework.
- 5.2 The Funds Manager shall supply quartely to the JPB meetings a summary report of performance and matters for its attention.
- 5.3 The Funds Manager will develop targets based on the performance measures in Schedule 1.4 to be agreed by the JPB from time to time and in any event by 30th July each year following a strategic and financial review to be led by the Operational Management Board.
- 5.4 Preparation of the Revised Annual Plan for Financial Years after the initial Financial year of the Term will be according to the following process in each Financial Year:
- **October to December:** The Allocated / Pooled Fund Manager will prepare a draft Revised Annual Plan. This will incorporate any proposed changes and will be in the form of a revised Schedule 1 of Service Aims and Outcomes, a draft Budget and any necessary revision of the Financial and Activity Reporting Framework content for JPB.

The JPB will consider the draft Revised Annual Plan.

- **By 31st January:** The Funds Manager will submit to the JPB the draft Budget and a Final Draft Annual Plan for confirmation of their recommendation to the Partners for the next Financial Year
- **By 1st May:** The Funds Manager shall report to the JPB on the performance of the Service against any aims objectives or performance measures which relate to the Service together with the general effect of

the Service and in particular its effect on Service Users and the financial position of the Partners

6. Post-termination

- 6.1 The JPB shall continue to operate in accordance with this Schedule following any termination of this Agreement under Clause 11 of this Agreement insofar as is necessary to manage the effects of termination as at Clause 12 including any winding up arrangements.

SCHEDULE 1.5: FINANCIAL AND PERFORMANCE REPORTING

Bridgend Intermediate Care Service

	PERFORMANCE AREA	KEY DELIVERABLES	HOW MEASURED	FREQUENCY
1	Finance	Expenditure in line with profiled budget	Budget reports – reviewed at monthly Operational Management Board meetings	Monthly

A quarterly summary will also be submitted to the JPB along with necessary reports including progress on Objectives as set out at Schedule 1 and the following Service performance data.

SERVICE ACTIVITY

	Measure
1	Number of adults with a care and support plan who received services during the year.
2a	Admission source of Community for Urgent Community Response clients seen in the period. (ACT) (7 day service from 07/10/2017)
2b	Admission source of Hospital for Urgent Community Response clients seen in the period. (ACT) (7 day service from 07/10/2017)
2a&b	Total of Admission Source of Community and Admission Source of Hospital for Urgent Community Response Clients (Total of Measure 3a & b) (7 day service from 07/10/2017)
3a	Hospital bed days saved by rapid response caseload during the month 65+ (IV Community)
3b	Hospital bed days saved by rapid response during the month 65+ (IV Hospital)
4	Hospital bed days saved by rapid response (Starters from community excluding IV)
5	Discharge destination of Community for Urgent Community Response clients seen in the period. (ACT)

	Measure
6	Discharge destination of Hospital/ Residential for Urgent Community Response clients seen in the period. (ACT)
7	Number of Unscheduled care medical admissions for people aged 65+.
	Rate (per 1000) unscheduled care medical admissions for residents aged 65+.
8	Number of hospital acute bed days occupied by Bridgend resident patients aged 65+ who were originally admitted as an unscheduled care medical admission
9	Number of hospital post-acute bed days occupied by Bridgend resident patients aged 65+ who were originally admitted as an unscheduled care medical admission
10	28 day unplanned care readmission rates for residents aged 65+
11	Number of people discharged from Hospital via Reablement
NEW	Number of people supported in the community by Reablement (NEW STARTERS)
12	Number of clients who were admitted to bed-based reablement and have returned home.
13	Number of homecare starts. (65+)
14	Average hours of home care per service user per week. (Please note from 2020/21 this figure excludes Short Breaks and Extra Care)
15	Telequip Starters
16	Telequip Leavers
17	Number of referrals to CRT (65+)



Unapproved Minutes of the Public Board Meeting

Date and Time of Meeting	Thursday 29 May 2025
Venue	The Hub, Royal Glamorgan Hospital, Llantrisant

Members Present	Jonathan Morgan	Health Board Chair
	Paul Mears	Chief Executive Officer
	Greg Dix	Executive Director of Nursing / Deputy CEO
	Carolyn Donoghue	Acting Vice Chair/Independent Member
	Patsy Roseblade	Independent Member
	Helen Lentle	Independent Member
	Hayley Proctor	Independent Member
	Geraint Hopkins	Independent Member (In part, left the meeting at 10:45am)
	Neil Mesher	Independent Member (In part – left the meeting at 12.30pm)
	Gethin Hughes	Chief Operating Officer
	Sally May	Executive Director of Finance
	Hywel Daniel	Executive Director for People
	Philip Daniels	Executive Director of Public Health
	Lauren Edwards	Executive Director of Allied Health Professionals and Health Sciences
	Sally Bolt	Associate Member (In part)
	Paul Deenik	Associate Member
	Lisa Curtis Jones	Associate Member (Virtually – In part)
	Sallie Davies	Deputy Medical Director
In Attendance Stuart	Cally Hamblyn	Assistant Director of Governance & Risk
	Emma Walters	Head of Corporate Governance & Board Business
	Stuart Morris	Director of Digital
	Simon Blackburn	Director of Communications, Engagement and Fundraising
	Bethan Jones	Local Safety Champion Midwife, Welsh Ambulance Services NHS Trust (In Part)

	Mike Jenkins	Clinical Lead, Welsh Ambulance Services NHS Trust (In Part)
	Angharad Oyler	Head of Midwifery (In Part)
	Daniel Price	Regional Director Llais Cymru (Virtually – In part)
	Hayleigh Jones	Deputy Director for People (In Part)
Observers	Jane Carroll	Senior Officer, Royal College of Nursing Wales (In part)

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	The Chair welcomed everyone to the meeting, particularly those joining for the first time and guests and colleagues joining for specific agenda items. The format of the proceedings were also noted by the Chair.
1.2	Apologies for Absence
	Apologies for absence were received from: - Kath Palmer, Vice Chair - Dilys Jouvenat, Independent Member - Rachel Rowlands, Independent Member - Gareth Watts, Director of Corporate Governance/Board Secretary - Dom Hurford, Executive Medical Director - Vicki Oxley, Acting Executive Director for Strategy & Transformation
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.	Shared Listening And Learning
3.1	Listening & Learning Story – Maternity Services
	B. Jones & M Jenkins presented the patient story in relation to care provided to a patient during labour. A Oyler was also present for this item. C Donoghue commented on how impressive the learning and reflection from the story had been and how it demonstrated that there is learning to be taken even when things go well. C Donoghue added that given the number of people involved in the event, this must have been difficult to manage. M Jenkins advised that whilst focus had been placed on the care being provided by the ambulance staff who arrived on scene, there were steps that led up to this which included the 999 call where advice and support was provided by the call

	handler to the mother prior to the arrival of the ambulance, which was a contributory factor to how well things went. Members noted the learning that could be gained from this case study including the co-ordination of multiple resources arriving on scene, particularly given this incident took place in November 2023 when resources were challenged given the time of year. G Dix concurred that learning from excellence as well as learning from error was something the Health Board were encouraging across the organisation and welcomed the story that had been shared. G Dix made reference to B Jones' role which was quite new and added that Midwives were not often associated with Ambulance Trusts. G Dix highlighted that B Jones had prevented many admissions into Obstetrics units by providing support to women from a triage perspective and extended his thanks for the work she was undertaking. A Oyler agreed that the value of having a Midwife working with the Welsh Ambulance Services NHS Trust (WAST) could not be underestimated and had helped to bridge the gap between services and with efficient and timely collaboration and communication. P Roseblade referred to the update provided that at one stage there were 22 staff on site and sought clarity as to how it was decided who would be in charge at that point. M Jenkins advised that this was part of the work the team had been undertaking since 2018 and referred to a role of Clinical Team Leader which was previously in place within the service. Members noted that this role had now been split into Duty Operational Manager and Senior Paramedic roles and noted that in this type of incident, the Duty Operational Manager's role would be to co-ordinate resources, with the Senior Paramedic providing clinical leadership. The Chair extended his thanks to the Team for sharing the story.
Resolution:	The Listening & Learning Story was NOTED
3.2	Shift Patterns
	H. Daniel presented the report which highlighted the proposed options to address the discrepancies in the number of breaks and frequency of make-up shifts between Health Board sites, for Nursing, Midwifery, Registrants and Healthcare Support Worker communities who work 12.5-hour shifts. In providing the background to this issue, it was that it first emerged following the transfer of Bridgend staff from the Swansea Bay University Health Board in 2019, following which legal advice was obtained advising that staff who transferred into the organisation are protected by the Transfer of Undertakings (Protection of Employment) Regulations and should retain their terms and conditions of employment. Following this the issue has since been raised by staff and Trade Unions at Princess of Wales Hospital expressing concerns regarding the discrepancy and argue that it is unfair that they are required to attend work more frequently, due to the increased make-up shifts. The response to the critical incident at Princess of Wales Hospital and the



movement of staff across the CTM footprint expedited the need to address the variance of the shift pattern arrangements.

Members noted that the People Services Team undertook an evidence review into a variety of different shift patterns being offered in a number of organisations and noted that a broader piece of engagement work was then undertaken and designed in partnership with Trade Union colleagues, to determine what the right shift pattern was for the Health Board. Members noted that as part of this work a survey, which had been agreed with Trade Union colleagues, was shared with staff, which received a good response rate of 1500 responses. H Daniel advised that the Health Board's legal obligations for staff were fully considered during this review, for example rest breaks and the working time directive.

H Daniel advised that a literature review was undertaken to assess different shift patterns, which focussed on quality and safety, staff wellbeing, financial efficiency and workforce availability. Members noted the five options considered within the report.

H Daniel advised that longer shifts were generally the preference of our workforce, with staff preferring to work their hours over three days rather than working shorter shifts over five days for example. Members noted that this was a consistent shift patterns across healthcare in the UK and noted that longer shifts resulted in concerns around fatigue, staff wellbeing and errors being made, which could be mitigated by introducing regular breaks according to evidence. H Daniel provided an update in relation to the financial assessment that had been undertaken of each option.

In concluding his presentation and in considering all options, H Daniel advised that the preferred option recommended to the Board was Option 2.

The Chair extended his thanks to H Daniel for presenting the report and for the detail that had been included in the report and its associated appendices.

In response to a question raised by P Roseblade in relation to the perceived pay differential for staff working at Princess of Wales Hospital and how it could be proved that there was no pay disadvantage to staff in the proposed shift pattern changes, and the likely reaction and impact the proposed changes may have from staff, H Daniel advised that a review undertaken in relation to pay differentials had found no evidence to suggest a pay differential as a result of the proposal and added that the proposed changes involved taking an additional unpaid break and increasing the makeup shift from six hours to 12.5 hours once a month, which would bring the hours worked back to the normal level, which was consistent with the principle of unpaid breaks in the NHS.

In relation to a question on the expected reaction from impacted staff, H Daniel emphasised the importance of navigating the change process carefully and



working closely with trade union colleagues and leaders across the organization to manage the transition effectively.

H Proctor advised that from a Trade Union perspective, whilst there was initial conflict that pay was inequitable, this was no longer an issue for the workforce, with the main issue now being the harmonisation of shift patterns and the options that were being recommended, particularly from a wellbeing and work life balance perspective. H Proctor advised that there is a perception from some staff that they are being asked to change shift patterns in order to please a minority.

H Proctor advised informed Members that she was aware that the Royal College of Nursing had already received a number of calls from their central Trade Union raising concerns about this proposal, with a perception in place that this proposal was financially appealing to the Board. Members noted that there were also petitions in place amongst the workforce and plans for formal disputes to be raised, with Trade Unions possibly invoking status quo until grievances had been resolved.

In response to a query raised by G Hopkins as to how comfortable the Health Board were on proceeding with this given the concerns that had been expressed by staff and trade union colleagues, P Mears advised that whilst the concerns had been acknowledged, he emphasised the necessity of addressing the inequitable position in relation to different shift patterns across the workforce, which had become more evident with recent operational challenges.

P Mears provided assurance that the decision had been robustly considered and was based on extensive work and evidence, highlighted the importance of making a decision to ensure equitable models of rotas across the organisation and highlighted the need for a collaborative approach with staff and Trade Unions to navigate the change process effectively. Members noted that this model would also have a significant positive impact on addressing the number of nursing workforce vacancies within the Health Board.

G Dix stated that he was supportive of the recommendation outlined within the report and advised that it would be important to note that this proposal would only affect staff working within Acute and Community Hospitals and would not affect District Nurses and Community Psychiatric nurses given that they currently work a five day shift pattern.

Furthermore, G Dix noted that one unintended consequence of this proposal would be a reduction in statutory and mandatory training compliance, given that in the former Cwm Taf element of the Health Board, the six hour make up shift was generally rostered for staff to undertake statutory and mandatory training, which would need to be monitored closely moving forwards.

Members noted the comments around a correlation between increased error rates where nurse agencies are used, particularly in relation to medication



errors and recognised that from a safety perspective, the option being proposed would reduce the reliance on utilising agency workers.

G Dix highlighted the need for supportive discussions with those staff affected regarding the change process if the Board were to support the option being proposed.

H Lentle welcomed the report which she had found to be excellently written and well considered and added that she supported the proposed preferred option and requested that Independent Members were kept updated in relation to the engagement process and the subsequent changes that will occur.

N Mesher advised that he also found the report to be well balanced and constructive and added that the importance of safety and the wellbeing of staff was highly important. N Mesher advised that one of the concerns highlighted within the report was the current ability for staff to take breaks and queried whether consideration had been given to what mechanisms and processes could be implemented to support this. H Daniel advised that the increased breaks and increased availability of staff would enable staff to take their breaks, however, this would need to be a significant part of the consultation exercise to ensure breaks could be taken.

P Mears expressed the importance of exploring and considering what facilities were available to staff to allow them to take their breaks as this varies across wards.

H Proctor advised that this would also apply to 'Time off in Lieu' given that a number of staff were working extra time during their breaks unpaid, which over the course of the year would be quite substantial if staff were not being remunerated for this and had the time back. H Proctor advised that through discussions held with staff, it appeared that they would rather have the time back as opposed to being remunerated for the extra hours worked, which needed to be taken into consideration.

The Chair concurred with the comments on the robustness of the report prepared for Members consideration. The Chair recognised the challenges and opportunities in achieving consistency across the Health Board and appreciated the detail included within the report in relation to next steps. The Chair advised that the Board would welcome an update on progress at the July and September Public Board meetings to ensure the Board remained focussed on how this work develops and how conversations with staff and trade union colleagues were progressing.

P Mears made reference to the consultation process and advised that whilst there will be a consultation on the overall process, each member of staff would have different circumstances and sought clarity as to whether individual discussions would be required with staff members as to how this proposal would affect them. H Daniel confirmed that consultation would be dependent

	on individual's circumstances and work would be undertaken with those staff who have unique circumstances. H Daniel provided clarity that the Board were being asked to make this decision in principle subject to the consultation being undertaken. The Chair advised that he was supportive of the preferred option identified within the report to achieve a consistent shift pattern within the organisation, which would need to be reflected on for other staff groups also. The Chair sought clarity from the Board as to whether they would be happy to support Option 2 in principle subject to consultation and endorse the decision to appoint new staff onto the shift pattern outlined in Option 2, with immediate effect. Whilst the majority of Board Members supported this, one Board Member, H Proctor, advised that she was not supportive of the option being proposed.
Resolution:	The Board • ENDORSED the decision in principle to implement the shift pattern outlined in Option 2. This will be subject to consultation with those impacted; • ENDORSED the decision to appoint new staff onto the shift pattern outlined in Option 2, with immediate effect. This will standardise the Nursing, Midwifery, Registrants and Health Care Support Worker shift patterns, breaks and make-up shifts across CTMUHB.
Action:	Updates on progress in regard to the consultation exercise with staff and trade union colleagues to be presented to the Board at the July and September 2025 meetings.
4.	SETTING THE SCENE
4.1	Chairs Report and Affixing of the Common Seal
	J Morgan presented the report and highlighted the key matters for Members attention. In presenting the report, the Chair highlighted the Cabinet Secretary for Health and Social Care's priorities for the upcoming year, the launch of the Ministerial Advisory Group (MAG) on productivity and efficiency within NHS services, the formal establishment of the South East Wales Regional Joint Committee, the significant progress made in reducing the two-year waiting time target and the successful visit by the Cabinet Secretary to the new Llantrisant Health Park. H Proctor sought an update on progress in relation to the appointment of a fourth Associate Board Member for Primary Care. The Chair advised that approval had been received from Welsh Government to proceed with the appointment and added that the Director of Corporate Governance/Board Secretary was in the process of confirming the arrangements for appointing this new role. The Chair advised that a further update on progress would be shared in due course.

Resolution:	The Board • NOTED the report; • RATIFIED the Affixing of the Common Seal; • RATIFIED the Chairs Urgent Action to approve the final version of the Regional Endoscopy Plan
Action	Update to provided to the Board outside the meeting in relation to progress being made regarding the appointment of a fourth Associate Board Member.
4.2	Chief Executives Report
	In presenting the report, P Mears made reference to the recent Joint Executive Team (JET) meeting with Welsh Government which focussed on performance and enhanced monitoring in various areas; several national reports which included the Cabinet Secretary's priorities and the Ministerial Advisory Group (MAG) report with 29 recommendations; the engagement sessions held with staff, local authority councillors and the League of Friends to discuss options for Maesteg Hospital; his recent attendance at the digital summit where a presentation was received on the mental health electronic record project and the digital priorities for the next 12 months; and the significant work undertaken by the Health Board to address the two-year waiting time target. H Proctor made reference to the Cabinet Secretaries priorities that were referenced within the report and added that she would welcome a discussion at a future Board meeting in relation to Enhanced Community Care (ECC). P Mears welcomed this suggestion and advised that this discussion could either take place in a formal Board meeting or at a Board Briefing/Development session. G Hopkins welcomed the engagement and work being undertaken in relation to Maesteg Hospital and reflected on two recent personal visits to the Emergency Department at Royal Glamorgan Hospital and commended the staff for the way they had worked to address the patient flow within the department under extreme pressure.
Resolution:	The Board NOTED the report
Action:	Discussion on Enhanced Community Care to take place at a future meeting of the Board. Consideration to be given as to whether this discussion is held at formal Board, Board Briefing or Board Development session.
5.	BOARD GOVERNANCE ARRANGEMENTS
5.1	Action Log
	The action log was received.
Resolution:	The Action log was NOTED .
5.2	Matters Arising not Contained within the Action Log
	There were no matters arising.

5.3	Board Assurance Framework
	C. Hamblyn presented the report and highlighted the key matters for Members attention. C Hamblyn advised that the report was produced prior to the discussions held at the Board Development Session on the 15 May 2025 and added that the changes discussed at that session would be reflected in the July iteration of the report.
Resolution:	The Board resolved to APPROVE the updates to the Board Assurance Framework.
5.4	Annual Review of the Risk Management Framework
	C. Hamblyn presented the report and highlighted key matters for Members attention. C Hamblyn advised that the report had also been shared at the Executive Management Board and Audit, Risk and Assurance Committee for discussion and comment. P Roseblade added that the report was endorsed at the May Audit, Risk & Assurance Committee.
Resolution:	The Board: • APPROVED the Risk Management Strategy, which includes: ○ APPROVAL of the Risk Appetite Statement and agree that it is implemented for the next 12 months with assurance that it is set to ensure that progress is being made to the 'risk appetite' the Health Board wishes to achieve. ○ APPROVAL of the Risk Domain & Scoring Matrix and its continued application and the risk escalation threshold. ○ APPROVAL that the Board Assurance Framework remains fit for purpose and appropriately reflects the strategic risk profile of the Health Board as discussed in detail at the Board Development Session on the 15th May 2025. • APPROVED the Risk Management Policy. • APPROVED the Risk Management Procedure.
5.5	Board Committee and Advisory Group Highlight Reports
5.5.1	Strategic Development Committee 3 April 2025
	This report was received.
Resolution:	The Board resolved to NOTE the report
5.5.2	Quality, Safety & Experience Committee 25 March 2025
	C. Donoghue presented the report and highlighted the positive matters contained within the alert/escalate section following the meeting held on 25 March 2025. C Donoghue provided a verbal update from the meeting held on 20 May 2025 which included a discussion on the following matters: • Review of a cluster of maternity-related nationally reportable incidents at Princess of Wales Hospital.

	• The recovery plan to address the challenges within the legal services function and potential litigation issues. • A commendation to the teams involved in the rapid opening of the Endoscopy and Surgical Vanguard Theatres and the positive patient feedback received. • The temporary move of stroke services. • An in-depth presentation on paediatric dental general anaesthesia services • An update on the Harm Free Care agenda, focusing on medication forms, nutrition, and pressure damage. • The recognition of several awards and recognitions received by staff. C Donoghue advised that there had been a significant improvement in the quality of reports and presentations received by the committee. P Mears advised that in relation to Dental Services, he suggested that an update would need to be presented to the July Board meeting in relation to the national consultation being undertaken in relation to the new dental contract which the Health Board would need to respond to.
Resolution:	The Board resolved to NOTE the report
Action:	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.
5.5.3	Operational Delivery Committee 29 April 2025
	This report was received.
Resolution:	The report was NOTED .
5.6	Update on cluster of incidents within maternity services at the Princess of Wales Hospital (March – May 2025)
	G. Dix presented the report and advised that four nationally reportable incidents (NRIs) occurred at the Princess of Wales Hospital between March and May 2025. Members noted that three incidents involved caesarean sections, and one was an intrauterine death. Members noted that upon review of two of the incidents early investigations had determined that there were no fundamental care issues identified. However, in two of the other incidents G Dix advised that lapses in care had been identified. The Board were assured that immediate actions had been taken which included increased consultant presence for interventions, enhanced intrapartum support, rapid skills and drills training, and a review of midwifery staffing. G Dix also confirmed that independent experts had been instructed to undertake an external review for all the incidents. Members noted that work was also being undertaken in relation to Leadership and Culture which included addressing leadership changes and supporting staff through culture and engagement surveys.

	In response to a question raised by G Hopkins as to why the option of having an Obstetric Consultant present at all procedures was not in place prior to the incidents, S Davies advised that it was routine practice for a consultant to oversee the labour ward, with experienced registrar-grade and middle-grade doctors performing the routine procedures. S Davies assured Members that these doctors were highly experienced and competent, having been in the profession for many years and advised that a consultant would always be readily available if needed. However, due to the incidents, S Davies advised that they have updated the practice to ensure a senior consultant is present for all procedures, which is above the routine practice required. C Donoghue advised that a detailed discussion was also held at the Quality, Safety & Experience Committee on this matter and the Committee had taken assurance from the updates provided. P Mears confirmed that this had also been discussed several times at the Executive Leadership Group and it was felt this was an important matter to bring to the Board's attention. The Chair extended his thanks to G Dix for presenting the report.
Resolution:	The report was NOTED .
6.	DELIVERING OUR PLAN
6.1	Integrated Performance Dashboard
	Executive Directors presented the report and highlighted the key matters for Members attention in relation to operational performance, quality performance and workforce performance. Members noted that a revised plan for urgent care performance was being finalised and would be presented to the Operational Delivery Committee (ODC) and Public Board in July. Members acknowledged that the plan aims to reduce handover times and improve emergency department performance. In response to a question raised by P Roseblade in relation to the relevance and implications of the mortality rate metric, specifically questioning its utility and whether it might create a defensive approach among clinicians, S Davies explained that while the broad mortality rate was a crude metric, it was useful for identifying significant outliers, she also assured Members that all deaths were scrutinised and investigated, ensuring that there was no defensive practice among clinicians. S Davies also advised that the mortality rate helped in understanding trends and identifying areas that may require further investigation. P Mears added that the mortality rate was important for maintaining a general oversight and highlighted the ongoing work to improve data accuracy and the importance of breaking down mortality data by specialty to understand specific trends and issues. In response to a question raised by P Roseblade as to whether the percentage of GP Practices offering in-hours appointments was impacting the number of A&E attendances, G Hughes advised that it was challenging to establish a direct



cause-and-effect relationship between GP practice availability and A&E attendances and added that while A&E attendances and triage reasons were being recorded, it was difficult to match this data with GP practice availability. However, G Hughes advised that there was a clear trend where some practices did not have adequate in-hours urgent capacity, leading to increased calls to out-of-hours services and added that efforts were being made to work with these practices to address the issue.

The Chair referred to waiting time targets and suggested that it might be useful to have a board briefing session to discuss the organisation's own ambitions regarding waiting time targets. The Chair advised that whilst the government sets specific targets, the organisation might be doing more innovative work that could lead to more ambitious outcomes and emphasised the importance of understanding the organisation's focused efforts to improve and sustain performance beyond the government-mandated targets. G Hughes advised that this exercise had already been completed and shared via the Executive Leadership Group and added that he would be happy to share this at the Operational Delivery Committee prior to sharing with the wider Board.

The Chair also drew attention to the outpatients activity and added that part of the ministerial ambition included a commitment that any patient who misses two outpatient appointments should be removed from the list. The Chair advised that guidance from Welsh Government was still being awaited as to how this will be implemented and what considerations would need to be given to different types of patients. The Chair added that it would be useful to analyse what this would mean for the Health Board over a two to three-year period, considering the challenges some patients face in accessing appointments. G Hughes advised that there were currently 800 patients on the waiting list who had Did Not Attend (DNA) on two occasions.

P Mears acknowledged the importance of the Cabinet Secretary's ambition regarding outpatient's activity and emphasised the need for clear guidance on its implementation. He highlighted the necessity of addressing the policy with caution, particularly concerning specific patient groups, to ensure fair and effective management and mentioned the importance of explaining the policy to patients to change behaviour and ensure they understand the implications of missing appointments.

In response to a query raised by H Proctor as to whether the ministerial ambition on outpatients extended to all services, G Hughes confirmed that this would apply to all services and appointments.

N Mesher emphasised the importance of changing behaviour and effectively communicating the policy regarding missed outpatient appointments and noted that understanding the implications of missing two appointments was crucial for patients, as ultimately it could result in their removal from the waiting list and being referred back to the GP. P Mears expressed the importance of the digital patient contact work which should make it easier for patients to rebook appointments when they are not able to attend.

	The Chair highlighted the importance of improving cancer performance, noting that the target was to reach close to 80% performance by the end of March next year. The Chair acknowledged the sustained improvement in areas such as breast cancer services over the past 12 months and emphasised the need to focus on other areas to achieve the target. The Chair suggested that a future board briefing session could provide more detailed insights into the specific areas of focus and the strategies being implemented to improve cancer performance. G Hughes advised he would be happy to bring this back to the Board for discussion and added that it would be important to note that in order to achieve 75% and above, the Health Board was reliant on other Health Board's for tertiary pathways of care, with their waiting times being quite lengthy. Members noted that a piece of work needed to be undertaken in relation to streamlining pathways with partners to ensure the Health Board can achieve as close to the target as possible. N Mesher advised that it would be helpful if during the briefing to Board this could be triangulated back to the aforementioned Ministerial Advisory Group report.
Resolution:	The report was NOTED
Actions:	Plan for urgent care performance to be presented to the July Board. Plan to be shared with Board regarding the Health Board's ambitions regarding waiting time targets. 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).
6.2	Financial Performance Update
6.2.1	Month 12 Finance Update
	S May presented the Month 12 Finance report and highlighted the following key matters for Members attention: • a small surplus of £96K against total allocations of £1.784 billion was reported, achieving break-even for the second consecutive year. • A surplus of £63K was reported against a final capital resource limit of £94.8 million. • The savings target was not fully met; however, a positive financial position was delivered overall. The underlying deficit position was £7.9 million. • The financial results are subject to ongoing audit. The Chair expressed his appreciation for the work undertaken to manage the financial resources effectively, highlighting the achievement of breaking even in the past two financial years. The Chair acknowledged the challenges and pressures within the system and emphasized the importance of robust financial planning led by S May and her team. S May advised that this was also down to achievements of all budget holders and the significant efforts across the

	organisation to deliver this positive financial outcome despite disruptions from critical incidents.
Resolution:	The report was NOTED .
6.2.2.	Month 1 Finance Update
	S May presented the Month 1 Finance report and highlighted the key matters for Members attention. The following allocation risks were noted: • 2024/25 pay awards: £50 million allocated non-recurrently last year, with potential marginal risks. • Employers' National Insurance: Estimated impact of £14.8 million, with potential insufficient funding. • Critical Incident Measures: Estimated cost of £10 million, with income assumption in the plan but no feedback received yet • 2025/26 Pay Awards: Not yet included in the anticipated allocations, subject to ongoing consultation. • Bank Staff Pay: Issue mentioned in the pay circular, potentially mitigating some risks P Mears advised that feedback from Welsh Government in relation to the Integrated Medium-Term Plan which was submitted at the end of March is still awaited. He noted that a discussion on the corporate schemes savings programme would be held at the next Executive Leadership Group meeting and advised that an update on this would also be provided to the Board via a Board Briefing session. In response to a question raised by P Roseblade in relation to the risks relating to the allocation of funding for the critical incident, specifically querying if the material risks are around £50 million as opposed to £38 million, S May confirmed that the £38m included some elements of the critical incident funding. The Chair extended his thanks to S May for presenting the report and advised that he appreciated the work being undertaken by H Daniel in regard to leading on efficiency savings.
Resolution	The report was NOTED .
6.3	People Plan 2025 – 2030
	H. Jones presented the report and highlighted the key matters for Members attention and the progress made in the development of the people plan which sets out the ambition for the next five years. The Chair extended his thanks to H Jones for presenting the report and welcomed the inclusion of success measures within the report and the development of a one-page people plan.

	P Mears emphasised the importance of effective line management in the success of the People Plan, advising that 95% of people's job experiences are influenced by how their team or department is managed and highlighted that areas with excellent managers see positive results in staff surveys and overall job satisfaction, while areas with less effective managers were facing cultural and behavioural challenges. P Mears stressed the need for a collaborative effort in delivering the People Plan and ensuring it is owned by everyone in the organisation. He also reiterated the importance of engaging with partner organisations, for example Shared Services, to align their processes with the ambitions of the People Plan. H Proctor expressed the importance of staff, trade unions and line managers owning and supporting the plan. The Chair noted the importance of the Board's role in the ownership of the plan and suggested that consideration may need to be given as to how success measures could be reported back to future meetings as part of the performance dashboard report. C Donoghue also highlighted the importance of the Board's role in providing assurance and suggested incorporating key success measures into regular reporting to the Board would be key to the delivery of this plan. P Mears emphasised the importance of sharing the organisation's aspirations with new staff members and suggested that the messaging about the organisation's goals and plans should be included in the communications sent to new joiners. H Proctor agreed that this plan would be attractive to prospective employees and suggested that a link to the plan could be placed on all job adverts. H Daniel extended his thanks to H Jones for the significant amount of work she had undertaken in relation to developing this plan in a short period of time.
Resolution:	The Board APPROVED the People Plan for publication to its wider workforce during the Summer.
7.	OUR POPULATION / WORKING WITH OTHERS
7.1	Annual Review of the Wellbeing of Future Generations Act Statement and Objectives
	P. Daniels presented the report and highlighted the key matters for Members attention. Members noted that the Equality and Social Justice Committee was undertaking post-legislative scrutiny of the Well-being of Future Generations Act on its tenth anniversary and noted that this scrutiny aims to assess how well the Act is integrated into the lived processes of organisations. The Chair referred to the challenge of measuring the act's impact and queried whether there is anything additional that the Health Board could do as an

	organisation to try and explain the impact of the Act. P Daniels advised that discussions were being held at present as to how spend on prevention could be monitored and added that the definition of prevention would be critical moving forwards. P Mears emphasised the importance of recognising the ongoing work which aligned to the Well-being of Future Generations Act, particularly in areas such as carbon reduction and children and young people's services and added that whilst activity may not explicitly state its compliance with the Act, their work contributed to the overall approach.
Resolution:	The Board NOTED the update and APPROVED the additional Well-being objective linked to the ongoing commitment to embedding the Welsh Language.
7.2	South East Wales Regional Joint Committee The Chair presented the report and highlighted the following key matters for Members attention: • The Regional Joint Committee was being established following a direction from the Cabinet Secretary and the Board Secretaries of Cwm Taf Morgannwg, Aneurin Bevan, and Cardiff and Vale University Health Boards were working together to draft the terms of reference, with an aim to present them to September Board meetings, and hold the first meeting in October; • The Regional Joint Committee would include the three Regional Health Boards as formal members, with Velindre University NHS Trust and Powys Teaching Local Health Board as associate members, with focus being placed on enhancing regional collaboration to deliver benefits for the population, leveraging the close proximity and transportation links between the communities; • Whilst there would be challenges in relation to partnership working, there would be potential benefits for patients, who often do not differentiate between Health Boards. The aim of the Regional Joint Committee would be to maximise joint working opportunities in strategic areas; • The terms of reference will be presented to the Boards by the end of September, followed by wider engagement sessions for Boards, executive teams, and operational teams to understand the purpose and expectations. P Roseblade sought assurance as to how the Regional Joint Committee could add value and provide a real impact. The Chair responded by emphasising the importance of the work programme and the need to be clear about the Regional Joint Committee's function and limitations. The Chair highlighted that it should not infringe upon the statutory responsibilities of the individual organisations and that it should focus on strategic areas where joint working can deliver benefits for the population. The Chair also mentioned the need for cautious

	operation and clear definition of role, which would be worked through with the Board Secretaries from all three Regional Health Board's. P Mears advised that the Regional Joint Committee would not have delegated authority but would serve as a forum for regional discussions that require broader engagement and debate amongst the three partner organisations. This setup aims to facilitate discussions and agreements before matters are brought to the individual Boards, helping to streamline and have effective decision-making processes. H Lentle advised that whilst she welcomed the transparency of the Regional Joint Committee arrangements, she queried the potential impact on the Board and whether it would affect the pace of activity. P Mears advised that the Health Board had an opportunity to input into the shaping of the Regional Joint Committee in order to avoid issues such as this occurring. G Hughes advised that the new Regional Joint Committee arrangement should not preclude and should not hinder bilateral discussions and collaborations between Health Boards and emphasised the importance of allowing Health Boards to progress initiatives at their own pace and not be impacted by the pace of others.
Resolution	The Board NOTED the report
8.	STRATEGIC PLANNING
8.1	Civil Contingencies & Business Continuity Report
	Members received the Civil Contingencies and Business Continuity report. The Chair advised that in the absence of V Oxley, if Members do have any questions regarding the report these could be responded to outside the meeting.
Resolution:	The Board NOTED the report
9.	CONSENT AGENDA
9.1	FOR APPROVAL
9.1.1	Unconfirmed Minutes of the meeting held on 27 March 2025
Resolution:	The Minutes were APPROVED
9.1.2	Unconfirmed Minutes of the In Committee meeting held on 27 March 2025
Resolution:	The Minutes were APPROVED
9.1.3	Standards of Good Governance & Probity
Resolution:	The Report was APPROVED
9.1.4	Board Committee Annual Reports
Resolution:	The Annual Reports were APPROVED
9.2	FOR NOTING
9.2.1	Board Forward Work Programme
Resolution:	The Board Forward Work Programme was NOTED .
9.2.2	Board Annual Cycle of Business



Resolution:	The Annual Cycle of Business was NOTED .
9.2.3	Board Committee and Advisory Group Highlight Reports
Resolution:	The reports were NOTED .
9.2.4	Internal Audit Annual Audit Plan
Resolution:	The report was NOTED .
9.2.5	IMTP 2024-2027 Quarter 4
Resolution:	The report was NOTED .
9.2.6	Public Services Board
Resolution:	The Report was NOTED
9.2.7.	Annual Assurance Report on Compliance with the Nurse Staffing Level (Wales Act)
Resolution:	The Report was NOTED .
9.2.8	Highlight Report from the Joint Commissioning Committee
Resolution:	The Report was NOTED .
10.	CLOSE OUT BUSINESS
10.1	Any Other Business
	There was no other business to report.
10.2	Meeting Feedback
	The Chair asked Members to submit any feedback to him within two weeks of this meeting.
11.	PRIVATE / IN COMMITTEE SESSION The Chair confirmed that there would be an In-Committee session being held following this meeting to discuss the following items: • Capital Update - Commercially Sensitive • Verbal Update - Cluster of Maternity Incidents at Princess of Wales Hospital - Potential identifiable information.
12.	DATE & TIME OF THE NEXT MEETING The next meeting is scheduled to take place on Thursday 31 July 2025 at 9:00am. The Annual General Meeting will also be held on this date.
13.	CLOSE OF MEETING

Unapproved Minutes of the Closed Board Meeting

Date and Time of Meeting	Thursday 29 May 2025
Venue	The Hub, Royal Glamorgan Hospital, Llantrisant

Members Present	Jonathan Morgan	Health Board Chair
	Paul Mears	Chief Executive Officer
	Greg Dix	Executive Director of Nursing / Deputy CEO
	Carolyn Donoghue	Acting Vice Chair/Independent Member
	Patsy Roseblade	Independent Member
	Helen Lentle	Independent Member
	Hayley Proctor	Independent Member
	Gethin Hughes	Chief Operating Officer
	Sally May	Executive Director of Finance
	Hywel Daniel	Executive Director for People
	Philip Daniels	Executive Director of Public Health
	Lauren Edwards	Executive Director of Allied Health Professionals and Health Sciences
	Paul Deenik	Associate Member
	Sallie Davies	Deputy Medical Director
In Attendance Stuart	Cally Hamblyn	Assistant Director of Governance & Risk
	Emma Walters	Head of Corporate Governance & Board Business
	Stuart Morris	Director of Digital
	Simon Blackburn	Director of Communications, Engagement and Fundraising

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:

	• Kath Palmer, Vice Chair • Neil Mesher, Independent Member • Geraint Hopkins, Independent Member • Rachel Rowlands Independent Member • Dilys Jouvenat, Independent Member • Gareth Watts, Director of Corporate Governance/Board Secretary • Dom Hurford, Executive Medical Director • Lisa Curtis-Jones, Associate Member
1.3	Declarations of Interest
	There were no interests declared.
2.	MAIN AGENDA
2.1	Capital Update
	S. May presented the report and highlighted the key areas for Members attention. Members noted that the report was being received in closed session as a result of commercial sensitivities contained within it and noted that the report had also been received and discussed in detail at the Operational Delivery Committee. Members were reminded that a discussion on estates and capital matters was also held at the May Board Development Session. In relation to ongoing works at the Prince Charles Hospital site, Members noted that following a routine Health & Safety Executive (HSE) visit to site to conduct an audit of the asbestos removal contractor, some observations were made by HSE and shared with the Health Board and construction partners. It was noted that formal correspondence is awaited from HSE with their recommendations. Members recognised the significant amount of work being undertaken by the Capital Team and recognised the dedication of staff to deliver services effectively and efficiently despite the level of disruption on sites regarding repair works.
Resolution:	The report was NOTED
2.2	Verbal Update – Cluster of Maternity Incidents at Princess of Wales Hospital
	G. Dix presented the verbal update and provided further detail on the nature of the incidents and the reflections as to why the incidents that had occurred. Members noted that rapid reviews had been undertaken, there had been changes to the Senior Midwifery leadership team to address issues experienced around escalation processes and leadership and culture and noted that Independent Member and Executive Director Walkrounds had been increased within Maternity services. Members noted that external reviews of the incidents were also being undertaken by a Senior Midwife and Obstetrician and noted that the outcome of this review would be presented to the Quality, Safety & Experience Committee.



Resolution:	The Board NOTED the verbal update.
3.	ANY OTHER BUSINESS
3	Any Other Business
	There was no other business to report.
4.	DATE & TIME OF THE NEXT MEETING The next meeting is scheduled to take place on Thursday 31 st July 2025 at 9:00am
5.	CLOSE OF MEETING

**Minutes of the Extra Ordinary Meeting of Cwm Taf Morgannwg
University Health Board (CTMUHB) held on Thursday 26 June 2025,
Broadcast Live via Microsoft Teams**

Members Present:

Jonathan Morgan	Chair
Paul Mears	Chief Executive Officer
Kath Palmer	Vice Chair
Carolyn Donoghue	Independent Member (University)
Dilys Jouvenat	Independent Member (Third Sector)
Geraint Hopkins	Independent Member (Local Authority)
Hayley Proctor	Independent Member (Trade Union)
Patsy Roseblade	Independent Member (Finance & Audit)
Rachel Rowlands	Independent Member (Community)
Sally May	Executive Director of Finance
Philip Daniels	Executive Director of Public Health
Lauren Edwards	Executive Director of Therapies and Health Science
Claire Thompson	Executive Director of Strategy & Transformation
Gethin Hughes	Chief Operating Officer
Dom Hurford	Executive Medical Director

In Attendance:

Gareth Watts	Director of Corporate Governance / Board Secretary
Simon Blackburn	Director of Communications, Engagement and Fundraising
Richard Hughes	Deputy Executive Nurse Director
Adele Lewis	Senior Finance Manager - Financial Accounting
Cally Hamblyn	Assistant Director of Governance & Risk (Meeting Secretariat)
Huw George	Chief Commissioner (Interim), NHS Wales Joint Commissioning Committee, NHS Wales Joint Commissioning Committee
Jacqueline Maunder	Committee Secretary and Associate Director of Corporate Services, NHS Wales Joint Commissioning Committee
Mark Jones	Finance Lead – Audit Wales
Steve Stark	Audit Wales
Emma Samways	Deputy Head of Internal Audit

1 PRELIMINARY MATTERS

1.1 Welcome & Introductions

The Chair **welcomed** everyone to the meeting.

1.2 Apologies for Absence

Apologies for absence had been received from:

- Helen Lentle, Independent Member (Legal)
- Neil Mesher, Independent Member (Commercial Business)
- Lisa Curtis-Jones, Associate Board Member
- Sally Bolt, Associate Board Member

- Hywel Daniel, Executive Director for People
- Greg Padmore-Dix, Executive Nurse Director / Deputy Chief Executive (R Hughes Deputising)
- Paul Deenik, Associate Board Member (SRG)
- Stuart Morris, Director of Digital
- Paul Dalton, Head of Internal Audit (E Samways Deputising)

1.3 Declarations of Interest

No Declarations of Interest were noted prior to or during the meeting.

2. Annual Report and Accounts 2024-2025

2.1 CTMUHB Annual Report & Accounts / Hosted Organisations Accountability Report and/or Governance Compliance Statements

2.1.1 CTMUHB Annual Report and Accounts 2024-2025 – Unified Report

Prior to introducing presenters, J Morgan extended his thanks to all colleagues involved in the development of the Annual Report & Accounts for 2024-2025, recognising the significant effort involved in its production.

G Watts presented and outlined the stages of development for the Annual Report & Accounts for 2024-2025 and advised Members that the report was endorsed at the Audit, Risk & Assurance Committee held on 25 June 2025. Members noted that, if approved by the Board, the report would be submitted to Audit Wales following the meeting for the Auditor General to sign and would then be laid by the Senedd. G Watts also drew attention to the reports prepared by CTMUHB's Hosted Organisations, the Joint Commissioning Committee and National Imaging Academy Wales.

G Watts recognised the efforts involved in the development of the annual report and reiterated his thanks to all colleagues involved.

S May concurred with the recognition of the efforts of colleagues in the production of the report and provided an update in relation to the accounts, noting that the intention of Audit Wales is to issue an unqualified opinion, except for the regularity opinion relating to the overspend in the financial year 2022-2023, which impacts the three-year revenue resource limit duty. However, the capital resources limit duty was met.

D Jouvenat as Vice Chair of the Committee confirmed that the final version of the Annual Report & Accounts were reviewed and endorsed by the Audit, Risk & Assurance Committee on the 25 June 2025.

No further comments were added by Hosted Organisations to that which was noted at the Audit, Risk & Assurance Committee on the 25 June 2025.

E Samways confirmed that there are no further updates to the Head of Internal Audit Opinion and Annual Report in addition to those raised and discussed at the Audit, Risk Assurance Committee on the 25 June 2025.

M Jones drew attention to the Audit of Financial Statements (ISA 260) Report, highlighting the following key areas:

- Audit Wales will issue a qualified regularity opinion due to the overspend in the financial year 2022-2023.
- The Auditor General's report will highlight that the Health Board has achieved the three-year financial plan approved by Welsh Government, which is a significant achievement.
- There are no uncorrected misstatements in the accounts, and the corrections made were minimal, reflecting positively on the Health Board

J Morgan recognised the efforts involved in the development of the annual report and the robust financial management throughout the year which has led to a successful unqualified opinion on the accounts. He once again expressed sincere thanks to all parties involved.

Resolution

In concluding the actions for the item, the Board agreed the following resolutions:

- **ENDORSED** the CTMUHB Annual Report & Accounts for 2024-2025
- **ENDORSED** the Letter of Representation (included in the ISA 260 – Agenda item 2.3)
- **AUTHORISED** the Chair, Chief Executive and Executive Director of Finance to sign (electronic signatures will be applied) the relevant sections of the Annual Report & Accounts
- **AUTHORISED** the Chair, Chief Executive and Interim Chief Commissioner of the Joint Commissioning Committee to sign (electronic signatures will be applied) the Letter of Representation on behalf of CTMUHB.
- **NOTED** the Head of Internal Audit Opinion
- **NOTED** the Audit of the Financial Statements (ISA 260) Report (Including the Letter of Representation and Audit Opinion)
- **NOTED** the Accountability Report and Annual Governance Compliance Statements and Accounts received from Hosted Organisations.

In drawing the item to a close J Morgan acknowledged that the audit remains open until the Auditor General for Wales has certified the Annual Report and Accounts on the morning of the 27th June 2025, following confirmation tomorrow morning from Sally May, Executive Director of Finance that she would still sign the same set of annual report and accounts that are presented to the Board at today's meeting.

Members also noted that following Board approval of the CTMUHB Annual Report and Accounts for 2024-2025 will go forward as follows:

- The Annual Report and Accounts and Letter of Representation will be signed and shared with Audit Wales by close of play on the 26th June.

- Audit Wales will arrange certification by the Auditor General for Wales on the 27th June 2025.
- Audit Wales, following certification, will submit CTMUHB's certified Annual Report and Accounts direct to Welsh Government by noon on the 30th June 2025.
- Formal presentation of the Annual Report and Accounts will be at CTMUHB Annual General Meeting on the 31st July 2025, following which it will be published on CTMUHB's website.

2.1.2 NHS Wales JCC Accountability Report 2024-2025

Resolution The report was **Noted**.

2.1.3 NHS Wales JCC Audited Accounts 2024-2025

Resolution The report was **Noted**.

2.1.4 National Imaging Academy – Annual Governance Compliance Statement for 2024-2025

Resolution The report was **Noted**.

2.2 NHS Wales Shared Services Partnership (NWSSP) Internal Audit Services

2.2.1 Head of Internal Audit Opinion and Annual Report 2024-2025

Resolution The report was **Noted**.

2.3 Audit Wales

2.3.1 Audit of the Financial Statements (ISA 260) Report (including the Letter of Representation and Audit Opinion)

Resolution The report was **Noted**.

3. Any Other Business

3.1 No further items were identified.

4. Date and Time of the Next Meeting

4.1 The next meeting of the Board is scheduled for **Thursday 31 July 2025 at 9:00am at the Hub**.

5. Close



Agenda Item

8.1.4

CTM Health Board

Board Committee Annual Reports

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
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 Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Charitable Funds Committee	09/07/2025	Endorsed for Board Approval
Stakeholder Reference Group	16/07/2025	Endorsed for Board Approval

Acronyms / Glossary of Terms	

1. Situation / Background

- 1.1 In line with Standing Order requirements each Board Committee is required to submit to the Board on an annual basis a report setting out its activities together with a review of its performance and any associated improvements being put into place as a result.

2. Specific Matters for Consideration

- 2.1 The Charitable Funds Committee received its Committee Annual Report during this period. This Committee Annual Report relates to the period April 2024 – March 2025 and is attached at Appendix 1 for Board approval.
- 2.2 The Stakeholder Reference Group received its Annual Report during this period. This Annual Report relates to the period April 2024 – March 2025 and is attached at Appendix 2 for Board approval.

3. Key Risks / Matters for Escalation

- 3.1 There are no key risks for escalation to the Board.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 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: ☒
	Outcome:	If no, please include rationale below: Not applicable
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not applicable
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Board is asked to **APPROVE** the following Board Committee Annual Reports for the period 2024/2025:
- Charitable Funds Committee.
 - Stakeholder Reference Group.

Appendix 1



Charitable Funds Committee

Annual Report 2024/25

CHARITABLE FUNDS COMMITTEE ANNUAL REPORT 2024/25

1. FOREWORD

I am pleased to present the Annual Report of the Cwm Taf Morgannwg University Health Board, Charitable Funds Committee for 2024-2025. The purpose of this report is to formally report on the work of the Charitable Funds Committee for the year ending 31 March 2025 in accordance with the Committee's Terms of Reference.

During the year my fellow Independent Members – Helen Lentle, Kath Palmer, Patsy Roseblade, Ian Wells and Rachel Rowlands once again offered their considerable knowledge and wide-ranging experience to the Committee. We bid farewell to Lynda Thomas, previous Chair of the Committee in August 2024 and I would like to express my thanks and appreciation to Lynda for her invaluable contribution to the Committee.

I would like to express my thanks to all the officers of the Committee who have supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines. I also wish to record my appreciation for the support and contribution given by the Independent Members.

The Annual Committee Cycle of Business was approved by the Committee at the meeting held in January 2025, which outlined the forward planning for the work of the Committee for 2025.

I continue to advocate the promotion of a culture of continual improvement, and as usual look forward to the learning that will come from the self-assessment which is undertaken each year to reflect on the Committee's effectiveness.

Dilys Jouvenat
Committee Chair

2. INTRODUCTION

The key function of the Charitable Funds Committee (CFC) is to make and monitor arrangements for the control and management of CTMUHB's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with legislative framework.

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

To oversee the strategic direction and development of the CTMUHB Charity.

The Committee meets on a twice-yearly basis. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.

All papers relating to the Committee (unless held 'in-committee') are available on the Health Board [website](#). The Committee aims to meet up to twice per annum to make decisions involving the sound investment of the charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with the:

- Trustee Act 2000
- The Charities Act 2011
- The Charities Act 2022
- The terms outlined in the CTMUHB Charity's governing documents.

Key areas of activity and reports received by the Committee during 2024-2025 are outlined below:

- Charitable Funds Committee Annual Cycle of Business 2024-25
- Charitable Funds Committee Annual Self-Assessment
- General Charitable Fund Update
- Update on Investment from CCLA
- Head of Charity & Income Generation Role
- Charitable Funds Committee Annual Report and Accounts
- Financial Control Procedure Update Report
- Audit Wales – CTMUHB Charitable Fund Audit Plan 2024
- Charitable Funds Communication and Engagement Update
- CTM NHS Charity Forward Look
- Staff Lottery & Related Policies Update

The Committee also received reports on the following:

- CTM Decision on Legacy
- Ratification of Chairs Urgent Action – Approval of the Stage 3 NHS Charities Together Recovery Grant
- Art Manager's Role
- Charitable Fund Request to Support Repatriation
- Expenditure Request – Glaucoma Ophthalmology Diagnostic Hub

3. MEMBERSHIP

Only the Independent Members are formal members of the Committee, however, they are joined at the meeting by Executive Directors and other Senior Officers as appropriate. When deemed appropriate, Independent Members from other Health Boards, representatives from Internal Audit, Audit Wales and the Welsh Government have also attended the meetings on occasions.

The role of the Independent Member of the Committee is to provide appropriate scrutiny and assurance to the Board independently of the management decision-making processes. The tables below outline the membership of the Charitable Funds Committee during 2024/25:

Table 1 – Composition of Independent Members

Independent Member
Lynda Thomas (Chair until August 2024)
Dilys Jouvenat (Chair from January 2025)
Ian Wells (Vice Chair until May 2025)
Kath Palmer (until December 2024)
Patsy Roseblade
Rachel Rowlands (Vice Chair from January 2025)

3.1 MEETING ATTENDANCE

The Charitable Funds Committee met on four occasions during 2024/25.

Name:	23/04/2024	01/08/2024 *	23/10/2024	22/01/2025
Core Membership				
Lynda Thomas	✓	✓		
Dilys Jouvenat		✓	✓	✓
Patsy Roseblade	X	✓	✓	✓
Ian Wells	✓	X	✓	✓
Rachel Rowlands		✓	✓	✓
Helen Lentle	✓	✓		
Kath Palmer	✓			

* Extra Ordinary Meeting

4. MAIN AREAS OF THE CHARITABLE FUNDS COMMITTEE ACTIVITY

The agenda for each meeting follows a standard format as outlined below:

- Preliminary Matters
- Consent Agenda
- Sustaining our Future (Investment Update from CCLA, CTM NHS Charity Communication & Engagement Report, CTM Charity Forward Look, General Charitable Funds Update)
- Forward Work Programme, Highlight Report, How did we do today? and items to be referred to other Committees

5. ACTION LOG AND REPORTS TO BOARD

In order to monitor progress and any necessary follow up action, the Committee has developed an action log that captures all agreed actions. This has provided an essential element of assurance both to the Committee and from the Committee to the Health Board. Following each meeting of the Committee a summary report is submitted to the next Board meeting to update all Board Members as to any decisions made, referrals to other committees or particular concerns the Committee had. These are available via our website.

6. GOVERNANCE

The Committee provides an essential element of the overall governance framework for the organisation and intends to develop its function still further in the forthcoming year. The Committee has an Annual Cycle of Business for each year which is approved at the first meeting of each year.

The Terms of Reference for the Committee were revised with minor amendments and approved by the Health Board in September 2024.

7. COMMITTEE ANNUAL SELF-ASSESSMENT

The Committee is required to complete an annual self-assessment and the questionnaire is undertaken via Microsoft Forms. This year's self-assessment will be completed following the July 2025 meeting and the outcome will be received at the next meeting.

8. CONCLUSION AND ASSURANCE TO THE BOARD

The Charitable Funds Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2024/25 there are effective measures in place to make and monitor arrangements for the control and management of CTMUHB's Charitable Funds, within the budget, priorities and spending criteria determined by the Board and consistent with legislative framework.

Appendix 2

Stakeholder Reference Group

Annual Report 2024-2025

1. FOREWORD

I am pleased to present my first Annual Report of the Stakeholder Reference Group (SRG) for the year ending 31 March 2025. The Stakeholder Reference Group Annual Report serves as an overview of the group's activities and achievements over the past year. The report outlines how the Stakeholder Reference Group has fulfilled its advisory role, providing independent advice and feedback on various initiatives and proposals.

As Chair, I will continue to ensure that the work of the SRG progresses in line with its Terms of Reference.

Meetings over the last 12 months have demonstrated the strength of our partnerships and featured presentations and guest speakers from across the CTMUHB region. The programme of work delivered over the 2024-2025 financial year spanned a range of themes, speakers and presentations from our partners. These have included; regular updates on the Health Board's Integrated Medium Term Plan (IMTP), Adult Mental Health Dementia Services, an Effectiveness Survey distributed to Members which informed a reduction in SRG meetings and temporary service change updates such as those relating to changes at the Princess of Wales Hospital, the stroke service, Neonatal and Maternity Services and Maesteg Hospital. Members were also invited to view the improvement works ongoing in Prince Charles Hospital.

My nomination as Chair was endorsed at an extraordinary meeting of the SRG on 14 March 2025. Confirmation was received from the Cabinet Secretary that my CTM Associate Membership and Chair of the SRG will be for an initial period of 2 years from 1 May 2025 until 30 April 2027.

Alongside the governance of the SRG, changes to its structures are inevitable and with this in mind, I extend my sincere thanks to Anne Morris our preceding Chair of the SRG for her energy, commitment and hard work as Chair. I'm pleased to say that Anne will continue her valuable contribution as a Member of the SRG for the foreseeable future. I'd also like to thank our two Vice Chairs for their support and successfully chairing the April meeting.

Finally, I would like to express my thanks to all the officers of the Health Board, Local Authorities, third sector organisations and volunteers who have supported and contributed to the Stakeholder Reference Group.

Councillor Paul Deenik: Chair of Stakeholder Reference Group

Annual Report 2024-2025:
Stakeholder Reference
Group

Page 2 of 9

CTM Health Board
31/07/2025

2. INTRODUCTION

The Stakeholder Reference Group is chaired by Councillor Paul Deenik, an elected Member of the Ynysawdre Community Council, Brynmenyn Ward, Bridgend.

The Stakeholder Reference Group (SRG) Committee convenes quarterly, with the option to hold an additional extraordinary meeting if necessary. After each meeting, a Chair's Highlight Report is prepared and submitted to the subsequent Board meeting to outline key issues and risks.

The Stakeholder Reference Group's primary purpose is to provide independent advice on any aspect of the University Health Board's (UHB) business. This may include:

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

The Group is also responsible for developing an Annual Report for presentation to the Health Board.

3. MEMBERSHIP

The Stakeholder Reference Group (SRG) comprises individuals from across the health board area, representing a wide array of organisations and community groups active within the region served by the University Health Board. During the 2024–2025 period, SRG membership was expanded to enhance inclusivity and representation. As part of this development, the Group welcomed an Equality and Diversity Representative, further strengthening its commitment to reflecting the diverse voices within the community.

The independent membership for the 2024–25 period was as follows:

- Anne Morris – Chair and County Volunteer Councils Representative (RCT) (Chair until 30 April 2024)
- Third sector Representative (Bridgend)
- Patient Representative (CTUMHB)
- Carer Representative (Merthyr Tydfil)

- Carer Representative (RCT)
- Carer Representative (Bridgend)
- County Volunteer Councils Representative (Merthyr Tydfil)
- County Volunteer Councils Representative (Bridgend)
- County Volunteer Council Representative (RCT)
- Carer Forum Wales Independent Sector Representative
- Local Authority elected Member (Merthyr Tydfil)
- Local Authority elected Member (RCT)
- Local Authority elected Member (Bridgend)
- Local Authority member (Merthyr Tydfil)
- Local Authority member (RCT)
- Older Person's Representative (Merthyr Tydfil)
- Older Person's Representative (RCT)
- Older Person's Representative (Bridgend)
- WAST Representative
- Llais Representation
- Equality and Diversity Representative, CTMUHB
- Town Council representation

There are some vacancies within the Group for independent members as follows:

- Third sector representative (Merthyr Tydfil): currently awaiting new representative via Voluntary Action Merthyr Tydfil.
- Third sector representative (RCT): currently awaiting new representative via Interlink.
- Local Authority Member Bridgend

Action is underway to seek replacement nominees and regular meetings will be held between SRG Secretariat and Chair to monitor updates on this process.

4. MEETINGS

The Stakeholder Reference Group has met on six occasions from 1st April 2024 to 31 March 2025, including one 'extraordinary meeting' on 14 March 2025. One meeting was cancelled on 10 October 2024. Dates of meetings and reporting to the Board are included below:

- 11 April 2024: reported to the Board on 30 May 2024
- 11 July 2024: reported to the Board on 25 July 2024
- 10 October 2024: Cancelled Meeting
- 15 November 2024: reported to Board on 28 November 2024
- 9 January 2025: reported to Board on 30 January 2025

- 14 March 2025: reported to Board on 27 March 2025

4.1 Stakeholder Reference Group (SRG): Agenda Overview and Engagement Highlights

The SRG agenda spans a wide range of themes, offering opportunities for meaningful engagement across the full scope of the Health Board's responsibilities.

Key presentations and discussions during the reporting period included:

1. Effectiveness Survey Outcomes

We undertook a process to review our effectiveness as a group and following this review, Members received a formal presentation of the Effectiveness Survey Report, including key findings, proposed actions and discussion of the associated improvement plan. Changes initiated included ensuring at least one of the meetings is held face-to-face on an annual basis.

2. Prince Charles Hospital (PCH) Development

Updates on the progress of the PCH redevelopment including discussions on improving patient flow and accessibility, particularly in ambulatory care.

3. Mental Health and Dementia Services

Notification of engagement opportunities regarding services for older people. Members were encouraged to share information within their networks.

4. Cardiff and Vale UHB Strategic Paediatric Plan

In CTMUHB's role as both a partner and commissioner, Members were invited to participate in an online survey and to also help disseminate the survey through their networks.

5. Llantrisant Health Park (LHP) Development

Presentation by the LHP Infrastructure Programme Director provided an overview of the development background, scope of works, current status, and projected timelines.

6. Maesteg Hospital Development

An update from the Assistant Director of Transformation and Strategic and Operational Planning Manager elicited positive feedback on collaboration with third sector partners, particularly through BAVO.

7. Appreciative Enquiry Initiative

Used in three CTM communities and inspired by models such as Human Learning Systems and the Wigan Deal. This approach was aimed at fostering trust, listening, learning, and adapting based on what matters to people.

8. Healthy Weight and Obesity Challenges

Discussion on the high prevalence of overweight and obesity in the CTM population. Exploration of future opportunities included a potential multidisciplinary healthy weight service for children and young people.

10. CTMUHB Intergrated Medium Term Plan (IMTP).

Regular updates were received by Members on the drafting of the IMTP including confirmation of the health board's commissioning intentions to enable Members to provide feedback on the proposed direction of the plan. Members were also kept appraised of the associated financial status and planning of the health board.

4.2 Stakeholder Reference Group Representation

Stakeholder Reference Group	11 April 2024	11 July 2024	10 October 2024	15 Nov. 2024	9 January 2025	14 March 2025
Chair / CVC (RCT)	✓	✓		✓	✓	✓
Patient Representative (CTMUHB)						
Age Friendly Community Lead (Merthyr)	✓	✓				✓
Patient Representative (Bridgend)						
Third sector representative (RCT)						
Third sector representative (Bridgend)						
CVCs Representative (Merthyr Tydfil)		✓		✓	✓	✓
CVCs Representative (Bridgend)		✓		✓	✓	✓
Carer Forum Wales Representative					✓	
Local Authority elected Member (Merthyr Tydfil)	✓					
Local Authority elected Member (RCT)		✓		✓	✓	
Local Authority elected Member (Bridgend)	✓	✓		✓	✓	
Local Authority elected Member (Bridgend)		✓			✓	
Local Authority Member (Merthyr Tydfil)	✓	✓			✓	
Local Authority Member (RCT)						
Local Authority Member (Bridgend)						
Older Person's Representative (Merthyr Tydfil)	✓					
Older Person's Representative (RCT)	✓	✓		✓	✓	✓
Older Person's Representative (Bridgend)	✓	✓				
WAST Representative						

Town Council Representative					✓	✓
Llais Representative			✓		✓	✓
Independent Sector Representative, Carers Forum Wales			✓			
Carers Representative RCT		✓				
Carers Representative Bridgend				✓	✓	
Carers Representative Merthyr						
Equality and Diversity Representative, CTMUHB					✓	
Total Members in attendance		9	12		8	13
					6	

For completeness, this Annual Report provides a link to the Standing Orders and Terms of Reference at **Appendix 2**.

5. MAIN AREAS OF SRG COMMITTEE ACTIVITY

The agenda for each meeting has followed a standard format in four main parts:

- Part 1 - Preliminary Matters
- Part 2 - Main Agenda
- Part 3 - Items for Information
- Part 4 - Other Matters

Part 1: Preliminary Matters

This section of the meeting provides the standard governance approach within all Board Committees and Advisory Groups within CTMUHB. This includes welcome and apologies, declarations of interest and minutes of the previous meeting which are agreed by members as a true and accurate record.

Part 2: Main Agenda

This section has featured engagement around proposed service changes, with updates and presentations delivered by a diverse range of speakers. These sessions have actively involved SRG members in discussions on both Health Board priorities and broader community issues.

Part 3: Items for Information

This section has consistently highlighted the SRG's forward work programme, ensuring members are aware of upcoming topics and areas of interest. Members have been encouraged to propose future agenda items

for discussion, including details of relevant engagement activities and consultations they can participate in outside of formal meetings.

Part 4: Other Matters

This section allows members of the committee to highlight any other business they wish to discuss and members are encouraged to raise any emerging issues from the groups that they represent at the meetings.

Links with Other Committees/Boards

Where appropriate a process is in place for any relevant matters to be referred to other Board Committees for scrutiny and or action.

6. ACTION LOG

To support progress monitoring and follow-up, all agreed actions are recorded in the meeting minutes. These actions are reviewed at the start of each SRG meeting to ensure accountability and track completion.

7. GOVERNANCE

The SRG plays a vital role within the organisation's overall governance framework. Its Terms of Reference demonstrate a strong commitment to overseeing and monitoring the effective operation and impact of the Stakeholder Reference Group (SRG).

8. ASSURANCE TO THE BOARD

Through the structured use of Highlight Reports and regular feedback to the Board, the Stakeholder Reference Group (SRG) provides assurance that stakeholder group members have:

Been informed of key service changes and offered opportunities to engage, on items such as the mental health and dementia services for older people.

Received updates on major developments, including the progress of the Prince Charles Hospital (PCH) redevelopment, with discussions focused on improving patient flow and accessibility, particularly in ambulatory care.

Engaged with regional strategic planning, such as CTMUHB's role as a partner and commissioner in Cardiff & Vale University Health Board's Strategic Paediatric Plan. Members were invited to participate in an online survey and encouraged to share it within their networks.

Participated in early engagement on the UHB's strategic direction, including updates on the development of the Integrated Medium-Term Plan (IMTP), and discussions on proposed changes to services such as those relating to the regional stroke services.

Provided advice and feedback from the perspective of patients and wider stakeholders on specific services and proposals prior to formal consultation.

Shared insights on the impact of the UHB's operations on the communities it serves, helping to shape more responsive and inclusive healthcare services

Appendix 2 – Please find below a link to the Standing Orders and the Stakeholder Reference Group Terms of Reference.

[Stakeholder Reference Group - Cwm Taf Morgannwg University Health Board](#)



Agenda Item

8.1.5

CTM Health Board

Overview of the Development and Delivery of the Research & Development (R&D) Strategy

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Prof. John Geen, Assistant Director for R&D Mrs Rhian Beynon, R&D Manager
Cyflwynydd yr Adroddiad / Report Presenter	Mrs Rhian Beynon, R&D Manager Prof. John Geen, Assistant Director for R&D
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Prof. Greg Dix, Deputy Chief Executive / Executive Nurse Director, Executive Lead for Research & development
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
R&D Group (Includes, all care group representation, Academic partners, Executive Directors and Independent member)	25/09/2024 20/11/2024 18/02/2025	Feedback incorporated
Health and Care Research Wales and Science, Research and Evidence Division- Welsh Gov't.	04/03/2025 22/05/2025	Feedback incorporated
Organisational Management Board	10/03/2025	Endorsement
Circulated electronically to Care Group Directors for cascade	27/05/2025	No comments received
Quality, Safety & Experience Committee	22/07/2025	Endorsed for Board Approval

Acronyms / Glossary of Terms

CTMUHB	Cwm Taf Morgannwg University Health Board
HCRW	Health and Care Research Wales
R&D	Research and Development

1. Situation /Background

- 1.1 Research is central to the generation and delivery of the highest quality care, through access to new therapeutics, treatments, and technologies for patients and the development of a robust evidence base to inform and transform clinical service delivery.
- 1.2 It is well documented in the clinical and scientific literature that research active organisations provide better care and have better patient outcomes both morbidity, mortality and care satisfaction, than those NHS organisations that conduct less clinical research. In addition, there are many other benefits for an organisation to be research active to include workforce recruitment and retention, organisational development, reputational development and financial opportunities such as cost avoidance (research therapeutics) and the generation of income for further investment.
- 1.3 The Health and Care Research Wales NHS R&D Framework (2023) outlines ten factors deemed necessary for a research supportive NHS organisation to flourish. One of the factors is for the NHS organisation to have a current R&D Strategy aligned to organisational, national and UK wide clinical and research strategies.
- 1.4 CTMUHB's R&D Strategy 2025-30 provides the context, background and outlines a clear plan on how CTMUHB will meet its strategic vision to, *"To embed research as a core function in all that we do and harness the potential of research to address the health challenges of our population and the development of our workforce, to transform future clinical service delivery"*.
- 1.5 The strategy was presented at the CTM UHB R&D Group and Organisational Management Board and shared with the UHB's Care Groups senior leadership teams for distribution for comment and Health and Care Research Wales as part of the comprehensive consultation process. The feedback and comments received have been incorporated into the final draft presented.

2. Specific Matters for Consideration

- 2.1 The strategy is aligned to key national policy documents to include, a Healthier Wales: Our Plan for Health and Social Care (and subsequent refresh), the Future of UK Clinical Research Delivery: Saving and Improving Lives and the NHS R&D Framework. The strategy also incorporates CTMUHB's strategic documents to include CTM 2030 Building Healthier Communities Together Strategy and CTMUHB's Quality Strategy.
- 2.2 7 strategic objectives (below) have been set across primary, secondary, community and social care and population health and is applicable to all specialties and professions (clinical and non-clinical):

- The Health Board will continue to develop a culture where research is recognised as a core aspect of its purpose and essential for clinical effectiveness, service redesign and improvement.
- The Health Board will provide and support the required infrastructure for the sustainable delivery of high-quality research activity and workforce development.
- The Health Board, with R&D departmental support, will maximise research related income and investment.
- Promote and optimise all opportunities for collaborative working with research partners and public involvement.
- Develop the commercial research portfolio of the Health Board and support the Local and National Life Sciences and Pharmaceutical Industry.
- Effective dissemination of research opportunities, findings, benefits and impact.
- Adopt novel research design, methodologies, digital technologies and advanced therapies to inform future clinical service delivery.

2.3 The R&D team continues to work towards delivering the strategic objectives and through endorsement of the 5-year R&D strategy, has the support of CTMUHB's Executive team, Independent members, Care Group Directors and Senior Leadership teams across all specialties and professions.

2.4 The successful delivery of this strategy will require partnership working between CTMUHB, Welsh Government, Health and Care Research Wales, academia, industry, third sector, local authority and the population.

3. Key Risks / Matters for Escalation

3.1 Strategic and departmental action plans for each of the strategic objectives have been developed to aid in monitoring and reporting on the delivery of the strategy to the R&D Group and Executive Management Board. Any risks associated with the delivery of the R&D strategy will also be identified and reported accordingly through the University Health Board's governance structures and processes.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Creating Health
	Inspiring People, Improving Care, Sustaining our Future
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Ageing Well
	Dying well, Growing Well, Living Well, Starting Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /Link to Wellbeing of Future	A Healthier Wales
	If more than one applies please list below:



Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Culture and Valuing People Data to Knowledge, Leadership, Learning, Improvement and Research, Whole-systems perspective
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / 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: ☒
	Outcome:	If no, please include rationale below: To be completed once final draft confirmed.
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: R&D Strategy will be translated into Welsh once final draft confirmed.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (<i>Pobl /Ariannol</i>) / Resource Impact (<i>People / Financial</i>)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Board are asked to **Approve** the CTMUHB R&D Strategy 2025-30.

6. Next Steps

6.1 The Strategy will be widely promoted to staff, key stakeholders and the public.



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University Health Board



“View from the Bwlch, Rhondda” by Mal Durbin

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD RESEARCH & DEVELOPMENT STRATEGY

2025-2030

Photograph Acknowledgments

The landscape photographs included in this strategy were shortlisted as part of CTMUHB R&D's competition to commemorate the opening of the Clinical Research Centre in March 2021. The competition, in collaboration with Uprise Print, a digital printing company based in Llantrisant, invited staff and members of the public to submit images of "natural beauty" across the localities of Merthyr and Cynon, Rhondda and Taff Ely and Bridgend. Thanks go to all contributors for sharing their photography of the local landscapes across Cwm Taf Morgannwg University Health Board.



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NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



The Cwm Taf Morgannwg University Health Board R&D Strategic Vision

“To embed research as a core function in all that we do and harness the potential of research to address the health challenges of our population and the development of our workforce, to transform future clinical service delivery.”

Foreword

Recent global events and increasing awareness of the dangers to population health have highlighted the importance of research in identifying cause and finding solutions to address these and reduce harm.

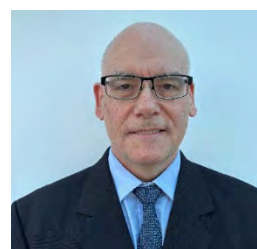
The NHS, through its access to the whole population and clinical and scientific expertise is central to generating, delivering and translating research to improve the health of the nation. Challenges such as increases in the older population will result in higher prevalence of age-related conditions and a subsequent increase in older people with care needs, estimated to be around 25% ¹, requiring different approaches in health care delivery.

Change in health care delivery will require a robust evidence base to optimise new approaches, and implement new technologies and treatments, that are also aligned to value based health care principles. A focus on the prevention of ill health is also an important strategic aim of the NHS. Central to help gather and generate the evidence and implement change will be a workforce that has the skills to undertake research, deliver change and the opportunity to develop their research and health care careers. An ambitious research agenda will be essential in meeting these outcomes.

It is well established that wider health determinants contribute to and ultimately impact NHS service demand. Research plays a key role in removing the barriers and facilitating collaborative working with education, prison service and the environment. Research can help identify and address the inequalities recognised as contributory to the state of the populations' health and ensure inclusivity and access to all who can benefit from research. Factors already recognised in other national health strategies such as the **Public Health Wales: Working together for a Healthier Wales.**² This strategy outlines how Cwm Taf Morgannwg University Health Board, as a key contributor to clinical service delivery in Wales, will maximise research opportunities for its population and beyond.



Professor Greg Dix
Executive Lead for
Research &
Development



Professor John Geen
Assistant Director for
Research &
Development

Introduction

What is Research?

Research is defined as ***“the mechanism to derive generalisable or transferable new knowledge to answer or refine relevant questions with scientifically sound methods”***³. This requires robust and ethical data acquisition and analysis to answer the research question under investigation. Research in the NHS improves the knowledge base of healthcare, health disorders, their prevention and their safe and effective treatment. Research is also inextricably linked to the provision of value and evidence-based health care.



Research is central to the development and delivery of the highest quality care, through the provision of a robust evidence base to inform change and improvement. There are numerous well-established benefits to being a research active organisation. It is recognised that research active organisations provide better care and have better patient outcomes in terms of morbidity and mortality, than NHS organisations that conduct less clinical research⁴. Research ensures that patients are provided with access to new therapies, treatments and technologies not yet routinely available. Research is also essential for delivering the Duty of Quality agenda across NHS Wales. Research participants can benefit from enhanced monitoring, learn more about their condition and overall health and feel a sense of pride in helping others by contributing to research^{5,6}. Organisational benefits include the recruitment and retention of high-quality staff, staff career development through research training and development and reduced level of burnout.

Furthermore, research builds partnerships between clinicians, academic partners, industry, third sector organisations and the public. Research, in conjunction with innovation and education, is a key pillar and essential criteria of maintaining university health board status.

Undertaking research provides financial benefits through the opportunity to recover costs and generate income to be re-invested in support of the research infra-structure, to further increase research capacity, in addition to the potential for cost avoidance / savings as a result of commercial companies providing medications for clinical trials. Research activity benefits the economy through the generation of jobs and



*“Southerndown”
by Tamsyn Clark*

gross value added (GVA)⁷. Research can contribute to prosperity and where there are more prosperous communities there will be healthier communities. It is important that all the benefits of research are visible and communicated to our workforce, our patients and the wider population.

CTMUHB is situated in the Southeast of Wales and encompasses three local authorities namely, Merthyr Tydfil, Rhondda Cynon Taf & Bridgend. CTMUHB provides physical and mental health services to a population of 450,000 across primary, secondary and community care, in addition to supporting the work of public health and the prevention agenda. It is essential that CTMUHB provides equitable access to research that is of a high quality, safe, co-produced, inclusive, impactful and relevant to the local, national and global health needs and challenges. This will enable health inequalities to be reduced and benefits to the population to be realised.

Cwm Taf Morgannwg University Health Board’s (CTMUHB) 5-year Research and Development Strategy 2025-2030, sets out how CTMUHB will

further develop its vision, infrastructure, research culture and impact, to embed research as a core function of the organisation. The strategic aims and objectives outlined in this strategy are set across primary care, secondary care, population health, community and social care and are applicable to all specialties and professions, both clinical and non-clinical.

This R&D strategy is aligned to the CTMUHB’s core values, described in the ***CTM 2030: Building Healthier Communities Together Strategy***⁸, with research and development strongly linked to each of the four strategic goals across the five key life stages, with prevention of ill health as a key objective. Furthermore, one of six quality ambitions outlined in ***CTMUHB’s Quality Strategy 2022-25***⁹ is for people to receive “effective care” that is appropriate and based on evidence obtained from high quality research. ***Cwm Taf Morgannwg Regional Partnership Board’s Population Needs Assessment 2022-2027***¹⁰ identified the needs and demands of the CTMUHB population. Mental health (including CAMHS), population health and workforce support are already areas of focus for CTMUHB’s research portfolio. Other priority areas for research identified include dementia, obesity, domestic violence, substance misuse, sensory loss, economic well-being, and safety and security. The recent success of the NHIR award for the Health Research Determinants Collaboration will foster and develop a partnership with the Rhondda-Cynon-Taf Local Authority to aid in the development of research at the interface of health and social care.

Figure 1: UK, Wales and UHB Strategic documents

The CTMUHB R&D strategy 2025-2030 has been developed aligned to key UK and Welsh Government policy and research focussed strategic documents to include the ***Well-being of Future Generations (Wales) Act 2015***¹¹ and ***A Healthier Wales: our Plan for Health and Social Care (2018)***¹² and ***A Healthier Wales Actions Refresh 2024***¹³.

In 2022, Health and Care Research Wales published ***Research matters; our plan for improving health and care research in Wales 2022-25***¹⁴ to be delivered in collaboration with the NHS, social care, higher education institutions, industry and funders. Four key aims are outlined in the plan: setting the agenda for health and social care research; funding and organising research; building capacity and capability in health and social care research; and using research to improve health and social care.



Other key strategies that have informed the CTMUHB R&D strategy include ***the Cancer Research Strategy for Wales***¹⁵ which aims to develop a collaborative, efficient, supported research community, to increase research grant income to improve prevention, diagnosis and treatment of cancer through delivery of six priority research themes. It is recognised that cancer patients in Wales miss out on opportunities to access new and novel cancer treatments or have to travel to England to access them. The ***“Tackling Cancer Through Research”***¹⁶ initiative sets out a plan to provide increased and inclusive access for Wales cancer patients to participate in commercial clinical studies.

The UK Governments ***Life Sciences Vision 2021***¹⁷ states, “The collective ambition of the Government and the Life Sciences sector is for the UK to build on the scientific successes and ways of working adopted during Covid-19 and tackle future disease challenges – the silent pandemics – including cancer, obesity, dementia, ageing; securing jobs, investment and become the leading global hub for Life Sciences.” The ABPI 10 Year Strategy states,

“We want the UK to be the best place in the world to research, develop and use the medicines and vaccines of the future”¹⁸.



Saving and improving Lives: Future of Research Delivery UK ¹⁹, developed by the UK Government and devolved nations sets out a 10-year vision “to create a world-leading UK clinical research environment which is more efficient, more effective and more resilient, with “**research delivery embedded across the NHS**”. A study commissioned by Cancer Research UK, **Creating Time for Research**²⁰, examined the barriers to undertaking research and confirmed the importance of developing the capacity of healthcare staff to conduct research. The critical importance of research was demonstrated through the rapid development of treatments and vaccines undertaken during the Covid-19 pandemic. Despite this significant rise in the profile of research, participant enrolment onto commercial clinical trials has decreased in recent years.²¹ *The Lord O’Shaughnessy review* into commercial trials in the UK²² outlined regulatory, funding and policy recommendations to resolve key challenges in conducting commercial clinical trials in the UK. The UK Clinical Research Delivery programme is a UK wide programme of work has been established to create a more accessible and efficient clinical research delivery system, with a key

priority being to streamline and reform the set up and delivery of clinical trials.

Delivering these strategies will ensure CTMUHB continues to make a significant contribution to the national and international research eco-system to improve patient and wider population health outcomes.

The Health and Care Research Wales NHS R&D Framework ²³ has been co-produced by Health and Care Research Wales and NHS R&D Directors, with contributions from the academic sector and patient and public involvement. Published in July 2023, the framework details ten pillars outlining “what research excellence looks like within NHS Organisations in Wales and where research is embraced, integrated into clinical service, and is a core part of the organisation’s culture”. In delivering the NHS R&D framework, it is important to note that research is one of the four pillars of advanced clinical practice and as such embedding research is a key action outlined in multiple professional frameworks and research strategies; emphasising the importance of providing support and time to enable the workforce to undertake research and drive forward improvements in service delivery and support career development.

CTMUHB has a very active and varied commercial and non-commercial research portfolio supported by a dedicated research service, to include Clinical Trials Pharmacists and technical support, Pathology (Research Clinical Scientist), Radiology, Public Health and Therapy professionals all integral to the R&D team. CTMUHB researchers are represented across all professions, clinical and non-clinical specialties.

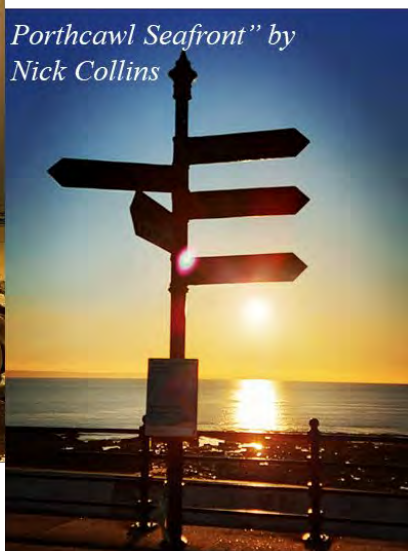
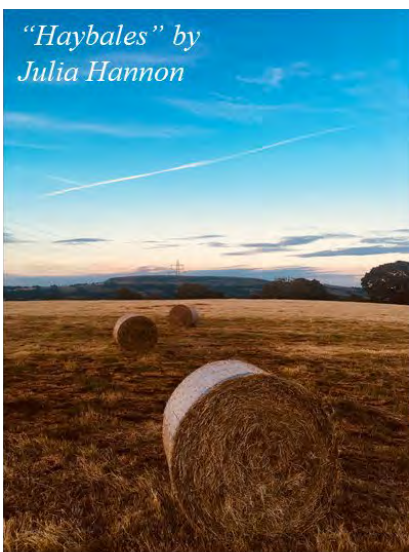
Key research strengths include Cardio-vascular (heart failure, Stroke, Pacing), Anaesthetics / Intensive Care Medicine, Public Health, CAMHS, Rheumatology, Gastroenterology, Biomarkers, Cancer, Obstetrics and Gynaecology, Maternity, Surgery, Endocrinology, Respiratory, Medical Devices, Dermatology, Physiotherapy, Sports Medicine, Podiatry, Dietetics and Workforce and Peoples Services.

As a research active organisation CTMUHB are in a unique position of collaborating and sharing resources with several academic partners to include Cardiff, Swansea, Cardiff Metropolitan, Trinity St Davids, the Open Universities and the University of South Wales.

With a dedicated and fully equipped Clinical Research Centre at the Royal Glamorgan Hospital and access to patients across 3 acute sites, multiple community hospitals and 50 GP practices to include Keir Hardie Health Park, the opportunities for recruiting research participants are extensive. This is further enhanced by the opportunity to support research in care homes (ENRICH Cymru), prisons and other under-represented populations. The proposed development of the Llantrisant Health Park provides an exciting opportunity to ensure research is incorporated into the daily work of this centre.

The CTMUHB R&D strategy looks to build on previous collaborative research and development successes at CTMUHB and outlines the next steps CTMUHB will take to demonstrate the organisations commitment to driving forward the research agenda, ensuring that all available opportunities to increase the development and delivery of high-quality research are maximised. Through ratification of this strategy, CTMUHB will support the R&D department with the delivery of the strategic action plan (see page 16) and the implementation of the 10 pillars of the Welsh Government NHS R&D Framework.

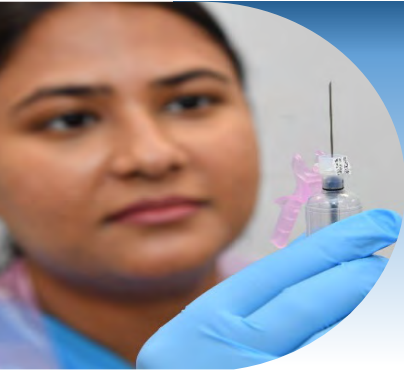
CTMUHB will work with our partners in Welsh Government, Health and Care Research Wales, NHS organisations, academia, industry, third sector, local authority and the population to develop and increase the UHB's commercial and non-commercial research activity deliver the objectives detailed in this strategy.



Setting the Strategic Objectives for CTMUHB R&D:

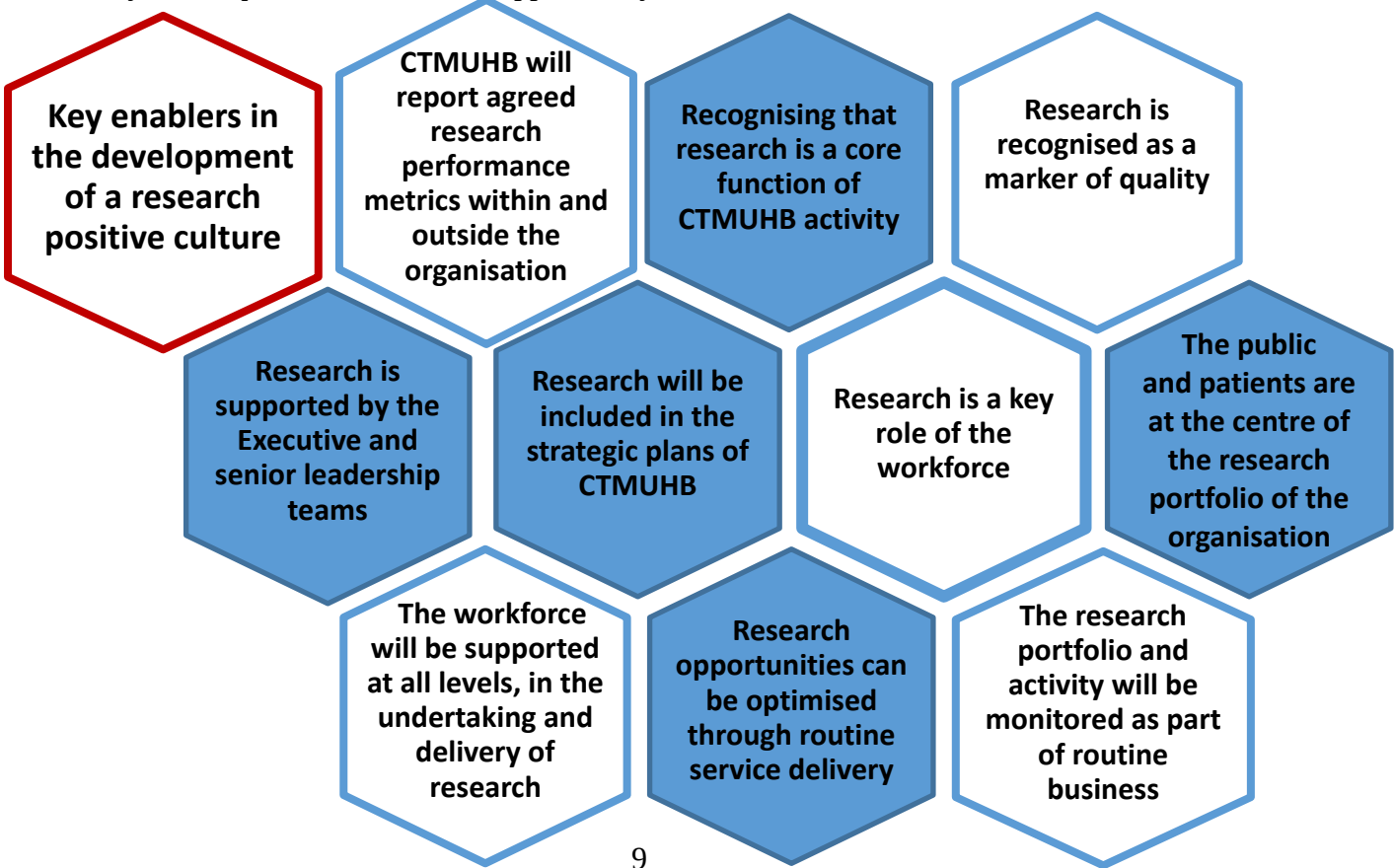
CTMUHB’s R&D strategic objectives have been set being cognisant of the UK, Welsh Government and CTMUHB’s strategic objectives for research and healthcare service delivery:

Action plans will outline the programme of work that needs to be undertaken across CTMUHB at departmental and strategic level to meet the strategic objectives and will aid in monitoring the delivery of this strategy.



The Health Board will continue to develop a culture where research is recognised as a core aspect of its purpose and essential for clinical effectiveness, service redesign and improvement.

Key to a pro-active research culture is the provision of an agreed strategy and shared ambition. This strategy sets the direction that will help support a positive research culture necessary to continue to develop the UHB’s research portfolio. CTMUHB is committed to developing, promoting, supporting and facilitating an active, innovative, inclusive, ambitious and supportive research culture, to help deliver evidence-based patient care. One key objective is to embed research in the CTMUHB’s service delivery, with the ultimate goal that all clinical and non-clinical services, ensure service delivery and research work hand in hand across the organisation. **Every patient contact is an opportunity for research.** The R&D department as a specialist service, has the skills, expertise and experience to support the strategic objectives and contribute to an active research culture. Promoting a culture where research is recognised as a core activity will require a collaborative approach by all stakeholders.





The Health Board will provide and support the required infrastructure for the sustainable delivery of high-quality research activity and workforce development.

The R&D Department provides a range of expert services enabling equitable access and support for research activity and workforce across the organisation. Continued R&D departmental workforce review ensures optimal research support for the organisation, providing career development opportunities and lifelong learning.

There is an opportunity to work smarter and optimise the support given by the R&D Department by utilising the available expertise and access to patients' healthcare professionals can provide, increasing the available research capacity and workforce development opportunities. A well-resourced infrastructure will also help maximise participant recruitment and retention.

Key enablers for a sustainable research infrastructure and workforce

- R&D department and research support services have the workforce capacity and capability to set up and deliver research to optimise recruitment and retention of study participants.
- Joint clinical and research roles, notably in services critical for research delivery, to include Pharmacy, Pathology, Allied Health Professions, Healthcare Scientists, Nursing and Midwifery, Public Health, Imaging and Medicine.
- Time and resources for workforce development of research skills and knowledge.
- Access to research training and mentorship opportunities e.g. to include working with academia, industry, centres, units, networks and Health and Care Research Wales Faculty.
- Inclusion of research time and responsibilities in the organisation's workforce plans, job descriptions and job plans.
- Appropriately equipped research facilities and infrastructure to deliver all types of studies.
- Designated space at all key secondary care sites and primary care to host research governance and delivery workforce to provide a comfortable environment for research participants to attend appointments, at their convenience, and attracts research partners involved in high quality commercial and non-commercial research.
- Chief Investigators, Principal Investigators and profession / departmental research champions to include support for the National Institute of Health Research (NIHR) Associate Principal Investigator scheme.
- Success with personal awards and grant funding in support of staff time and backfill.
- Horizon scanning new clinical developments to include research capacity and opportunity (Llantrisant Health Park).



Figure 2: Clinical Research Centre at Royal Glamorgan Hospital



***The Health Board, with R&D departmental support,
will maximise research related income and
investment.***

All Health Boards and NHS Trusts receive some of their funding for research delivery from Welsh Government, through Health and Care Research Wales Research Delivery funding. In addition to the core financial resources, there are a number of mechanisms by which other research funding streams can be secured in support of a sustainable research service, to include grant funding, commercial research cost recovery and capacity building income, charitable organisations and direct investment by the CTMUHB.





Promote and optimise all opportunities for collaborative working with research partners and public involvement.

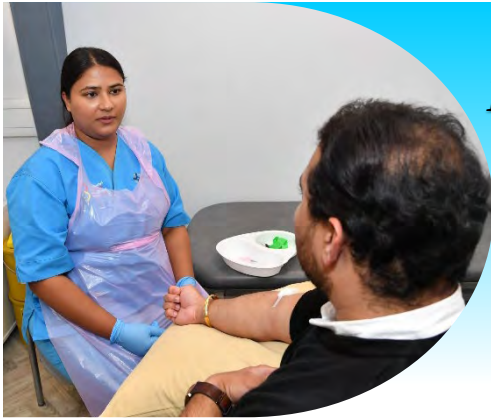
Key enablers to optimize all opportunities for collaborative working

- Shared organisational strategic aims, priorities, strengths, resources and expertise.
- Secure membership of research partners and the public on the Health Board's R&D Group.
- Clinical academic roles (all professions with academic partners, with clinical, education and research portfolios).
- Students and trainee access to NHS R&D as part of their educational qualification, vocational experience and clinical placements.
- Engagement events providing opportunities to facilitate research **partnerships**.
- Embedded advisory and leadership roles across partners.
- Equitable access to research for all participants which reflects the diverse population and ensures full inclusivity to include ethnicity, homelessness, rurality, rare diseases.
- Equitable support for all researchers and research partners.
- One Wales approach and "Once for Wales" to facilitate rapid study set up.

CTMUHB's promotes and supports multi-disciplinary, multi-professional and multi-agency working across the health board. The R&D department facilitates and encourages collaborative projects with academic, industry and third sector partners. It is essential for these relationships to continuously develop the CTMUHB research portfolio.

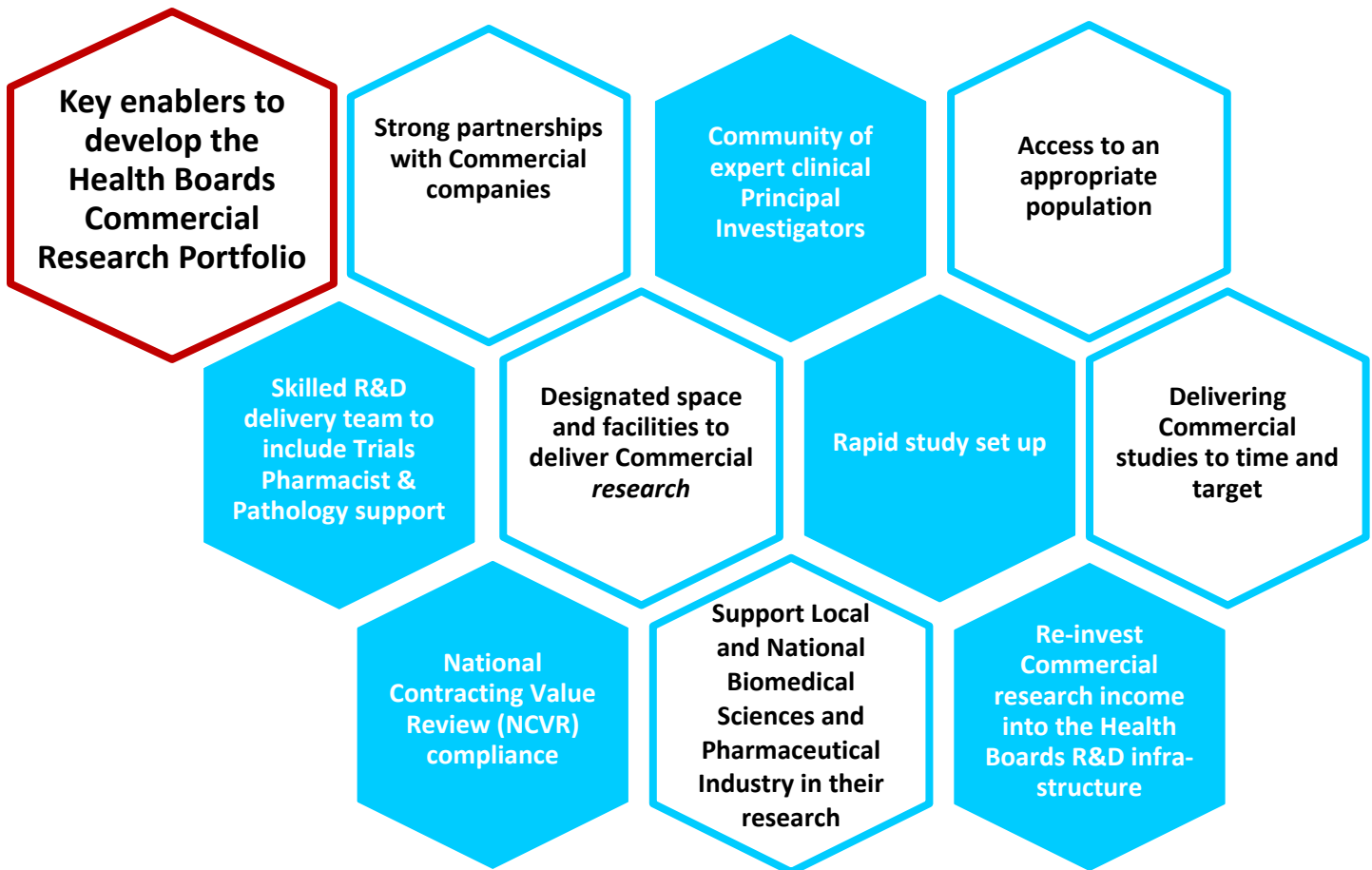
Building partnerships and strong connections through engagement with the public is also a key strategic aim. Establishing research priorities, contributing to study design, promoting research and dissemination of findings with shared recognition of their contribution are key areas where public involvement can support research across the organisation. Developing strategies to ensure the inclusion of the underserved communities and groups will also be important, to include digital literacy and access to digital technologies.

The Health and Care Research Wales "Discover Your Role in Health and Social Care Research Public Involvement Action Plan"²⁴ and "Inclusivity Action Plan 2025-2028"²⁵ will help provide guidance to progress the approach.



Develop the Commercial Research Portfolio of the Health Board and support the Local and National Life Sciences and Pharmaceutical Industry

Commercial research can provide the population with access to new and innovative medications, therapies and technologies, unavailable through routine care. In addition, Commercial research can provide an additional source of income that can be re-invested into the Health Boards research infra-structure and help with the provision of a sustainable research active organisation. Undertaking Commercial research is a key national objective to help improve patient care and maximise the benefits of a flourishing Pharmaceutical and life sciences industry across the UK. All of which can help support the organisation in delivering its corporate responsibilities over and above those solely related to health.



Informing all stakeholders of research opportunities is essential for researcher, workforce and population engagement. A good communications plan can also help deliver the public involvement and inclusivity agenda of the strategy and highlight the benefits of participating in and delivering high quality research.

Key enablers for the effective dissemination of research opportunities, findings, benefits and impact.

- Patient, Public, Workforce and research partner awareness that CTMUHB is a research active organisation (through research specific or clinical interface communication opportunities).
- Communication strategy to share all research related information through multiple medias.
- Well established multiple routes and portals for sharing research information, outcomes and impact.
- Annual showcase to share the research undertaken its impact and successes, by the organisation's workforce and research partners.

“Research is something that everyone can do, and everyone ought to do. It is simply collecting information and thinking systematically about it”

**Prof Konrad Lorenz (Biologist)
Nobel Laureate**

Knowledge mobilisation and translation of research findings into clinical practice is critical to the provision of evidence-based, high-quality care. It is vital therefore that mechanisms are in place to ensure that all research undertaken is disseminated in a timely manner to maximise research impact, patient outcomes, patient experience and share changes in evidence-based practice.

Dissemination of research findings also demonstrate the organisation's ability to set up and complete research studies, meeting the required recruitment target in the timeframe agreed under expert clinical oversight and study leadership. It is also an opportunity to recognise the researchers and the high-quality research they are undertaking.

Patient storytelling and case studies can also help highlight the impact research has on the patient and population from their perspective. It also provides an opportunity to recognise the essential role patients, and the population play in all stages of the research process.

Support and close working partnerships with CTMUHB and HCRW communications teams will be critical in developing an effective communications plan.



Adopt novel research design, methodologies, digital technologies and advanced therapies to inform future clinical service delivery.

Recent years have seen significant developments in research design and new technologies for use in the development and delivery of research. It will be important for CTMUHB to work with its partners to take full advantage of these emerging innovations in research design, data and technologies. This addresses the strategic objectives of the Delivery Plan for Advanced Therapies in Wales 2025-2029²⁶ and the Research Matters: A Genomics Research Strategy for Wales²⁷.

The Covid pandemic introduced innovative research design to manage the barriers to research delivery, implementing e-consent and virtual research visits, enabling the participant to stay in their own environment and reducing the need for hospital visits. The Covid vaccine registry also enabled research sites to approach a pool of patients that had already expressed an interest in participating in vaccine trials to enable an efficient screening and recruitment pathway, which CTMUHB utilised as part of the delivery of a Moderna vaccine trial.

Upcoming changes to the Good Clinical Practice (GCP) Regulations, UK Clinical Trials Regulations and the Declaration of Helsinki reflect these changes in practice and innovations in recent years. Updates to these regulations and policy statements account for technological innovations, introduce proportionality and a risk-based approach to governance and set-up, and reinforce the importance of principles such as research transparency, sustainability and patient and public involvement in research.

It will be important for CTMUHB to continue to embrace these new approaches, recommendations and pathways and explore and consider other mechanisms that can streamline the participant recruitment process, facilitate participant retention, utilise population health datasets, new technologies and diagnostics.



In alignment with the Health and Care Research Wales Data for Research programme, CTMUHB will also embrace the available data repositories for large scale data analysis studies

through collaboration with SAIL and the Wales National Data repository currently under development



CTMUHB R&D Strategic Action Plan 2025-30

The Health Board will continue to develop a culture where research is recognised as a core aspect of its purpose and essential for clinical effectiveness, service redesign and improvement.

	Action	Timescale for delivery	Key partner(s) to facilitate delivery
a	Inclusion of research as a regular agenda item at Health Board Executive level meetings within and outside the Health Board.	April 2025	Corporate services
b	Inclusion of research in all strategic documentation developed across CTMUHB to include the organisation's annual report.	March 2027	Strategic Planning, Corporate team, Care Group, Directorate and Senior Leaders
c	Development and reporting of R&D metrics at internal and external meetings (e.g. Executive - Care Group performance meetings) to include number of open studies, number of research participants, active researchers by profession, number of research active staff (e.g. Principal / Chief Investigators / Associate PI's), Number of sessions awarded for Research (SPA/ other HCP sessions) (not exhaustive).	October 2025	Executives, Care Group, Directorate and Senior Leaders
d	Inclusion of research plans in the IMTP for each Department and Care Group.	March 2026	Strategic Planning, Corporate team, Care Group, Directorate and Senior Leaders

The Health Board will provide and support the required infrastructure for the sustainable delivery of high-quality research activity and workforce development.

	Action	Timescale for delivery	Key partner(s) to facilitate delivery
a	Secure additional clinical and administrative space for research activities at Prince Charles and Princess of Wales Hospitals.	March 2027	Executive Directors, Strategic Planning, Senior Leaders, Facilities

b	Continue to review the R&D infrastructure to further develop research capacity and capability.	March 2026	Care Group, Directorate and Departmental Directors and Senior Leaders
c	Include R&D activity when assessing capacity required for service delivery when undertaking workforce planning.	March 2027	Workforce & OD, Care Group, Directorate, Departmental Directors and Senior Leaders
d	The R&D Department will facilitate an increase in the number of CTMUHB Chief Investigators, with the aim of having 10 Chief Investigators by March 2027 and 15 Chief Investigators per year by 2030.	March 2027 and March 2030	Clinical Researchers
e	Provide dedicated research time for medical staff through the provision of SPA for research. The UHB will have a target of 10% of SPA sessions providing support for research activity by 2026 and 15% by 2030. Research activity (e.g. Studies opened and supported) will be reviewed annually through the Job planning process.	March 2026 and March 2030	Workforce & OD, Medical Directors, Clinical Directors, Care Group Managers, Researchers
f	All Job Descriptions at Band 7 (and above) for Advanced Practice roles to include research with associated designated sessions. Research activity (e.g. Studies opened and supported and outputs) will be reviewed annually through the PDR process.	March 2027	Workforce & OD, Clinical Directors, Departmental, Directorate & Care Group Managers
g	Continue to develop joint clinical and research roles in services critical for research delivery include Pharmacy, Pathology, Allied Health Professions, Healthcare Scientists, Nursing and Midwifery, Public Health, Imaging and Medicine.	March 2027	Workforce & OD, Clinical Directors, Departmental, Directorate and Care Group Managers, Assistant Director for R&D

The Health Board, with R&D departmental support, will maximise research related income and investment.

	Action	Timescale for delivery	Key partner(s) to facilitate delivery
a	Continue to work with Health and Care Research Wales to maximise opportunities to secure additional NHS R&D funding.	Commencing May 2025	Health and Care Research Wales

b	Increase the number of grant applications submitted by CTMUHB researchers to 10 per year by 2030.	Commencing May 2025	Academic, Industry, Third Sector & Local Authority Partners, Researchers
c	Secure additional research funding from all non-commercial sources to £1 million to include cost recovery, excess treatment costs, grant funding, government funding schemes and third sector by 2028.	March 2028	Academic, Industry, Third Sector & Local Authority Partners

Promote and optimise all opportunities for collaborative working with research partners and public involvement.

	Action	Timescale for delivery	Key partner(s) to facilitate delivery
a	Increase the number of joint multi-professional and multi-disciplinary projects by 5% year on year with our academic, industry, third sector and local authority partners, signposting our partners to potential Chief Investigator and Principal Investigators.	May 2025	Academic, Industry, Third Sector & Local Authority Partners
b	CTMUHB will continue to provide financial support, through the R&D Department, to continue to run an annual research collaboration funding call to facilitate NHS-Academic partnership working.	May 2025	Finance team
c	CTMUHB will support the development of research partnerships with local businesses.	March 2026	Local Businesses
d	Develop training and work experience opportunities for all Health care professions seeking experience of research as part of their education and development.	May 2025	Academic and Educational Institutions and Organisations
e	The Health Board will work with Academic Partners to explore the development of Clinical Academic roles with a clinical, education and research portfolios.	March 2030	Academic and Educational Institutions and CTM Clinical Education Department
f	Work with Patient and Public Involvement (PPI) networks to ensure the representation, involvement and engagement of patients and the public in the establishment of research priorities and the design, delivery and dissemination of research. This will include the involvement and recruitment of underserved populations.	May 2026	CTMUHB's Research Active Professionals Patient Experience Team, Patients, Health and Care Research Wales
g	Continue to work with Health and Care Research Wales towards a Once for Wales and One Site Wales approach, where appropriate.	Commencing May 2025	Health and Care Research Wales, NHS Organisations

Develop the Commercial Research Portfolio of the Health Board and support the Local and National Life Sciences and Pharmaceutical Industry

	Action	Timescale for delivery	Key partner(s) to facilitate delivery
a	Support the implementation of the UK wide commercial Site ID system, to include the development of a marketing profile to promote CTMUHB and maximise commercial research opportunities.	July 2025	Health and Care Research Wales, CTMUHB Communications, CTMUHB ICT Service
b	Increase the number of Commercial research studies to 15 per year by 2030.	April 2030	Industry, Health and Care Research Wales, Clinical Researchers, Academic Partners
c	Increase the number of participants recruited to commercial research studies to 100 per year by 2030.	April 2030	Industry, Health and Care Research Wales, Clinical Researchers, Academic Partners
d	Increase the UHB's generation of commercial research income by 50% by 2030.	April 2030	Industry, Health and Care Research Wales, Clinical Researchers, Academic Partners

Effective dissemination of research opportunities, findings, benefits and impact.

	Action	Timescale for delivery	Key partner(s) to facilitate delivery
a	The R&D Department will work with all services to raise patient and population awareness of research activity across the Health Board and utilise their stories and experiences of research participation.	March 2026	Clinical Services, Medical appointments, Communications / ICT Patient Experience team and Patients
b	The R&D Department will develop a publicly accessible internet page to promote, support and disseminate the scope of research being undertaken across CTMUHB and the resultant outputs and impact to the NHS.	July 2025	CTMUHB Communications, CTMUHB ICT Service
c	The R&D Department will further develop its communications plan and work with the communications teams from CTMUHB and Health and Care Research Wales to promote research and research studies across the UHB and partners.	January 2026	Health and Care Research Wales & CTMUHB Communications

d	Develop mechanisms for recording, documenting and sharing the impact of research.	April 2026	CTMUHB Communications
<i>Adopt novel research design, methodologies, digital technologies and advanced therapies to inform future clinical service delivery.</i>			
	Action	Timescale for delivery	Key partner(s) to facilitate delivery
a	Embrace emerging design and technologies for use in the efficient delivery of research (e.g. research registries, recruitment applications and QR codes, virtual research visits, electronic site file platforms, research registries), in accordance with relevant data protection requirements.	May 2025	ICT Service
b	Support the development and delivery of research involving the use of routine health data and facilitate access to internal data sources and external repositories e.g. SAIL.	March 2026	Information / Analyst Team
c	Support the development and delivery of research evaluating the use of applications, digital tools, Artificial Intelligence (AI), Genomics and Advanced Therapies, maximising access to innovative treatments, personalised medicine and care pathways for CTMUHB's population.	May 2025	Clinical Researchers, Research Partners

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CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

RESEARCH & DEVELOPMENT STRATEGY

2025-2030



VISION

“To embed research as a core function in all that we do and harness the potential of research to address the health challenges of our population and the development of our workforce, to transform future clinical service delivery.”

OVERVIEW



Cwm Taf Morgannwg University Health Board’s Research and Development Strategy 2025-2030 sets out how the organisation will further develop its vision, infrastructure, **research culture** and **impact**, to maximise all opportunities increase the development and delivery of research across the organisation.



The strategic aims and objectives are set across **primary care, secondary care, population health, community and social care** and are applicable to **all specialties and professions, both clinical and non-clinical**.



We will work with our partners in **Welsh Government, Health and Care Research Wales, NHS organisations, academia, industry, third sector, local authority** and the **population** to deliver the strategic objectives.



Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

OBJECTIVES



The Health Board will continue to develop a culture where research is recognised as a core aspect of its purpose and essential for clinical effectiveness, service redesign and improvement



The Health Board, with R&D departmental support, will maximise research related income and investment



Develop the Commercial Research Portfolio of the Health Board and support the Local and National Life Sciences and Pharmaceutical Industry



Adopt novel research design, methodologies, digital technologies and advanced therapies to inform future clinical service delivery



The Health Board will provide and support the required infrastructure for the sustainable delivery of high-quality research activity and workforce development



Promote and optimise all opportunities for collaborative working with research partners and public involvement



Effective dissemination of research opportunities, findings, benefits and impact



Agenda Item

8.1.6

CTM Public Board

Reservation of Powers and Scheme of Delegation

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public
Awdur yr Adroddiad / Report Author	Stacey Taylor, Director of Finance & Value Jacqui Maunder, Committee Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr yr Adroddiad / Report Sponsor	Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Approval

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

Committee/Group/Individuals	Date	Outcome
NHS Wales Joint Commissioning Committee meeting	20 May 2025	Approved
Senior Leadership Team (SLT)	7 May 2025	Endorsed Endorsed

Acronyms / Glossary of Terms

CTMUHB	Cwm Taf University Health Board
HA	Hosting Agreement
HB	Health Board
MOA	Memorandum of Agreement
NWJCC	NHS Wales Joint Commissioning Committee
SO	Standing Orders
SFI	Standing Financial Instructions

1. SITUATION/BACKGROUND

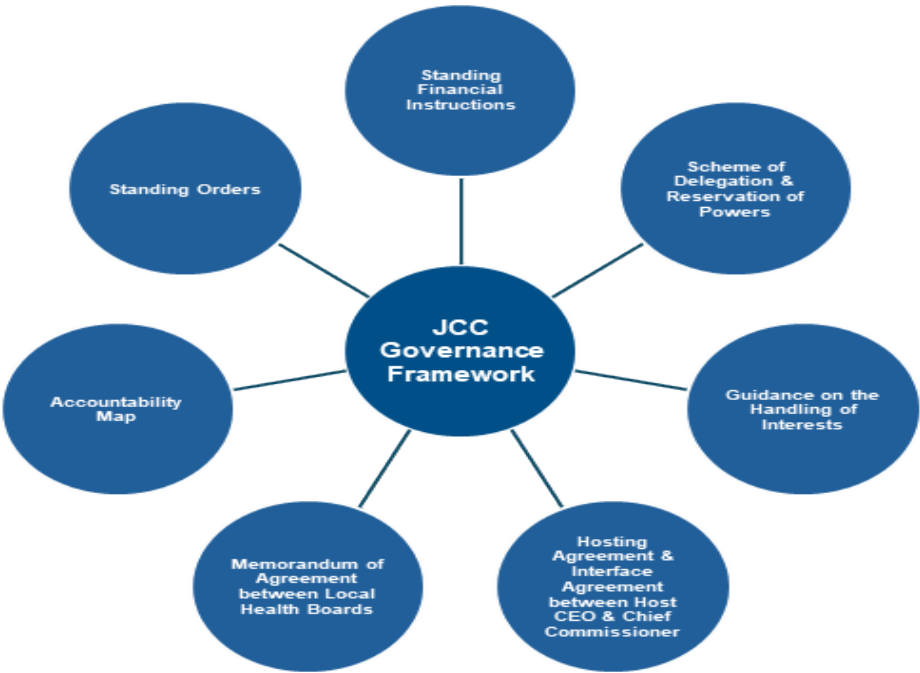
The purpose of this report is to request that the Board approves the updated Scheme of Delegation and Reservation of Powers for the matters further delegated from the NHS Wales Joint Commissioning Committee (NWJCC) to the Chief Commissioner (and other Officers as appropriate) as a schedule to the Health Board’s (HB) Standing Orders.

Noting that the NWJCC approved the Scheme of Delegation and Reservation of Powers, for adoption, at its meeting on 20 May 2025.

1.1 GOVERNANCE FRAMEWORK FOR THE NHS WALES JOINT COMMISSIONING COMMITTEE

The Governance Framework for the NWJCC contains a number of key components which, combined, set out the legislative framework, constitution and ways of working for the NWJCC in its operations and handling of business. These documents are an integral part of the wider governance framework of Health Boards and have been developed within that context.

The Governance Framework for the NWJCC will contain the following and an update on each element is provided below:



Section 4 of the NWJCC Standing Orders (SOs) stipulates that the Joint Committee may make arrangements for certain functions to be carried out on its behalf, so that the day-to-day business of the Joint Committee may be carried

out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made. The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

- Schedule of matters reserved to the Joint Committee;
- Scheme of delegation to joint sub-Committees and others; and
- Scheme of delegation to the Chief Commissioner and others as appropriate all of which must be formally adopted by the Joint Committee and approved by LHB Boards as a schedule to their own SOs.

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

Each of the seven Health Boards are required to formally adopt the NWJCC's SOs, Scheme of Delegation and Reservation of Powers, and Standing Financial Instructions (SFIs), as part of its overall governance framework for the HB, with the NWJCC being a formal Joint Committee.

Joint Committee Meeting	Governance Document
9 April 2024	1.Standing Orders 2.Standing Financial Instructions, 3.Scheme of Reservation and Delegation of Powers and 4. NWJCC Transitional Delegated Financial authorisation matrix The seven HBs approved the NWJCC SOs, the Scheme of Reservation and Delegation of Powers and SFIs in March 2024, and the Joint Committee adopted the NWJCC Standing SO's, the Scheme of Reservation and Delegation of Powers and SFIs at its inaugural meeting on 8 April 2024, and they were included as a schedule to each of the HBs own SOs and have effect as if incorporated within them. The Joint Committee also approved the NWJCC Transitional Delegated Financial authorisation matrix. It was recognised that the Scheme of Reservation and Delegation of Powers and the NWJCC Transitional Delegated Financial authorisation matrix would need to be updated further during the transition phase to reflect developments concerning delegated matters to the NWJCC, the Chief Commissioner, Directors and the new sub-committees once established.

Joint Committee Meeting	Governance Document
9 April 2024	1.Accountability Map and 2.Guidance on the Handling of Interests The Accountability Map outlining the formal accountabilities and formal relationships between Welsh Government, Health Boards, Cwm Taf University Health Board (CTMUHB) as the Host Body, the NWJCC and its Team; and the Guidance on the Handling of Interests which sets out the arrangements for the appropriate handling of declarations of interests within the NWJCC's business, were both received by the Joint Committee at its inaugural meeting on 8 April 2024.
17 September 2024	1.The Hosting Agreement (HA) and 2.Memorandum of Agreement (MoA) The Hosting Agreement (HA) and the Memorandum of Agreement (MoA) were endorsed by the Joint Committee on 17 September 2024 and were approved by the seven HBs at their September 2024 Board meetings. The Joint Committee were advised that work was ongoing during the transition phase to finalise the last part of the governance framework namely updating the Scheme of Reservation and Delegation of Powers.
20 May 2025	Joint Commissioning Committee Scheme of Reservation and Delegation of Powers The Joint Committee approved the adoption of the updated Scheme of Delegation and Reservation of Powers for the matters further delegated from the NWJCC to the Chief Commissioner (and other Officers as appropriate) all of which must be formally adopted by the Joint Committee and approved by HBs as a schedule to their own SOs, and reviewed and approved the updated financial scheme of delegation and the financial authorisation limits.

2.ASSESSMENT

2.1 Scheme of Delegation and Reservation of Powers

The NWJCC's Scheme of Reservation and Delegation of Powers forms an annex to the NWJCC's SOs, which form a schedule to each HBs own SOs and have effect as if incorporated within them. The Scheme of Delegation and Reservation of Powers, sets out in the context of the NWJCC's business:

- Those matters reserved for HBs;
- Those matters delegated from HBs and reserved for the NWJCC; and
- Those matters further delegated from the NWJCC to the Chief Commissioner (and other Officers as appropriate).

The Scheme of Reservation and Delegation of Powers is set out in two parts. The first part is the Schedule of Matters Reserved to the HBs and the Joint Committee see **Appendix 1** which is prescribed by Welsh Government; the second part is the Scheme of Delegation to the Chief Commissioner, Corporate Directors and Officers. Section 6.15 of the NWJCC SOs state:

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

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

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

For completeness a mapping exercise has been undertaken to capture all of the delegations into one document, which is presented as the Scheme of Reservation and Delegation of Powers to the Chief Commissioner see **Appendix 2**. This includes delegations to the NWJCC, the Chief Commissioner and Tier 2 Directors.

2.2 Financial Authorisation Matrix Limits

The NWJCC's SFIs form an annex to the NWJCC's SOs, which form a schedule to each HB's own SOs and have effect as if incorporated within them. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day-to-day operating practice. These SFIs will align with the NWJCC's Scheme of Delegation and Reservation of Powers and also be underpinned by an operational Scheme of Delegation which provides delegated authorisation levels and other delegated responsibilities in respect of financial management and control.

The SFIs were approved by the NWJCC at its meeting on 20 May 2025.

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
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 Resilient Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance gov.wales)	Leadership
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance gov.wales)	Effective
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

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:	
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:	A Regulatory Impact Assessment is contained with the Explanatory Memorandum to The National Health Service Joint Commissioning Committee (Wales) Regulations 2024 .
Cyfreithiol / Legal	Section 4.2 of the NWJCC SOs state: Reservation and Delegation of Joint Committee Functions 4.2 Within the framework approved by each LHB Board and set out within these JCC SOs and subject to any directions that may be given by the Welsh Ministers; the Joint Committee may make arrangements for certain functions to be carried out on its behalf, so that the day-to-day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made. 4.3 The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a) Schedule of matters reserved to the Joint Committee b) Scheme of delegation to joint sub-Committees and others, and c) Scheme of delegation to the Chief Commissioner and others as appropriate all of which must be formally adopted by	

	the Joint Committee and approved by LHB Boards as a schedule to their own SOs. 4.4 The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.
Enw da / Reputational	There is no direct impact on the reputation of the Local Health Boards or the Joint Committee 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. There is not expected to be an additional cost associated with the proposal in this report. Determining and approving the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure) is reserved to the Joint Committee and the Chief Commissioner.

3. RECOMMENDATIONS

The Board are asked to:

- **Note** the development of the NWJCC's governance framework, as a key component of the Health Board's governance framework.
- **Note** that the Joint Committee approved the adoption of the updated Scheme of Delegation and Reservation of Powers on 20 May 2025.
- **Approve** the adoption of the updated Scheme of Delegation and Reservation of Powers for the matters further delegated from the NWJCC to the Chief Commissioner (and other Officers as appropriate) all of which must be formally adopted by the Joint Committee and approved by LHB Boards as a schedule to their own SOs.



NHS WALES JOINT COMMISSIONING COMMITTEE

SCHEME OF DELEGATION AND RESERVATION OF POWERS

A. MATTERS RELATING TO THE JCC, <u>RESERVED</u> FOR HEALTH BOARDS		
REF.	AREA	MATTER
A1.	Operating Arrangements	Approval of the Joint Committee's Governance Framework, including: - JCC Standing Orders - JCC Standing Financial Instructions - JCC Scheme of Delegation and Reservation of Powers - JCC sub-Committee Terms of Reference
A2.	Strategy & Planning	Endorse the long-term strategic plan for the development of those functions delegated to the NHS Wales Joint Commissioning Committee (the Joint Committee), as agreed by the Joint Committee
A3.	Strategy & Planning	Endorse the JCC Integrated Medium-Term Plan, as agreed by the Joint Committee for inclusion in LHB Integrated Medium-Term Plans
A4.	Strategy & Planning	Endorse the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure), as agreed by the Joint Committee

B. MATTERS RELATING TO THE JCC, <u>DELEGATED FROM</u> HEALTH BOARDS AND <u>RESERVED FOR THE JOINT COMMITTEE</u>		
REF.	AREA	MATTER
B1.	Operating Arrangements	Develop, vary, and amend the Joint Committee's Governance Framework for LHB approval, including: - JCC Standing Orders - JCC Standing Financial Instructions - JCC Scheme of Delegation and Reservation of Powers - JCC sub-Committee Terms of Reference
B2.	Operating Arrangements	Develop and approve arrangements for the handling of Interests declared by Joint Committee members, in alignment with the Host Body's Values and Standards of Behaviour Framework
B3.	Operating Arrangements	Develop and approve the Terms of Reference and Operating Arrangements for the following which are deemed necessary to provide the JCC with advice in the exercise of its functions: - Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field. - Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue.
B4.	Strategy & Planning	Develop and approve the long-term strategic plan for the development of those functions delegated to the NHS Wales Joint Commissioning Committee (the Joint Committee)
B5.	Strategy & Planning	Develop and approve the JCC's Integrated Medium-Term Plan, for LHB approval
B6.	Operating Arrangements	Ratify any urgent decisions taken by the Chair, in-line with JCC Standing Order requirements

B7.	Operating Arrangements	Receive report and proposals, after consideration by the appropriate Audit Committee, regarding any non-compliance with JCC Standing Orders (and schedules contained within), and where required ratify in public session any action required in response to failure to comply with JCC SOs for onward reporting to LHBs
B8.	Operating Arrangements	Adopt the Host Body's Values and Standards of Behaviour Framework for the JCC
B9.	Strategy & Planning	Determine and approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
B10.	Operating Arrangements	Approve the Joint Committee's Risk and Assurance Framework, ensuring alignment with the Host Body
B11.	Operating Arrangements	Approve the Joint Committee's Performance Management Framework
B12.	Performance & Assurance	Receive reports from the Chief Commissioner on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans
B13.	Performance & Assurance	Receive assurance reports from the Joint Committee's sub-Committees and groups on the performance of those services commissioned by the JCC, and approve action required, including improvement plans, where required
B14.	Performance & Assurance	Receive reports produced by external regulators and inspectors (including, e.g., Audit Wales, HIW, etc.) that raise issue or concerns impacting on the Joint Committee's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-Committees (as appropriate)
B15.	Performance & Assurance	Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required
B16.	Performance & Assurance	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Commissioner, set out in the JCC's SFIs, and in-line with any requirements of the Host Body
B17.	Performance & Assurance	Approve the Joint Committee's audit and assurance arrangements, in-conjunction with the Host Body as the provider of an internal audit function
B18.	Performance & Assurance	Receive assurance regarding the Joint Committee's performance against the Health and Care Quality Standards 2023 and the Duty of Quality and the arrangements for approving required action, including improvement plans, to provide onward assurance to LHBs and the Host Body.
B19.	Strategy & Planning	Approve policies for the equitable access to safe and sustainable, high quality health care services across Wales for those services which fall within the scope of the JCC
B20.	Strategy & Planning	Approve the JCC's key plans and programmes required to exercise its functions relating to the planning, securing and commissioning of those services delegated to it (excluding the Integrated-Medium Term Plan [B5]).

C. MATTERS RELATING TO THE JCC, DELEGATED FROM THE JOINT COMMITTEE TO THE CHIEF COMMISSIONER

REF.	AREA	MATTER
C1.	Performance & Assurance	Responsibility for the leadership and overall delivery of the JCC's: Integrated Medium-Term Plan; and

		Budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
C2.	Performance & Assurance	Responsibility for the framework for planning and securing those services delegated to the JCC from LHBs, in-line with the approved Integrated Commissioning Plan (title to be confirmed)
C3.	Performance & Assurance	Responsibility for ensuring the Health and Care Quality Standards 2023 and the Duty of Quality is embedded within Joint Committee Team's activity
C4.	Performance & Assurance	Responsibility for implementing those policies approved by the JCC in relation to the planning and securing of those services delegated to the JCC from LHBs

D. MATTERS RELATING TO THE JCC, DELEGATED FROM THE JOINT COMMITTEE TO SUB-COMMITTEE AND OTHERS (INCLUDING INDIVIDUAL LAY MEMBERS)

REF.	AREA	MATTER
		<i>To be determined upon establishment of the JCC</i>

	Welsh Government / Chief Executive of NHS Wales	NWJCC	Joint Committee Chair	CEO Host Body and host body committees	Chief Commissioner	Deputy Chief Commissioner and Director of Finance and Value	Director of Commissioning for Ambulance and 111 Services	Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups	Director of Commissioning for Specialised Services	Medical Director	Director of Nursing and Quality	Director of Corporate Planning and Strategy	Committee Secretary and Assistant Director of Corporate Services
Welsh Government Ministers and CEO NHS Wales													
NHS Wales JCC Directions WG24-06 (to health boards to establish a joint committee to exercise the relevant functions)	✓												
NHS Wales JCC Regulations 2024 no 135 (W29)	✓												
Accountable officer status from WG to Chief Commissioner (letter and memo)	✓				✓								
Role of the JCC (SO 2.20)													
Determine a long-term strategy for the commissioning of services delegated to the JCC		✓			✓								
Produce an Integrated Medium-Term Plan which describes how these services will be delivered on behalf of LHBs through clear 'commissioning intentions' which informs and complements the LHBs Integrated Medium-Term Plans (IMTPs)		✓			✓							Lead	
In commissioning services, the JCC will act in accordance with the Directions and Scheme of Delegation of the health boards		✓			✓								Lead
Identify and evaluate existing, new and emerging services and treatments and advise on the way in which these services should be delivered		✓			✓					Lead			
Develop policies (service specifications) for the equitable access to safe and sustainable, high quality health care services across Wales for those services which fall within the scope of the JCC (see line 35)		✓			✓					Lead			
Determine annually those services that should be commissioned on a regional or national basis		✓			✓								
Determine the appropriate level of funding for the commissioning of directed and delegated services at a regional or national level and determine the contribution from each LHBs for those services (which will include the running costs of the JCC and the Joint Commissioning Team) in accordance with any specific directions set by the Welsh Ministers		✓			✓	Lead							
Secure the provision of services delegated at a regional and national level including those to be delivered by providers outside of Wales		✓			✓								
Ensure the JCC operates within an appropriate governance framework.		✓			✓								Lead
Matters delegated from HBs and reserved for JCC													
Develop, vary, and amend the Joint Committee's Governance Framework for LHB approval, including: •JCC Standing Orders •JCC Standing Financial Instructions •JCC Scheme of Delegation and Reservation of Powers •JCC sub-Committee Terms of Reference (B1)	Accountable for model SOs and SFIs	✓		Responsible for inclusion in CTMUHB and all HBs SOs and SFIs									Lead
Develop and approve arrangements for the handling of Interests declared by Joint Committee members, in alignment with the Host Body's Values and Standards of Behaviour Framework (B2)		✓			✓								Lead
Develop and approve the Terms of Reference and Operating Arrangements for the following which are deemed necessary to provide the JCC with advice in the exercise of its functions: •Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field. •Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue. (B3)		✓			✓								Lead
Develop and approve the long-term strategic plan for the development of those functions delegated to the JCC (B4)		✓			✓							Lead	
Develop and approve the JCC's Integrated Medium- Term Plan, for LHB approval B5		✓			✓							Lead	
Ratify any urgent decisions taken by the Chair, in- line with JCC SOs (B6)		✓	✓		✓								Lead
Receive report and proposals, after consideration by the appropriate Audit Committee, regarding any non- compliance with JCC Standing Orders (and schedules contained within), and where required ratify in public session any action required in response to failure to comply with JCC SOs for onward reporting to LHBs (B7)		✓			✓								Lead
Adopt the CTMUHBs Host Body's Values and Standards of Behaviour Framework for the JCC (B8)		✓		Responsible for Values and Standards of Behaviour Framework	✓								Lead
Determine and approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure) (B9)		✓			✓	Lead							
Approve the JCC's Risk and Assurance Framework, ensuring alignment with the Host Body (B10)		✓			✓								Lead
Approve the JCC's Performance Management Framework (B11)		✓			✓	Lead							
Receive reports from the Chief Commissioner on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans (B12)		✓			✓							Lead	
Receive assurance reports from the JCC's sub-Committees and groups on the performance of those services commissioned by the JCC, and approve action required, including improvement plans, where required (B13)		✓			✓								Lead
Receive reports produced by external regulators and inspectors (including, e.g., Audit Wales, HIW, etc.) that raise issue or concerns impacting on the JCC's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of JCC sub-Committees (as appropriate) (B14)		✓			✓								Lead
Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required (B15)		✓			✓							Lead	
Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Commissioner, set out in the JCC's SFIs, and in-line with any requirements of the Host Body (B16)		✓		✓	✓	lead							
Approve the JCC's audit and assurance arrangements, in- conjunction with the Host Body as the provider of an internal audit function (B17)		✓			✓	co-lead							co-lead
Health and Care Quality Standards 2023 and the Duty of Quality and the arrangements for approving required action, including improvement plans, to provide onward assurance to LHBs and the Host Body. (B18)		✓			✓					Lead			
Approve policies (service specification) for the equitable access to safe and sustainable, high quality health care services across Wales for those services which fall within the scope of the JCC (B19)		✓			✓					Lead			
Approve the JCC's key plans and programmes required to exercise its functions relating to the planning, securing and commissioning of those services delegated to it (excluding the Integrated- Medium Term Plan [B5]) (B20)		✓			✓							lead	
Matters delegated by JCC to CC - page 40 of SOs)													
JCC's: •Integrated Medium-Term Plan; and •Budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure) (C1 - matters delegated from the JCC to CC)					✓	Lead						Lead	
Responsibility for the framework for planning and securing those services delegated to the JCC from LHBs, in-line with the approved IMTP / Foundation Plan (C2 - matters delegated from JCC to CC)					✓							Lead	
Responsibility for ensuring the Health and Care Quality Standards 2023 and the Duty of Quality is embedded within Joint Committee Team's activity (C3 - matters delegated from JCC to CC)					✓					Lead			
Responsibility for implementing those policies approved by the JCC in relation to the planning and securing of those services delegated to the JCC from LHBs (C4 - matters delegated from the JCC to CC)					✓							Lead	
Committee secretary role (SO 6.16)													
Providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance •Facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, its joint sub-Committees and Advisory Groups •Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role •Ensuring that Joint Committee members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs; •Ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination; •Contributing to the development of a committee culture that embodies NHS values and standards of behaviour; and •Monitoring the Joint Committee's compliance with the law, JCC SOs and the framework set by the LHBs and Welsh Ministers.					✓							Lead	

[illegible]



Agenda Item

8.1.7

CTM Health Board

**Civil Contingencies and Business Continuity Report
2024-25**

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Melanie Jones, Civil Contingencies Manager Elizabeth Beadle, Assistant Director of Transformation
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Claire Thompson, Executive Director of Strategy and Transformation
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
Emergency Preparedness, Recovery and Response Strategy meeting	17/06/2025	Report updated following comments and additions from group members.

Operational Delivery Committee	29/07/2025	Endorsed for Board Approval

Acronyms / Glossary of Terms	
BC	Business Continuity
BCM	Business Continuity Management
CBRN	Chemical, Biological Radiological and Nuclear
CCA	Civil Contingences Act
EPRR	Emergency Preparedness, Response and Recovery
ICE	Individual Chemical Exposure
IP&C	Infection prevention and control
JESIP	Joint Emergency Services Interoperability Principles
MIP	Major Incident Plan
NCSC CAF	National Cyber Security Centre Cyber Assessment Framework
NSRA	National Security Risk Assessment
SMOC	Senior Manager On Call
UPS	Uninterruptible Power Supplies
HCID	High Consequence Infectious Disease

1. Situation / Background

1.1 Each year all health boards are asked to provide reassurance and update on their emergency preparedness and response to NHS Wales Performance and Improvement (NHS Wales executive as was). This is part of our duties under the Civil Contingences Act (CCA) 2004 and links to the JESIP principles ensuring organisations share knowledge and plans to work more cohesively. **Please see appendix 1 for a copy of the report that is to be considered.**

1.2 Progress report

Key areas from 2023-24 report	Progress
Ongoing review of Major Incident Plan (MIP) following recent full Health Board restructure.	Following the review of the MIP and Overarching plan was updated and has been approved by the CTMUHB board.
Overarching and full site-specific plan review in addition to revision and development of specific individual and departmental action cards.	The full site-specific plans are still being finalised but hope these will be completed in the next 3 to 6 months.
Training programme utilising EPRR Manager and specific care group/site specific trainers being considered to address any training needs that emerge from revised plan.	Due to a change in staff this has been delayed and will be instigated this year. However, there have been several incidents within the health board that have tested some of the plans and helped with learning and training. All significant incidents have been subject to debrief and learning disseminated.
Enhance and revise Exec/SMOC training in line with re-launch of MI Plans/Site specific plans.	The SMOC handbooks have been refreshed and training will start this year once there is more capacity in the EPRR team.
Enhance and ensure robust exercise programme against revised Major Incident Plan.	Again, due to a changeover in staff and the significant update of the emergency plan as well as the internal changes occurring due to the roof situation at POW this has been moved to key action in 2025/26
Continued engagement and support for departmental managers to ensure best practice in Business Continuity Management in line with policy and BCM training provided.	This has been a key priority, and this has enabled the high consequences infectious disease plan to be updated



	and implemented as well as a refresh of the site escalation plans
Review of BCM assurance process ongoing.	The review has occurred and has highlighted several policies that relate to BC that need to be put through the assurance and governance process.

1.3 Priorities 2025-26

- Following the review of the Major Incident Plan site specific and departmental plans will now be developed and tested.
- A full training programme will be developed to address the requirements of the Major Incident plan as well as the new escalation plan, HCID plan and BCM.
- A robust rolling exercise programme will be developed.
- The EPRR capacity in the health board will be increased and the team given time to get up to date with all the policies and procedures prior to delivering any large-scale training and exercising.
- Continued engagement and support for departmental managers to ensure best practice in Business Continuity Management in line with policy.

2. Specific Matters for Consideration

- 2.1 There has been a change in staff in the EPRR team and this has had a small impact on the ability to meet some of the milestones the health board set last year. Mainly around the Major Incident Plan (MIP) training and testing. This has been picked up in this year's work plan for the EPRR team although this will result in a delay of knowledge and training on the MIP.

3. Key Risks / Matters for Escalation

- 3.1 As mentioned above there has been a change in staff in the EPRR team and this will result in a delay of knowledge and training on the MIP. Although this should not impact on our ability to respond to MIP. Additional funding has been obtained for two further EPRR posts. The recruitment is underway, and this additional team capacity will enhance the ability to progress 2025-26 plans and reduce the risk of delay.

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	Dying 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 Wales of Cohesive Communities
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies please list below: Culture and valuing people; 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))	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a review of work completed and each of these areas should have had an inbuilt QIA as the work was developed and completed.
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: This is a review of work completed and each of these areas should have had an inbuilt EQWLIA as the work was developed and completed.



	POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	There is a small chance of reputational damage due to some of the work agreed not being completed. However, this is due to staff turnover and the NHS Wales Performance and Improvement (NHS Wales Executive) are aware of the situation.	
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 requested to **Approve** the annual report prior to submission to NHS Wales Performance and Improvement (NHS Wales executive).

6. Next Steps

- Signature required from Chief Executive
- Submission to the NHS Wales Performance and Improvement (NHS Wales executive) on 31st July.



Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



GIG
CYMRU
NHS
WALES

Y Weithrediaeth
Executive

NHS WALES EMERGENCY PLANNING, RESILIENCE & RESPONSE ANNUAL REPORT 2024/25

Name of NHS
Organisation

Cwm Taff Morgannwg University
Health Board

Date

Signature of
Chief Executive
Officer

Purpose

The NHS Wales Emergency Planning Resilience and Response Annual Report is a mechanism for providing assurance to NHS organisations, the NHS Executive and Welsh Government of the emergency planning arrangements, preparedness and resilience within organisations across NHS Wales. The NHS Executive will review reports from across the system, seeking assurance that organisations:

- Mitigate where possible against the risks identified within the NSRA and Wales Risk Register;
- Have a robust emergency plan in place for major incidents (CBRN, terrorist attacks, major power outages, high consequence infectious disease outbreaks, cyber attacks etc);
- Have appropriate business continuity management arrangements in place;
- Regularly test the efficacy of organisational plans through training and exercise; and
- Ensure staff have the appropriate training in command and control processes and maintain their skills and knowledge including through CPD opportunities.

Governance

Please provide the name and position of your nominated Executive level lead for civil contingency/emergency preparedness arrangements.

Claire Thompson, Executive Director of Strategy and Transformation supported by Elizabeth Beadle, Assistant Director of Transformation

Please provide the name and position of your nominated Executive level business continuity lead if different from the above.

As above

Please provide the name and position of your officer(s) who has lead day to day responsibility for your civil contingencies/emergency preparedness arrangements.

Melanie Jones, Civil Contingencies Manager

Please provide the name and position of your officer(s) with day-to-day responsibility for your business continuity arrangements.

As above

Please provide the name and position of the officer in your organisation responsible for PREVENT activities (normally delivered as part of Safeguarding).

Claire O'Keefe – Head of Safeguarding (Claire.O'keefe@wales.nhs.uk)

Is there a mechanism for discussing and co-ordinating health emergency planning arrangements internally within your organisation?

YES ☒ NO ☐

Please provide details of your internal mechanism for co-ordinating your emergency planning arrangements – for example: contingency/risk group structure, emergency preparedness strategy, EP work plan etc.

EPRR Strategy Group sits on a quarterly basis and is chaired by the Executive Lead or nominated deputy. This group provides strategic oversight of EPRR duties and reports directly to Health Board on an annual basis to maintain assurance.

The EPRR Strategy Group maintains an actions database fed by lessons identified from local, regional and national exercises and incidents, representation on the group is via Care Group Directors or their deputies to ensure direct links.

The EPRR Strategy Group also has representation from the Health Protection Board, which in turn has EPRR representatives included.

If applicable, who represents your organisation at the Local Resilience Forum meetings?

- Elizabeth Beadle (Assistant Director of Transformation)
- Melanie Jones (Civil Contingencies Manager)

When were your business continuity arrangements for maintaining critical services last reviewed and adopted by your Board? Please provide detail of your business continuity management arrangements.

October 2021 – Review date October 2024 - A review is currently underway with the aim of completing the review within the next 9 months.

Does your organisation's corporate risk register include any business continuity or emergency planning risks? If yes, please provide details of these specific risks and the associated mitigating measures.

The Organisation's Risk Register has a Critical Risk around a Cyber Incident affecting Business Continuity.

The EPRR strategy board holds risks on wider civil contingency issues such as Power failure and Mass casualties.

IP&C hold isolation rooms on their risk register at the moment as these are not fit for purpose and a business case has been approved for their refurbishment.

Key Areas of Progress 2024/25

Please provide details of the key areas of progress against your organisation's EPRR priorities detailed in your 2023-24 Emergency Planning Annual Report.

Key areas from 2023-24 report	Progress
Ongoing review of Major Incident Plan (MIP) following recent full Health Board restructure.	Following the review of the MIP and Overarching plan was updated and has been approved by the CTMUHB board.
Overarching and full site-specific plan review in addition to revision and development of specific individual and departmental action cards.	The full site-specific plans are still being finalised but hope these will be completed in the next 3 to 6 months.
Training programme utilising EPRR Manager and specific care group/site specific trainers being considered to address any training needs that emerge from revised plan.	Due to a change in staff this has been delayed and will be instigated this year. However, there have been several incidents within the health board that have tested some of the plans and helped with learning and training. All significant incidents have been subject to debrief and learning disseminated.
Enhance and revise Exec/SMOC training in line with re-launch of MI Plans/Site specific plans.	The SMOC handbooks have been refreshed and training will start this year once there is more capacity in the EPRR team.



Enhance and ensure robust exercise programme against revised Major Incident Plan.	Again, due to a changeover in staff and the significant update of the emergency plan as well as the internal changes occurring due to the roof situation at POW this has been moved to key action in 2025/26
Continued engagement and support for departmental managers to ensure best practice in Business Continuity Management in line with policy and BCM training provided.	This has been a key priority, and this has enabled the high consequences infectious disease plan to be updated and implemented as well as a refresh of the site escalation plans
Review of BCM assurance process ongoing.	The review has occurred and has highlighted several policies that relate to BC that need to be put through the assurance and governance process.

Major Incident / Emergency Plan

When was your Major Incident/Emergency Plan last reviewed and considered by your Board?

March 2025

When was your Major Incident/Emergency Plan last updated to reflect any organisational changes and essential plan contacts?

March 2025. Further forthcoming changes have been noted and amendments will be made as required.

Do you have resilient activation systems, action cards and suitably trained and equipped staff to provide for a 24-hour emergency response to support your Major Incident/Emergency Plan?

YES ☒ NO ☐

If NO, what are the gaps and how are these being addressed?

There is a need for us to roll out training around MI and we are aware of this and developing that programme.

NATIONAL SECURITY RISK ASSESSMENT (NSRA)

The following sections focus on preparedness and risks in relation to some of the highest rated risks within the NSRA and Wales Risk Register. Your organisation's responses to these questions will inform the NHS Executive's programme of work in these areas with a view to improving assurance and resilience across NHS Wales. Please provide any supplementary information in support of your responses below.

Threat Mitigation/ Security

Does your organisation have written procedures that may be needed to respond to a change in threat level to critical?

YES ☒ NO ☐

When was your organisation's Lock Down arrangements last worked through or tested?

Dates	Details of what was undertaken
16 th and 17 th July 2025	Full lockdown procedures will be tested as part of CTMUHB ongoing infant abduction no-notice drills which will be completed successfully across all sites. The Full lockdown procedures will be initiated by maternity; and include porter/security and switchboard staff and de-brief reports will be compiled and shared post exercise.

Were any issues identified as a result and if so how has / is your organisation addressing these?

Based on last years drills and lessons the various department protocols have been reviewed together to ensure they all dove-tail with the individual department actions plans.

Power Outage

Do your business continuity arrangements include response arrangements for maintaining critical services in the event of a major power outage?

YES ☒ NO ☐

Please describe the preparedness actions the organisation has undertaken over the last 12 months (e.g. protocols, guidance, exercising etc) to respond to a major power outage?

There are monthly checks and tests of the emergency lighting in all 63 premises. In our critical sites (where there are overnight stays) there are also 6 monthly checks on the generators including system loading. The health board is also currently changing its switchboard arrangements and a power outage test will be included in testing the new system.

What are the key risks to your organisation in respect of a major power outage and how are you mitigating these? Please provide details of key vulnerable sites / facilities, how these have been assessed and dates of last assessments.

Key risks for CTMUHB from a major power outage is the loss of electrical supply which compromises the ability of that site to continue services, keep patients and staff safe etc. IT systems (including most phone services) would potentially be

affected. However, this is mitigated somewhat with the availability of radio devices at the DGH sites for internal communications. In a national or regional outage, internet and mobile phone communications may be affected.

To address the above risks as far as reasonably practicable, our critical/key sites are served by emergency generators which are diesel powered and fed from dedicated storage tanks. WHTM 06-01 (clause 9.81) stipulates that in addition to a 10 hour / 750 litre day tank supply, hospitals should have fuel storage capacity for 200 hour full load running. CTMUHB has contingency fuel supply plans in place to ensure priority supply for generator and to enhance tank storage if required.

Our key sites are hospitals with inpatient facilities and specifically our acute sites with services such as theatres, A&E, ICU etc. All inpatient hospitals are covered by backup emergency generators and UPS systems are also in place where required to provide back-up power in the event of outage. Some legacy sites that have changed use are also served by emergency generators.

CTMUHB also has a number of identified vulnerable sites, which are those with critical or important functions but that do not have back-up generators – e.g. CPU Food processing plant. Whilst emergency generators are not fitted, the estate developments have ensured that ease of connection for external temporary generators has been factored into plans.

In addition, Emergency lighting systems will be fitted to all populated areas and escape route which will be fitted with 4 hour battery backup, to allow staff to exit buildings safely in the event of a power failure and IT servers and essential IT systems are fitted with uninterruptible power supplies (UPS) systems, although generators are relied upon for longer term uptime.

Mass Casualty Incidents

Please describe how your emergency planning arrangements ensure your organisation can appropriately respond to a Mass Casualty incident in line with extant Mass Casualty guidance, outlining any limiting factors that could affect timeliness of response.

CTMUHB Major incident, Critical Business Continuity procedural guidance is fully supportive of the principle of the Mass Casualty Incident Arrangements for NHS Wales. Document is referenced throughout, and Exec/SMOC Incident Management Training imparts training in relation to mass casualty events.

Limiting factor may be the capacity to move patients through the escalation pathway but we are working with our Social Care partners to review these arrangements.

Cyber Resilience

Do your business continuity arrangements include written procedures for responding to a cyber-attack / ICT incident impacting across the organisation?

YES ☒ NO ☐

Has your organisation assessed the risk of a Cyber attack and identified mitigating actions for the vulnerabilities highlighted? Please provide details.

As an Operator of Essential Services, CTMUHB are subject to the NIS Regulations.

The original assessment was in 2022 and subsequent audits have been carried out – all with the Cyber Resilience Unit.

The risks identified within the audit have been amalgamated with the other risks identified around Cyber Security and an integrated Cyber Improvement plan is used to track and prioritise work towards this.

The Organisations Risk Register has a Critical Risk around a Cyber Incident affecting Business Continuity.

Progress towards the improvement plan is reviewed within the Digital team and Clinical Engineering (Cyber Security and Availability Board) on a monthly basis and also reported to the Operational Delivery Committee on a quarterly basis.

In common with Health Boards nationally there remain numerous vulnerabilities, for which the UHB has identified the necessary actions required to mitigate them, but at this time have not been undertaken.

Please describe the preparedness activity the organisation has undertaken in the previous 12 months (e.g. protocols, guidance, exercising etc) to build its cyber resilience.

The CTM Cyber Incident Response plan was last formally tested in July 2024 with a Digital SMT exercise run at the USW Hydra facility. Further testing has been carried out informally, and in addition, the plan is utilised for all critical ICT incidents that affect system availability (this includes cyber incidents and other ICT outages).

A schedule is being drafted to increase exercising within the department and with key stakeholders across the organisation. The plan is expected to be finalised by August 2025.

Following a previous tabletop exercise, the Digital services on call structure was changed to ensure that key staff and skillsets were available should there be an out of hours incident.

CTM is engaged with the DHCW and CymruSOC around the provision of 24x7 Security monitoring, alerting, and handling services. A service that is being successfully rolled out to LGA’s and Fire within the Welsh Public Sector.

A recent cyber incident at the Health Board led to the plan being followed and an incident ran for 6 days from identification through to eradication. Feedback from the Cyber resilience unit and other authorities on cyber response was positive towards the use of the plan and actions taken.

A priority action for the team is to integrate the Cyber plan further into the organisation’s planning frameworks.

Numerous preventative activities have also been pursued, including staff training and phishing testing and the disciplined adoption of the NCSC CAF mandated by the UHB’s new Information Security and Supplier Management Policy.

Communicable Diseases and Pandemics

Do your business continuity arrangements include plans to respond to a new pandemic?

Yes – CTMUHB 2018 Pandemic Operational Plan is in place This is being reviewed this year in line with the National Pandemic Plans once they are released.

The High Consequence Infectious Disease plan has also just been updated and approved.

A multiagency Health Protection Board and multiagency Health Protection Coordination Group have recently been introduced within the CTM area to coordinate Health Protection activity/requirements across the HB and LA footprint.

CTMUHB has direct links with PHW and the three local authorities which ensures a joined-up approach to health protection, increased resilience and enhance the ability to respond effectively to future challenges.

What are the major risks in terms of your organisation’s resilience / capabilities to be able to respond to a new pandemic?

There is a reduced Welsh Government allocation of Health Protection resource to CTMUHB compared to other health boards, which impacts the levels of resource available in CTM to plan and respond.

The Health Protection Framework is still to be implemented across Wales.

The availability of isolation space is a risk for us as it is in other health boards, as is the delay in receiving the HCID PPE trollies.

There is a lack of clarity regarding CTM system pandemic planning and localisation, which should be addressed with the release of the National Pandemic Plan and South LRF Health Group leadership.

Following the preparedness activity colleagues across NHS Wales undertook during 2024, please describe the organisation’s priorities for 2025/6 in relation to HCID preparedness.

CTMUHB has just updated the HCID guidelines containing site specific plans. CTMUHB has experienced recently a query MERS case, and this will be de-briefed and any issue with the current action cards addressed. There will be a Period of training and information around the new plan. CTMUHB emergency department staff receive training in the use of relevant PPE and specific de-robe and decontamination facilities are in place.

A business case has also been supported to update the isolation rooms across CTMUHB.

CBRN

Do your business continuity arrangements include plans to respond to a chemical, biological or radiological incident?

Yes – CTMUHB has a contaminated casualty protocol

Please describe the actions undertaken over the previous 12 months to ensure the organisation can respond to a CBRN incident.

There has been no training or testing in the last 12 months but will be included in the programme of training and testing that is being developed over the next 12 months.

What are the key risks / vulnerabilities for your organisation and how are you addressing these?

Following recent incidents in neighbouring HBs and nationally in relation to individual chemical exposure (ICE) incidents and subsequent circulated information, a review of CTMUHB CBRN procedures is ongoing.

The review will specifically address the management of ICE incidents whether from casualties suffering symptoms or for the safe storage of the deceased.

Training and Exercise

Does your organisation have robust arrangements for reviewing emergency plans that take account of lessons from incidents and exercises (including following the process set out in the NHS Wales Lessons Identified Register)?

YES ☒ NO ☐

Please describe these below and provide a copy of your lessons identified register if one is held locally.

EPRR Strategy Group maintains a register of lessons identified from incidents and exercises and also local and national recommendations. Plans are reviewed and amended accordingly.

Please provide the dates during 2024/25 when your organisation tested its Major Incident / Emergency Plan, through:

- a. Carrying out a communications/activation test every six months. Please provide details below

Dates	Details of communications/activation test undertaken
	CTMUHB are currently undergoing a centralisation of the switchboard and all action cards and communications are being reviewed – the go live date has been set back a number of times as has the planned full comms test whilst the staff are managing this change. Once the central switch board is live a full comms activation will be tested.

- b. Carrying out a tabletop training exercise within the last year. Please provide details of the nature of all exercises below

Dates	Details of tabletop training exercise
	N/A

- c. Carrying out a major live or simulated exercise within the last three years. Please provide details below (include national and local exercises)

Dates	Details of major live or simulated exercises undertaken
17/10/23	Exercise 'Pen Y Darren' – Mass Casualty and Major Incident Plan Exercise

Has your organisation had to initiate your major incident / emergency plan between April 2024 to March 2025?

YES ☒ NO ☐

- a. If YES, what was the nature of the incident?

Princess of Wales Hospital – Following a reported leak from the roof the subsequent inspection found a major structural issue with the beams holding the concrete roof. This resulted in immediate evacuation of a number of services for staff and patient safety. This required the use of our internal Major Incident and evacuation plans.

A suspected clade 1 Mpox, prior to its derogation, arrived at Prince Charles Hospital emergency department. This triggered our new HCID plan.

- b. Were post-event reports produced for these incidents? YES ☒ NO ☐

- c. If post incidents reports were produced, have these been shared with the Emergency Planning Advisory Group and any lessons identified uploaded on the Wales NHS Lessons Identified Register?

These have been hot debriefing and there has been shared learning across the organisation.

Have you undertaken an assessment of staff training needs in relation to your Major Incident /Emergency Plan?

YES ☐ NO ☒

Please provide further information of the needs identified through this process.

A revised training needs analysis is under development for introduction in line with launch of revised site-specific major incident plans.

Do you have a staff training programme to support your Major Incident/Emergency Plan?

YES ☒ NO ☐

Please provide further details including –

these are our total numbers not just in the last 12 months.

	Number	Training Provider
Number of staff trained in Gold roles	25	Wales Gold training
Number of staff trained in Silver roles	7	Wales Silver training
Number of staff trained in Bronze roles	110	Inhouse SMOC incident management
Number of your Executive Team who've attended Wales Gold in the last 3 years	14	Wales Gold training
Number of Senior Managers who've attended Wales Gold in the last 3 years	5	Wales Silver training

Please provide details of any actions undertaken to prepare for the introduction of the Charter for Families Bereaved by Public Tragedy within your organisation.

This has been signed and a report has gone to executive leads for dissemination. Information around this will be included in the training plan that is currently being developed.

Communication

Have relevant NHS organisations and partner agencies been consulted about any role they may have in your Major Incident/Emergency Plan?

YES ☒ NO ☐

Please provide details.

The new major incident, escalation plans and HCID plan have all been developed with our partner agencies.

Assurance

Are you satisfied your organisation is fulfilling the principles required by the Civil Contingencies Act 2004 as described below?

	YES	NO	Please provide any further relevant information to support your answer
1) Assess risks to inform your contingency arrangements	x		Risk registers are regularly reviewed through the trusts governance procedures
2) Put in place Emergency Plans	x		Full review of Major Incident, Critical Incident and Escalation Plans is ongoing. A training programme is to be developed over the next year.
3) Put in place Business Continuity Management arrangements	x		Although BCM arrangements are in place, these are being reviewed given the Welsh Government guidance released in December and BCM Training for Managers will be implemented following that review.
4) Share information with other organisations to enhance co-ordination and efficiency	x		Positive working relationships and dedicated meeting structures in place and embedded to share learning and support with Health colleagues and other LRF members
5) Cooperate with other organisations to enhance co-ordination and efficiency	x		As above
6) Have appropriate arrangement to warn, inform and advise the public/others, including in an emergency	x		There is a health protection communications strategy and there is a major incident communications action card in place.
7) Do you have an EPRR lessons identified, and lessons learned procedure within your organisation that feeds into EPAG?	x		Yes, there are dedicated meeting structures in place for the reporting of EPRR lessons learnt following debriefs and these will be shared with EPAG.

Priorities

What are your priorities for 2025/26 to strengthen your organisation's emergency planning, resilience and preparedness arrangements?

- Following the review of the Major Incident Plan site specific and departmental plans will now be developed and tested.
- A full training programme will be developed to address the requirements of the Major Incident plan as well as the new escalation plan, HCID plan and BCM.
- A robust rolling exercise programme will be developed.
- The EPRR capacity in the health board will be increased and the team given time to get up to date with all the policies and procedures prior to delivering any large-scale training and exercising.
- Continued engagement and support for departmental managers to ensure best practice in Business Continuity Management in line with policy.

When submitting the completed report, please include an electronic copy of the following:

- your current Major Incident /Emergency Plan;
- an organisational chart setting out your organisation's emergency preparedness structure;
- a copy of your local EPRR risk register where available;
- an organisational chart setting out your organisation's emergency response structure; and
- any additional information you wish to share which demonstrates your organisation's preparedness for the risks described above.

Whilst organisations are not required to submit Board approved reports, please provide confirmation of the date the report will be considered by your Board within your submission.

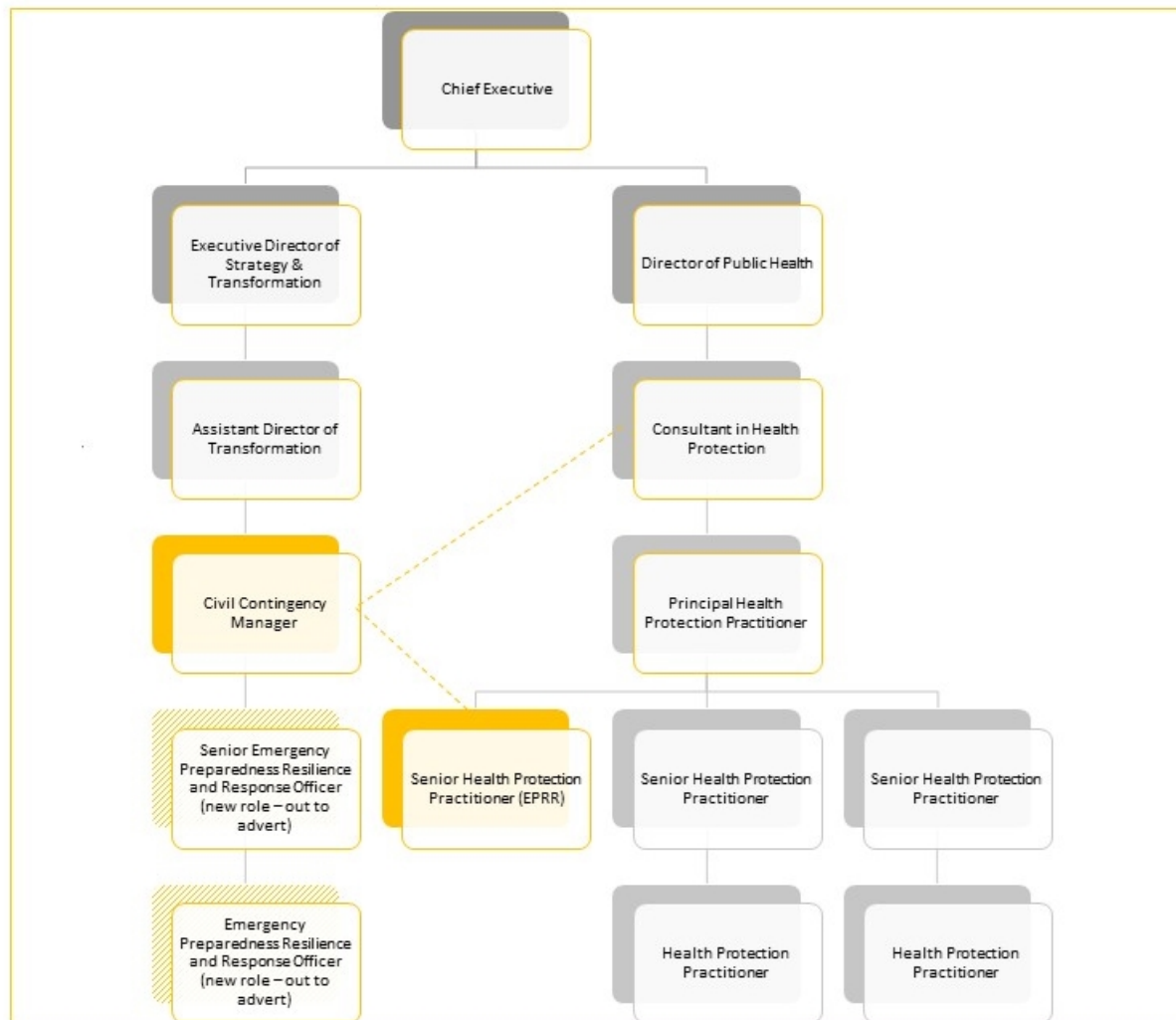
Completed and signed report forms with any attachments to be returned by 31 July 2025.

By email to: Sophie.Barrett@wales.nhs.uk

CTMUHB organisational chart setting out your organisation's emergency preparedness structure.

The CTMUHB EPRR structure 2025 – core roles in yellow.

The recruitment on the new Health Protection team adds additional resilience to the EPRR team and could be called upon in a major incident. There are two new posts to be recruited to which will add both capacity and resilience.



CTMUHB organisational chart setting out your organisation's emergency response structure.

CTMUHB organisation's emergency response structure

Gold/Strategic – yellow
Silver/tactical - blue



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	In Progress Will now be presented to January 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
4 September 2024	Request received by email from the Assistant Director of Governance & Risk	Chief Executive Officer	Accountability Conditions	To be presented to Board for information and awareness	Chief Of Staff	Chief Executive Officer	28 November 2024 – Deferred to 29 May 2025	On agenda An update on Accountability Conditions has been included in the Ministerial Advisory Group report which is on the agenda for the 31 July 2025 meeting.
15 November 2024	Request received by email from Chief of Staff	Chief of Staff	Section 33 Agreement	To be presented to Board for approval	Regional Integration Director	Executive Director of Strategy & Transformation	27 March 2025	On agenda This item is on the agenda for 31 July 2025 meeting.
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	Director of Corporate Governance/Board Secretary	Reflection on Cabinet Secretary Priorities, Productivity, Ministerial Advisory Group	To be presented to Board for discussion	Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	29 May 2025	On agenda This item is on the agenda for 31 July 2025 meeting.
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	In progress This item will now be presented to the Public Board scheduled for 25 September 2025

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Agenda Item 8.2.1

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 Now 25 September 2025	In progress Will be presented to the September 2025 Board
16/05/2025	Request received by email from the Director of Corporate Governance	Executive Medical Director	Transforming Access to Medicines Service Business Case	To be presented to the Board for approval	Executive Medical Director	Executive Medical Director	31 July 2025	On agenda This item is on the In Committee agenda for 31 July 2025 meeting.
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	In progress Will be presented to the September 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 Now 27 November 2025	In progress Will be presented to the November Board
19/05/2025	Request received by email from the Executive Director of Public Health	Executive Director of Public Health	Health Protection Framework	To be presented to the Board for approval	Executive Director of Public Health	Executive Director of Public Health	31 July 2025	On agenda This item is on the agenda for 31 July 2025 meeting.
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	In progress Will be presented to November Board
21/05/2025	Request received by email from the Executive Director of Nursing/Deputy CEO	Executive Director of Nursing/Deputy CEO	Research & Development Strategy 2025 – 20230	To be presented to Board for approval	Executive Director of Nursing/Deputy CEO	Executive Director of Nursing/Deputy CEO	31 July 2025	On agenda This item is on the agenda for 31 July 2025 meeting.
29/05/2025	Captured as an action at the Board meeting held on 29 May 2025	Executive Director for People	Progress Update – Shift Patterns Consultation	To be presented to Board for discussion and noting	Executive Director for People	Executive Director for People	31 July 2025	In progress An update on progress will be included in the CEO report
29/05/2025	Captured as an action at the Board meeting held on 29 May 2025	Executive Director for People	Progress Update – Delivery of the People Plan	To be presented to Board for discussion and noting	Executive Director for People	Executive Director for People	31 July 2025	In progress An update on progress will be included in the CEO report
29/05/2025	Captured as an action at the Board meeting held on 29 May 2025	Chief Operating Officer	Update on Urgent Care Performance and Health Board's ambition on Waiting Time Targets	To be presented to Board for discussion and noting	Chief Operating Officer	Chief Operating Officer	31 July 2025	Proposed for Closure Item received and discussed at the Operational Delivery Committee held on 29 July 2025
29/05/2025	Captured as an action at the Board meeting held on 29 May 2025	Chief Operating Officer	Update on progress being undertaken on Enhanced Community Care	To be presented to Board for discussion and noting	Chief Operating Officer	Chief Operating Officer	31 July 2025	Proposed for Closure Item received and discussed at the Board Briefing session held on 24 July 2025

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Agenda Item 8.2.1

29/05/2025	Captured as an action at the Board meeting held on 29 May 2025	Chief Operating Officer	Progress Report on Dental Services (to include proposed changes to the National Contract and associated consultation)	To be presented to Board for discussion and noting	Chief Operating Officer	Chief Operating Officer	31 July 2025	On agenda This item is on the agenda for 31 July 2025 meeting.
07/07/2025	Email request received from the Assistant Director of Governance & Risk	Director of Corporate Governance/Board Secretary	Joint Commissioning Committee Scheme of Delegation and Reservation of Powers	To be presented to Board for approval	Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	31 July 2025	On agenda This item is on the agenda for 31 July 2025 meeting.
05/06/2025	Request made at agenda planning session for this item to be added to the agenda	Chief Operating Officer	Primary Care & Community Transformation Board Work	To be presented to Board for discussion and noting	Chief Operating Officer	Chief Operating Officer	31 July 2025	On agenda This item is on the agenda for 31 July 2025 meeting.
09/07/2025	Email request received from the COO Business Manager	Chief Operating Officer	Centralisation of Nuclear Medicine	To be presented to Board for approval	Chief Operating Officer	Chief Operating Officer	31 July 2025	On agenda This item is on the agenda for 31 July 2025 In Committee Board meeting.
11/07/2025	Request received from COO Business Manager for this to be added to Board agenda	Chief Operating Officer	Ysbyty George Thomas Service Change	To be presented to Board for approval	Chief Operating Officer	Chief Operating Officer	31 July 2025	On agenda This item is on the agenda for 31 July 2025 In Committee Board meeting.
11/07/2025	Email request received from the Director of Corporate Governance/Board Secretary	Chief Operating Officer	Insourcing of Outpatients Assessments	To be presented to Board for approval	Chief Operating Officer	Chief Operating Officer	31 July 2025	On agenda This item is on the agenda for 31 July 2025 In Committee Board meeting.
Completed Items								
November 2023	Reference made within the Highlight Report from the Local Partnerships Forum that this item would be presented to a future Board Meeting	Deputy Director of People	Development of the CTM People Plan	Reference made within the Highlight Report from the Local Partnerships Forum that this item would be presented to a future Board Meeting	Deputy Director of People	Executive Director for People	28 March 2024	Completed People Plan received and approved at the Board meeting held on 29 May 2025
24 February 2025	Request received by email from the Assistant Director of Governance & Risk	Assistant Director of Governance & Risk	Annual Review of the WBFGA Statement and Objectives	To be presented to Board for approval	Deputy Director of Public Health/Deputy Director of Strategy & Partnerships	Executive Director of Strategy & Transformation	29 May 2025	Completed Received and approved at the Board meeting held on 29 May 2025
28 February 2025	Request received by email from the Assistant Director of Governance & Risk	Assistant Director of Governance & Risk	Standards of Behaviour Policy	To be presented to Board for approval	Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	29 May 2025	Completed Received and approved at the Board meeting held on 29 May 2025
1 April 2025	Request made by the Chair and CEO from debrief meeting held on 1 April 2025	Assistant Director of Governance & Risk	Update on Maternity Incidents at POW	To be presented to Board for discussion	Director of Midwifery	Executive Director of Nursing	29 May 2025	Completed Received and discussed at the Board meeting held on 29 May 2025

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Agenda Item 8.2.1

11 April 2025	Request made by the Director of Corporate Governance Board Secretary	Director of Corporate Governance/Board Secretary	Establishment of the Regional Joint Committee	To be presented to Board for noting	Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	29 May 2025	Completed Received and discussed at the Board Meeting held on 29 May 2025
17 April 2025	Request made by email by the Deputy Director for People for this to be added to the agenda for May Board	Deputy Director for People	Recommendation on Shift Patterns	To be presented to the Board for discussion	Deputy Director for People	Executive Director for People	29 May 2025	Completed Received and endorsed subject to consultation at the Board meeting held on 29 May 2025

CTMUHB Board – Annual Cycle of Board Business

(1st January 2025 to the 31st December 2025)

The Annual Cycle of Committee Business has been developed to help plan the management of Board matters and facilitate the management of agendas and Board business. The Annual Cycle of Board Business will be complemented by a "Non-Routine Board Business (Forward Plan)" for 'one-off' Adhoc items raised during the course of meetings.

The role of the Board is set out in CTMUHB's standing orders which is available here: [Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)

The Board meets at **least 6 times per annum**.

Board Chair: Jonathan Morgan, UHB Chair	Board Vice Chair Kath Palmer, Vice Chair	Executive Leads for Agenda Planning Gareth Watts, Director of Corporate Governance & Board Business

CTMUHB Board Business:

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Committee Governance Arrangements																
1. Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings	R		R		R		R		R		R		R If all actions are complete	R If there are actions in progress / overdue actions
2. Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R		R		R		R		R		R		R	X
3. Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R		R		R		R		R		R		R	X
4. Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings	R		R		R		R		R		R		R Except for the annual review in November	R Annual Review only
5. Annual Report (including Performance Report, Accountability Report and Remuneration Report)	Director of Corporate Governance / Board Secretary	Annually						R							X	R
6. Annual Statutory Accounts	Executive Director of Finance	Annually						R							X	R

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
7. Board Effectiveness Self-Assessment	Director of Corporate Governance / Board Secretary	Annually			R										X	R
8. Board Assurance Framework	Director of Corporate Governance / Board Secretary	All Regular Meetings	R		R		R		R		R		R		X	R
9. Board Committee and Advisory Group Highlight Reports	Director of Corporate Governance/Board Secretary	All Regular Meetings	R		R		R		R		R		R		R (where there are no matters to escalate)	R (where there are matters to escalate)
10. Board Committee Annual Reports	Director of Corporate Governance & Board Business	Annually							R						R	X
11. Annual Review of Standing Orders	Director of Corporate Governance/Board Secretary	Annually									R				X	R
12. Amendments to Standing Orders	Director of Corporate Governance/Board Secretary	As and when required			R										R	X
13. Joint Committee Annual Update	Director of Corporate Governance/Board Secretary	Annually			R										X	R
14. Audit Wales Structured Assessment and Audit Letter	Audit Wales	Annually			R										X	R
15. Audit Wales Annual Audit Report	Audit Wales	Annually			R										X	R
16. Risk Management Strategy	Director of Corporate Governance/Board Secretary	Annually					R								X	R
17. Charitable Funds Annual Report and Annual Accounts	Executive Director of Finance	Annually	R												X	R
18. Internal Audit Annual Audit Plan	Head of Internal Audit	Annually					R								R	X
19. Executive Director of Public Health Annual Report	Executive Director of Public Health	Annually									R				X	R
20. Welsh Language Standards Annual Report	Executive Director for People	Annually									R Defer to Nov Board		R		R	X

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
21. Putting Things Right Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually									R				R	X
22. Safeguarding Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually									R				R	X
23. Carers Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually									R				R	X
24. Clinical Education Annual Report	Executive Medical Director	Annually									R				R	X
25. Infection Prevention & Control Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually									R				R	X
26. Ombudsman's Annual Letter and Annual Report	Executive Director of Nursing/Deputy Chief Executive	Annually											R		R	X
Staff and Service User Experience																
27. Shared Listening & Learning Story	Executive Director of Nursing / Deputy CEO	All Regular Meetings	R		R		R		R		R		R		X	R
Setting the Scene – Service Delivery																
28. Chairs Report (including Affixing of the Common Seal and Chairs Urgent Action Requests)	Health Board Chair	All Regular Meetings	R		R		R		R		R		R		X	R
29. Chief Executives Report (t include updates on Targeted Intervention – Programme of Continuous Improvement in response to Targeted Intervention)	Chief Executive	All Regular Meetings	R		R		R		R		R		R		X	R
30. Executive Priorities Update	Chief Executive	Quarterly													X	R
Delivering our Plan																
31. Integrated Performance Report (Quality, People & Operational Performance)	Executive Director of Strategy & Transformation	All Regular Meetings	R		R		R		R		R		R		X	R
32. Financial Performance Report	Executive Director of Finance	All Regular Meetings	R		R		R		R		R		R		X	R

33. Annual Plan Quarterly Update	Executive Director of Strategy & Transformation	Quarterly	R				R		R				R		R	X
Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
34. Capital Update	Executive Director of Finance	Quarterly			R Defer to May Board		R		R Defer to Nov Board				R		X	R
35. Nurse Staffing Levels (Wales) Act Reports	Executive Director of Nursing/Deputy Chief Executive	Bi-Annually					R						R		X	R
36. Working in Partnerships Updates	Executive Director of Strategy & Transformation	As and When Required													X	R
37. Regional Partnerships Board 6 Monthly Report	Executive Director of Strategy & Transformation	Bi-Annually					R						R		R	X
38. Public Services Board 6 Monthly Report	Executive Director of Public Health	Bi-Annually					R						R		R	X
Strategic Planning																
39. Integrated Medium Term Plan Approval	Executive Director of Strategy & Transformation	Annually			R										X	R
40. Acute Services Clinical Plan Progress Report	Executive Director of Strategy & Transformation	All Regular Meetings	R		R Not required for this meeting		R Not required for this meeting		R		R		R		X	R
41. Winter Plan Update	Executive Director of Strategy & Transformation/ Chief Operating Officer	Annually											R		X	R
42. Civil Contingencies & Business Continuity Report	Executive Director of Strategy & Transformation	Annually					R Defer to July 25		R				R		X	R
43. Emergency Preparedness, Planning & Recovery Annual Report	Executive Director of Strategy & Transformation	Annually									R				R	X
44. Llantrisant Health Park Update	Chief Executive Officer	Bi-Annually					R Deferred to EO meeting in June 2025						R		X	R

Agenda Item

8.2.3

CTM Health Board

Board Committee and Advisory Group Highlight Reports

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
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 May 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: ☒ This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Board is being asked to **NOTE** the following Highlight Reports:
- Extra Ordinary Operational Delivery Committee 19 May 2025 (appendix 1)
 - Clinical Advisory Group 19 May 2025 (appendix 2)
 - Quality, Safety & Experience Committee 20 May 2025 (on main agenda)
 - Hosted Bodies Audit, Risk & Assurance Committee 22 May 2025 (appendix 3)
 - CTMUHB Audit, Risk & Assurance Committee 22 May 2025 (appendix 4)
 - Extra-Ordinary Audit, Risk & Assurance Committee 25 June 2025 (appendix 5)
 - Remuneration & Terms of Services Committee 26 June 2025 (appendix 6)
 - Strategic Development Committee 3 July 2025 (appendix 7)
 - Charitable Funds Committee 9 July 2025 (on main agenda)
 - Stakeholder Reference Group 16 July 2025 (on main agenda)



Agenda Item

8.2.3 Appendix 1

CTM Health Board

**Highlight Report from the (Extra Ordinary 'CLOSED'
Operational Delivery In Committee)**

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
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	
Nil.	

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 Extra Ordinary 'CLOSED' In Committee Meeting on 19 May 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	There are no matters to alert or escalate on this occasion.
Advise	The Committee received a report on Nursing Shift Patterns. The report which presents options to standardise the Nursing, Midwifery, Registrants (NMR) and Health Care Support Workers (HCSW) shift patterns and breaks across CTMUHB. The changes relate specifically to discrepancies in the number of breaks and frequency of shifts between CTM sites, for our Nursing, Midwifery, Registrants and Health Care Support Worker communities who work 12.5-hour shifts. The Committee noted the following key issues: - Staffing challenges and increased handovers, evidence suggests that this shift pattern could positively influence patient safety and care quality. - A literature review was undertaken to critically assess the available evidence on 12.5-hour shifts in nursing. A number of options were proposed for the Committee to consider which were:

- Option 1 - Do nothing
- Option 2 - 12.5 Hours, unpaid 60-minute break (2 x 30 minute) consistent with the current POW shift pattern
- Option 3 - 12.5 Hours, unpaid 30-minute break, consistent with the current former CT shift pattern
- Option 4 - Early Shift 8 Hours, unpaid 30-minute break. Late shift 8 hours, unpaid 30-minute break, night shift 10 hours, unpaid 30-minute break.
- Option 5: 12.5 Hours, Unpaid 45-minute break

Following consideration, the Committee felt that on balance the recommended Option would be Option 2 which would provide the right balance of rest time during a clinical shift for Nurses and Healthcare Support Workers who work long shifts.

It was noted that the evidence around an optimum shift pattern and break structure is complex. Therefore, this recommendation is a judgement-call, based on the best available evidence across a number of factors.

The Committee:

- **ENDORSED FOR BOARD APPROVAL Option 2**, which is to standardise the NMR and HCSW shift patterns and breaks across CTMUHB. This decision is subject to Board approval in principle and will then be subject to staff consultation.
- The rationale for this recommendation is that it is considered to be the most efficient shift pattern from an operational and financial perspective and it ensures parity across our sites. Furthermore, we have a duty of care to ensure sufficient rest periods for all staff. It was noted that Option 2 provides staff with additional rest periods on long shifts, which is critical for staff wellbeing, and that it enables additional workforce availability in order to ensure all staff are able to take the breaks they are entitled to. This option for 2 x 30 minute breaks may also have a positive impact on staff wellbeing and patient care, as research has indicated that regular short breaks may be more effective than longer, less frequent ones.
- However, it was recognised that this will be a big change with the potential to impact on a large section of our workforce and that communications, engagement and staff consultation will be critical.



Assure	There were no items for inclusion in this section
Inform	There were no items for inclusion in this section
Appendices	None Identified.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below:



Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Highlight report so n/a
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: 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 <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Board is 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 Clinical Advisory Group

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Dr Sally Bolt, Chair of the Clinical Advisory Group
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Dr Sally Bolt, Chair of the Clinical Advisory Group
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Dom Hurford, Executive Medical Director

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Clinical Advisory Group	24/06/2025	Summary of monthly meetings

Acronyms / Glossary of Terms	
POW	Princess of Wales Hospital

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the 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	Nil
Advise	When the repatriation of services to POW are being planned, the group have asked for clear communication around the plans at the earliest stage possible.

Assure	- The communication between colleagues throughout primary and secondary care should follow the All Wales Clinical Communications Protocol (2018) - There are regular discussions around the Acute Clinical Services Plan and Primary and Community Transformation Project, and the need to ensure equitable and responsive community services to support the transformation.
Inform	The Navigation Hub has been discussed, outlining the benefits of ensuring the best intervention for patients, which may not involve hospital admission. It was noted that ongoing education and communication is required within the nursing homes to remind them of the functionality.
Appendices	

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Choose an item.
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Culture and Valuing People
	If more than one applies please list below:



Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd</i> <i>Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (<i>Duty of Quality Statutory</i> <i>Guidance (gov.wales)</i>)	Not Applicable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Choose an item.
	If more than one applies please list below:

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

5. Recommendation

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

Agenda Item

8.2.3 Appendix 3

CTM Health Board

Highlight Report from the Hosted Bodies Audit, Risk & Assurance Committee

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Patsy Roseblade, Independent Member/Committee Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance Gareth Watts, Director of Corporate Governance & Board Business
Pwrpas yr Adroddiad / Report Purpose	For Noting

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

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

Acronyms / Glossary of Terms

JCC	Joint Commissioning Committee
CTM	Cwm Taf Morgannwg
NIAW	National Imaging Academy Wales

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Hosted Bodies Audit, Risk & Assurance Committee at its meeting on 22 May 2025.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

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

The Committee will also consider issues in respect of the roles and responsibilities of Committees hosted by the CTMUHB on behalf of NHS Wales as appropriate. From 1 April 2024, this comprises the NHS Wales Joint Commissioning Committee (JCC) and the National Imaging Academy Wales (NIAW). The meeting will be split into two parts with Cwm Taf Morgannwg CTMUHB business and hosted Committee business discussed and recorded separately.

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

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

Highlight Report

Alert / Escalate	There were no matters for alert or escalation on this occasion.
Advise	- The Committee received and noted a verbal Update on progress of the Joint Commissioning Committee (JCC) The Committee noted the following key issues that have arisen since the last ARC meeting: - Staff vacancies remained high and ongoing recruitment efforts were being undertaken along with collaboration with other NHS Wales organisations to address expertise gaps and legacy service issues. - Progress on systems and process controls and approval of the Scheme of Delegation which were key organisational steps.

	- Legacy Matters - a disproportionate amount of effort was currently focused on one or two services due to legacy issues that persist within the organisation, such as those related to the sexual assault referral centres, have been ongoing and were being actively reviewed. A governance review was nearing completion for the Welsh Kidney Network which was another area affected by legacy matters. JCC Integrated Medium Term Plan (IMTP) Progress Update – The Committee received a presentation on the progress of the IMTP and the transition to a single foundation plan, noting the financial risks and the need for collaboration on strategic priorities. Work was underway on a 10 year strategy with engagement across all health boards with the timeline aimed at draft completion by year-end. The Committee noted the risks in delivery due to the current vacancy issues and the mitigations in place.
Assure	- The JCC Organisational Risk Register was received. Members noted the JCC risk register as at the 31 March 2025, highlighting 13 risks with scores of 15 and above. One new risk had been added (Type A Aortic Dissection), one risk had been de-escalated (Paediatric Care Beds) and one financial risk had been closed with a new financial risk to be added to the next iteration. Members discussed the risk in relation to Ambulance Delays and re-emphasised the need for assurance and mitigation. - The Committee received the JCC Audit Tracker. Members noted that meetings were being held with internal audit to discuss ongoing audits and the 2025-26 programme. Reports on Traumatic Stress Wales and Finance Systems were currently being finalised. - An Internal Audit Report – JCC Governance was received by the Committee. Members noted the positive review of the JCC governance structures and areas that were highlighted for improvement such as paper quality, impact assessments and the Collaborative Commissioning Leadership Group (CCLG). Members were advised that efforts were being made to improve executive engagement and feedback mechanisms.
Inform	- The Unconfirmed Minutes of the meeting held on 22 January 2025 were APPROVED. - The Action Log was received and noted.



Appendices

- Nil

3. Assessment

4. Objectives / Strategy

Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)

Not Applicable

If more than one applies please list below:

Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas

Not Applicable

If more than one applies please list below:

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals
[150623-guide-to-the-fg-act-en.pdf \(futuregenerations.wales\)](#)

Not Applicable

If more than one applies please list below:

Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))

Not Applicable

If more than one applies please list below:

Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))

Not Applicable

If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)

No - Not Applicable

If more than one applies please list below:

Impact Assessment

Ansawdd

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /

Quality

Have you undertaken a Quality Impact Assessment Screening?

Yes: ☐

No: ☒

Outcome:

If no, please include rationale below:

Not Required



Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not Required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

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

Agenda Item

8.2.3 Appendix 4

CTM Health Board

Highlight Report from the Audit, Risk & Assurance Committee

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Patsy Roseblade, Independent Member, (Chair of Audit, Risk & Assurance Committee)
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary/ Sally May, Executive Director of Finance & Procurement

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Audit, Risk & Assurance Committee at its meeting on 22 May 2025.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The role of the Committee is to advise and assure the Board on whether there are effective arrangements in place – through the design and operation of the Health Board system of assurance – to support it in its decision taking and in discharging the accountabilities for securing the achievement of the Health Board objectives in accordance with the standards of good governance determined for the NHS in Wales.
- 2.2 The organisation’s system of internal control has been designed to identify the potential risks that could prevent Cwm Taf Morgannwg UHB achieving its aims and objectives. It evaluates the likelihood of the risks being realised, considers the impact should they occur, and looks to manage them efficiently, effectively, and economically. Where appropriate, the Committee will advise the Board and the Accountable Officer on where and how the assurance framework may be strengthened and developed further.

3. Highlight Report

Alert / Escalate	None identified
Advise	Internal Audit Progress Report: The report was received. The Committee noted the significant progress made with regard to the 2024-25 audit plan and advised that 84% of the planned audits were now either in draft or final stages which showed a substantial shift from the last meeting of the Committee. Internal Audit Annual Plan 2025-26: The Committee noted the detailed proposed plan, key performance indicators and the Mandate and Charter document which outlined the relationship with the organisation and approach to



disagreements. The Committee acknowledged the number of limited assurances received as evidence of its effectiveness.

- **Losses and Special Payments Report:** The Committee were provided with an update on the losses and special payments made by CTMUHB for the three-month period from 1 January – 31 March 2025, as required by the Standing Financial Instructions. The Committee discussed the issue of penalties for late submitted evidence and emphasised the importance of ensuring that the organisation benefitted from the learning associated with the penalties and proposed that an update on the matter be brought back to the next meeting of the Committee.
- **Procurement and Scheme of Delegation Update:** The Committee noted the position on procurement matters for the period 1st February – 31 March 2025. The Committee noted the update regarding Purchase to Pay and achievement of the PSPP target up to Month 12 of 2024-25.
- **Local Counter Fraud Report:** The Committee noted the report that provided detail on tasks and actions undertaken with the four strategic counter fraud work areas. The Committee noted the resource position and the referral of a case to disciplinary considerations and professional body.
- **Local Counter Fraud Annual Report:** The Committee noted the Annual Report for 2024-25 noting the integration with the Health Board and the focus on risk as a key performance indicator.
- **Counter Fraud Functional Standard Return 2024-25:** The Committee noted the NHS Counter Fraud Standards self-assessment prior to submission to NHSCFA.
- **Counter Fraud Draft Work Plan:** The Committee received the report noting the focus on the risk and awareness work.
- **National Fraud Initiatives Progress and Outcomes:** The Committee received the report and noted the progress and outcomes including the approach to high-risk matches and the assurance of system operations.
- **Audit Recommendations Tracker –** The Committee received the report on the tracker and acknowledged the ongoing work underway to improve the position and would continue discussions about how to ensure that the reports included appropriate exception reporting and narrative which



would help the Committee to focus on what they should be most concerned about. The Committee noted the ongoing internal audit review of the audit tracking process, and the development of an audit handbook to enhance understanding and implementation of audit recommendations.

- **Internal Audit Reports:** The following reports were received by the Committee recording Reasonable and Substantial Assurance Conclusions:

- Duty of Candour
- Cancer Tracking Process
- ED Performance – Follow Up
- Service User Experience
- New Care Group Model
- PCH Delivery of Key Project Objectives
- Arrangements for Financial Savings - Follow Up
- New PDR Process
- Electronic White Boards

The following reports recorded Limited Assurance conclusions:

- Estates Condition – the Committee noted the significant backlog maintenance required and the limited resources available to address these issues. The Committee were advised that the follow-up audit would focus on the agreed actions within the Health Board's control rather than the overall funding issues.
- Capital Systems Final – the Committee noted the report.
- Gastro Intestinal Pathways – the Committee acknowledged the historical lack of a structured approach to benefits realisation in digital projects and noted that the Health Board was now using the EPME Programme to develop a more disciplined and standard approach. The Committee were assured that the gaps identified within the audit would be addressed with the new framework along with the appointment of a Business Change lead and Business Analysts.
- **Audit Wales Update** – The Committee noted the update in relation to the status of current audit work and the timing of future audit work as detailed in the update.
- **Audit Wales Report - Cancer Services in Wales:** – The Committee noted the key findings and recommendations of the report and expressed concern about the ambitious timescales for implementing the recommendations and questioned how realistic it was considering the challenges referred to.



	• Audit Wales Outline Plan – The Committee noted the overview of the financial audit aspects of the 2025 Plan, the highlighted key risks, areas of focus, the audit team and the fee structure. The Committee were advised that the Plan also included a new auditing standard on the auditing of groups and a new auditing standard for the financial year 2024-25.
Assure	• Organisational Risk Register – The organisational risk register was reviewed and assurance taken that the risks are being managed. The Committee also recognised that substantive discussions on risks had taken place at other committee meetings. • Members received the following reports at the 'In Committee' session of the Committee: CTMUHB – Draft Annual Report including Accountability Report, Remuneration and Staff Report, Performance Report 2024-2025: The Committee endorsed the current draft of the Annual Report and noted the Joint Commissioning Committee and the National Imaging Academy Wales Annual Governance Statements / Compliance Statements and the Draft Head of Internal Audit Opinion verbal update. CTMUHB Draft Accounts 2024-2025: The Committee noted the Draft Annual Accounts for 2024-25, subject to any issues that may arise from the ongoing external audit process, the key critical judgements and estimates that have been used in the accounting period 2024-25 and that the Health Board had not met the financial target of breaking even over a rolling 3-year period. CTMUHB Audit Enquiries Letter: The Committee noted the Health Boards response to the Audit Enquiries Letters included at Appendices 1-2 of the report. Organisational Risk Register – Business Sensitive Risks: The report was received and noted.
Inform	• The Committee approved: Unconfirmed Minutes of the meeting held on 13 February 2025.

	Unconfirmed Minutes of the In Committee meeting held on 13 February 2025. Standards of Good Governance and Probity. • The Committee noted: Cwm Taf Morgannwg University Health Board National Clinical Audit Programme Quarter 3 Update 2024-25. Cwm Taf Morgannwg University Health Board National Clinical Audit Forward Plan 2025-26 Standing Orders – Variation or Breach Report The Committee Forward Work Programme Committee Annual Cycle of Business 2025.
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 <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	A Healthier Wales
	If more than one applies, please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i>	Whole-systems Perspective
	If more than one applies, please list below:



<i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	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 <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Highlight report so n/a
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: 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 <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

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

Agenda Item

8.2.3 Appendix 5

CTM Health Board

Highlight Report from the Extra Ordinary Audit, Risk & Assurance Committee

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Patsy Roseblade, Independent Member, (Chair of Audit, Risk & Assurance Committee)
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary/ Sally May, Executive Director of Finance & Procurement

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	

1. Introduction

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Audit, Risk & Assurance Committee at its meeting on 25 June 2025.
- 1.2 Key highlights from the meeting are reported in section 3.

2. Purpose of this Meeting

- 2.1 The role of the Committee is to advise and assure the Board on whether there are effective arrangements in place – through the design and operation of the Health Board system of assurance – to support it in its decision taking and in discharging the accountabilities for securing the achievement of the Health Board objectives in accordance with the standards of good governance determined for the NHS in Wales.
- 2.2 The organisation's system of internal control has been designed to identify the potential risks that could prevent Cwm Taf Morgannwg UHB achieving its aims and objectives. It evaluates the likelihood of the risks being realised, considers the impact should they occur, and looks to manage them efficiently, effectively, and economically. Where appropriate, the Committee will advise the Board and the Accountable Officer on where and how the assurance framework may be strengthened and developed further.

3. Highlight Report

Alert / Escalate	None identified
Advise	None identified
Assure	Members received the following reports at the 'Extra Ordinary' session of the Committee:

	CTMUHB Annual Report & Accounts for 2024-2025. Members ENDORSED FOR BOARD APPROVAL. The Committee noted the updates since the last meeting including the addition of the CTM Wellbeing Statement, updates to the sustainability and remunerations report and the inclusion of the Audit General's certificate. An omission in the Forward section was identified and would be corrected prior to it being received by the Board on the 26th July 2025 Audit of the Financial Statements (ISA 260) Report (including the Letter Of Representation and Audit Opinion). The Committee ENDORSED FOR BOARD APPROVAL. The Committee received and NOTED the Head of Internal Audit Opinion. Accountability Report and Annual Governance Compliance Statements and Accounts received from Hosted Organisations (JCC and NIAW) was NOTED.
Inform	
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:



150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Whole-systems Perspective If more than one applies, please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	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): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	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

8.2.3 Appendix 6

CTM Health Board

Highlight Report from the Remuneration & Terms of Service Committee

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
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	Hywel Daniel, Executive Director for People

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Not applicable.	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
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 26 June 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	Nil
Assure	Performance Review and Objective Setting for Executive Directors and others at Very Senior Management (VSM) The Committee noted and received assurance on the performance management arrangements and objective setting process in place for the Executive Directors and other VSM's. Assurance over the Performance Management Arrangements of the Chief Executive The Committee noted and received assurance on the performance management arrangements and objective setting process in place for the Chief Executive.
Inform	The Committee Approved the following items: • Unconfirmed minutes of the meeting held on the 27 March 2025. • The outputs from the Committee Self-Assessment. The Committee Annual Report was deferred to allow for a point of clarification to be explored and confirmed at a future meeting. 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:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A More Equal Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Culture and Valuing People
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Equitable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

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



	POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below) In terms of the resource impact of each individual case.	

6. Recommendation

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



Agenda Item

8.2.3 Appendix 7

CTM Health Board

Highlight Report from the Strategic Development Committee

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	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	

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 3 July 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 to 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	No areas of alert or escalation were identified at this Committee.

Advise	Acute Clinical Services Plan (ACSP) – Case for Change The Committee were supportive of the case for change in relation to the ACSP, in terms of expanding the plan to cover both acute and non-acute key clinical services, all short- and long-term service changes should be clearly identified and lessons will be learned from the ongoing service changes to inform future planning. A high-level overview once the plan had been further iterated and discussed at Executive Management Board in July 2025, was requested by Members. Attention was drawn as to how the plan will not only be inclusive of communities and staff but also clear as to how it is deployed by the organisation. Regional Partnership Agreement (RPA) for Services and Support for Older People, People Living with Frailty and Their Carers The Committee recognised the significant amount of work by CTM and its partners to drive this activity forward and noted the collaboration with partners in developing the (RPA), the purpose and intended outcome measures and how it will facilitate and better enable joint working and more equity of services across CTM. The Committee endorsed the submission of the RPA to Public Board for approval in July 2025. Maesteg Community Hospital Development The Committee welcomed an update on the Delivery of a Health & Wellbeing Centre for the Llynfi Valley, which outlined the ongoing assessment of options to deliver a health and wellbeing centre in Llynfi Valley. The detailed timeline and next steps were noted, recognising the significant amount of activity underway, including the ongoing design process, the financial position, the robust engagement activity and the development of a Business Case to secure funding. Llantrisant Health Park (LHP) The Committee noted the following verbal update regarding the LHP Programme: • Demolition work is ongoing at the LHP site. • A recent assurance process highlighted the need for further work on demand and capacity modelling, workforce models, and revenue costs. • The timeline for the outline business case (OBC) has been adjusted, aiming for an updated OBC by July 2025. However, discussions are ongoing with Welsh Government to consider a phased approach to enable work to commence sooner while allowing time for necessary work

	and affordability assessments. The outcome of these discussions will follow in the next few weeks. Financial Position Update The following key points were highlighted to the Committee: • The report reflects the position submitted in the IMTP (three-year financial plan). • A review will be conducted at Month 4 on the significant pressure areas. • The impact of the 2024-2025 recurrent pay awards is not yet known. • The Employer's National Insurance funding is insufficient, leading to an estimated £2 million pressure this year, rising to £4 million next year. • Changes in the Welsh Risk Pool profile of settlements may add an estimated £6 million pressure for CTMUHB. The Committee noted that these unknown factors will impact the underlying financial position and recognised the importance of understanding future trends and growth areas in spending in future reports.
Assure	Mental Health Transformation Programme (Mental Health & Learning Disabilities Care Group) The Committee welcomed an update on the programme of strategic transformation for Mental Health in CTMUHB, noting alignment with the CTM230 Strategy, the Cabinet Secretary Strategic Priorities and the Strategic Programme for Mental Health – NHS Wales. Members noted the overall strategic aim to provide a seamless Mental Health Service, which is patient centred, needs led and guided to the right support first time without delay. The Committee were also assured of the leadership within the Care Group and the “One CTM” approach. Enhanced Community Care Programme (Primary Care & Community Care Group) The Committee received an update on the ‘Development of Hospital @ Home’, where all community health teams delivering intermediate care in CTM are being integrated into one service named Hospital@Home. It was noted that Hospital@Home will enhance pathways of multi-disciplinary, community care in line with national standards and guidance. The three stages of delivery were received, noting that CTM is currently at Phase one – Discharge.

	Outcomes to date were shared with Members along with noting that the current priority areas for the programme are Organisational Change Process (Commencing in July 2025), Data Capture and Discharge Model activities. The significant amount of work undertaken was acknowledged by the Committee, however, the risk around the need to secure the right Discharge Model was recognised. Strategic Equality Plan (SEP) The update prepared for the Committee provided Members with a brief, annual update on the delivery of the CTMUHB SEP. It was acknowledged that a substantive update will return in October 2025, which will capture the intended impact and outcome measures from the plan as well as ensuring alignment to the newly launched People Plan. It was also noted that a Board Development Session in terms of the role of the Board in the context of the SEP will be built into the Board Development programme. People Plan Update A verbal update was received by the Committee noting the following key points: • The People Plan was agreed by the Board at its meeting on the 29 May 2025 and published on 23 June 2025. • The Plan had been shared across the organisation via various platforms and discussed at the Leadership Forum. • A manager briefing is scheduled for later in the summer to focus on the People Plan, involving Executive Team members, Care Group leadership teams, Trade Union colleagues, and the People Directorate. • Positive feedback / traction had been received on the plan to date. Digital & Data Strategy Progress & Plan A detailed overview of the strategic direction of the Digital and Data Plan was received, noting the following: • National Priorities: focus upon national target architecture, workforce records, national data resource, and cyber security. Delivery priorities include the NHS Wales APP, digital maternity rollout, connecting care, and electronic prescribing. • Local Work Plan: Key themes include improving patient contact and securing a strategic partner for long-term roadmap development.

	• Future Strategy: Emphasis on adopting Artificial Intelligence, ensuring regulatory compliance, and transforming care delivery through technology. Members emphasised the importance of the health care system maintaining momentum with technological advancements and the importance of a 360-degree view on healthcare delivery. The need to integrate digital innovations into new services models was noted along with the recognition of the importance of strategic intent and making difficult decisions around prioritisation.
Inform	Regional Partnership Board (RPB) Update The activity of the RPB for 2024-2025 was noted and Members requested that future updates also capture the strategic direction of travel for the RPB as well as a past year reflection. Creating Health Highlight Report The Committee were apprised of the Creating Health Programme activities with attention drawn to the following areas: • Focus on increasing healthy life expectancy, reducing inequalities, and supporting staff health. • Emphasis on both physical and mental health. • Development of a dashboard to monitor equity across CTMUHB. • The Creating Health Board supports and drives forward initiatives like the Pension Credit Activity. Health Protection System Update The Committee noted the positive developments in this area with focus upon: • The funding available for Health Protection. • Strong performance in blood-borne virus screening in prisons, with nearly 100% testing. • Development of pathways for high consequence infectious diseases. • Preparation for Exercise Pegasus, a Four Nations pandemic exercise. • Improved capacity to handle any potential new pandemics or novel pathogens CTM Area Planning Board The whole system approach was noted by the Committee in receiving the highlight report identifying the key issues

	considered by the Area Planning Board at its meeting in May 2025. The focus upon reducing harms from substance use was recognised. CTM Public Service Board Update The current activities of the PSB against its Wellbeing Plan were highlighted to the Committee following its meeting in June 2025. It was noted that there is a current review of PSBs underway by Welsh Government at which CTMUHB is represented by its Director of Public Health.
Appendices	Nil

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below:
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 <u>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</u>	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

Highlight Report to Board
from the Strategic
Development Committee
3 July 2025

Page 7 of 8

CTM Health Board
31 July 2025

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

8.2.4

CTM Health Board

Health Protection System Update

Dyddiad y Cyfarfod / Date of Meeting	31/07/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Emmeline Watkins, Consultant in Public Health
Cyflwynydd yr Adroddiad / Report Presenter	Philip Daniels, Executive Director of Public Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, 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
Health Protection Board	12/06/2025	
Strategic Development Committee	31/07/2025	NOTED

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
IP&C	Infection, Prevention & Control

1. Situation /Background

- 1.1 The bi-annual report summarising the Q3/Q4 delivery of the CTM Health Protection Strategic Plan and key areas of work has been shared with Welsh Government on 05/06/2025 and who noted the considerable progress that CTM had made in this area over the last 6 months.

2. Specific Matters for Consideration

- 2.1 Key successes in Q3/Q4 across the health protection system include:
- Allocated an additional £1.06m funding towards Health Protection for 25/26.
 - Improved blood borne virus screening in HMP Prison Parc which has increased from 36% of men having been screened for bloodborne viruses in the previous 12 months in March 2024 to 90% in March 2025
 - Fluenz uptake in 3 year olds in Merthyr Tydfil was high at 53.6% despite difficulties in resourcing the nursery settings program. There was also a successful Fluenz at weekends campaign in January saw over 2000 children and young people immunised
 - Effective implementation of the Respiratory Syncytial Virus vaccine program, especially the maternal program.
 - Establishment of an out of hours clinical rota to respond to immediate testing and vaccination requirements for Mpox, Avian influenza and measles.
 - Effective collaborative working on High Consequence Infectious Diseases guidelines across many Health Board directorates
 - Significant work has taken place with our care homes, to develop good working relationships both with Health Board Colleagues and local authority colleagues leading to improved infection, prevention and control and a more effective vaccine consent process.
- 2.2 The additional funding moves CTM closer towards parity of funding with other Health Boards based on population, though there is still a considerable gap. The agreed areas of additional investment focus on key gaps in the CTM Health Protection system. This includes: a more resilient health protection/vaccination permanent workforce increasing resilience and the ability to address inequalities through outreach; a coordinated community IP&C team with clear links to local authorities and improved investment and ways of working with our local authorities; increases investment and resilience in emergency planning and communications teams. Implementing and driving health protection outcomes from these key areas of investment is part of the core plan for 2025/26.
- 2.3 The national Health Protection Framework has been agreed. Successful national and local implementation of this framework will be core to effective outbreak and pandemic response. There are five national implementation workstreams: Sampling and testing, Social care and care homes, Medicines and deployment, Inequalities, Outcome measures. These workstreams will require input either directly or indirectly through Health Board peers and

will require involvement from care groups across the Health Board, especially primary care and testing to ensure successful implementation for the population of CTM.

- 2.4 Pandemic Planning will be a core part of the health protection and emergency planning workstream for 2025/26 with Health Board, regional and Local Resilience Forum aspects. Over the next few months more information will be shared about **Exercise Pegasus** a 4 nations pandemic exercise in the autumn. Locally the South Wales Local Resilience Forum have carried out an exercise in April 2025 in preparation for Exercise Pegasus. The health board had a small team to support this and the exercise went well and key learning will be shared and incorporated into pandemic planning. Any CTM plan will also incorporate the local learnings from Covid-19 which have been collated and be based on the national pandemic plan.
- 2.5 Lessons learned from last winter have been collated from wider partners including the Community Leaders Network and are informing the planning for winter 2025/26.

3. Key Risks / Matters for Escalation

- 3.1 National risks and challenges for health protection include the successful implementation of the Health Protection Framework which leads to some uncertainty in 2025/26; recruitment to specialist workforce especially Infection Prevention and Control and Environmental Health is difficult leading to delays in recruitment and a considerable program of change around the winter respiratory programme and childhood immunisation programmes.
- 3.2 Specific CTM risks and challenges for CTM include the lack of parity of funding for health protection which is impacting the resilience of delivery in many areas including vaccination, out of hours response, microbiology, inequalities and impacts sustainability of approaches with wider system partners including local authority and the voluntary sector.
- 3.3 As delivery of the Health Protection Framework and immunisations is across multiple care groups, there is the potential for duplicate reporting and gaps. This was identified in the vaccine audit and is being reviewed. It is proposed that, where beneficial, the Health Protection Board reviews key health protection outcomes across all care groups and partners. This will be developed in line with the national workstream on health protection outcomes.

4. Assessment

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



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Update for noting
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): Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Update for noting
Cyfreithiol / Legal	Yes (Include further detail below)	
	Health Protection Legislation (Wales) 2010 Health Act 2006 Wales	
Enw da / Reputational	Yes (Include further detail below)	
	There is a risk of reputational damage to the Health Board of lowering vaccination rates and failing to meet Welsh Government health protection requirements	
Effaith Adnoddau	Yes (Include further detail below)	

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

Current recurrent funding has increased but remains below other health boards in Wales according to population.

5. Recommendation

- 5.1 The Board are asked to note the contents of this paper, in particular the risks and escalations.

6. Next Steps

- 6.1 The Health Protection Coordination Group are implementing the new programmes of work and with progress reviewed by the Health Protection Board quarterly and by Welsh Government every six months.

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	20/05/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Jacqui Maunder – Committee Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Stacey Taylor - JCC Deputy Chief Commissioner/Director of Finance
Noddwr yr Adroddiad / Report Sponsor	Huw George JCC Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	June/July 2025	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer (CEO) Members of the Joint Committee with a summary of the key issues considered by the NHS Wales Joint Commissioning Committee (NWJCC) at its public meeting on 20 May 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Joint Committee (JC) is set out in Paragraphs 2.18 and 2.20 of the NWJCC [Standing Orders \(SOs\)](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted [May 2025 – NHS Wales Joint Commissioning Committee](#))

Status	Update
Alert / Escalate	During the meeting, Members: • Collaborative Commissioning Leadership Group (CCLG) – Noted that the Terms of Reference for the Collaborative Commissioning Leadership Group (CCLG) included a specific request from HB CEOs that its membership should comprise of Executive Directors from HBs. CEOs were requested to ensure that designated Executive Directors attend to ensure quoracy • Syndrome Without a Name (SWAN) – Approved recurrent funding for the service • Individual Patient Funding Request (IPFR) Policy – Approved the updated policy and noted that it will be presented to the 7 x HBs and WG for final approval and adoption from 1 July 2025 • Recovered Plasma from Whole Blood Donations for Medicines – Supported Velindre University NHS Trust/Welsh Blood Service in approaching WG to approve a revised policy position to: ○ Commence supply of plasma recovered from whole blood donations for the manufacture of Immunoglobulin and Albumin products for clinical use in Wales under the terms of a UK-wide contract with Octapharma AG ○ Use the price savings from the contract compared to the commercially sourced equivalent NHS Wales contracts, to cover the additional costs and lost income. • Improving Patient Flow, Oversight and Repatriation in Mental Health Hospitals – Members noted (i) the impact of a delayed discharge on the patient experience and outcomes and (ii) the longstanding process to recharge HBs for the cost of a medium secure patient placement three months after it has been identified that the patient is ready to move on to the next stage of care. Members approved the recommendation to recharge HBs after one month and to expand this process to cover all mental health placements. • JCC Scheme of Reservation and Delegation of Powers – Approved the adoption of these for the matters further delegated from the Chief Commissioner, all of which must be formally adopted by the JC and approved by HBs as a schedule to their own SOs. Members approved the financial delegations outlined within the updated financial authorisation matrix.

Status	Update
Advise	- The Chair's Report noted the recent end of year appraisal with the Cabinet Secretary for Health & Social Care including the discussion around the establishment and governance of the NWJCC, the progress made in the last 12 months, the priority in quarter 1 and 2 (2025-26) to develop a long-term strategy setting the road map for the Integrated Medium-Term Plan (2026-29) and a focus on recast objectives including quality, safety, culture, strategy, and governance. - The Chief Commissioner's Report included an update on: Quarter 4 – the progress made in relation to the transition including the establishment of the new organisational structure (with a 29% vacancy rate that is having an impact on capacity with the NWJCC) and a shift in focus to the delivery of the NWJCC Foundation Plan following its approval (with HB Executive leads identified for each of the strategic priorities) CCLG – working to inform decision-making by the Chief Commissioner and the JC Internal Audit – review undertaken to assess embedding the statutory governance framework and the establishment of operational governance arrangements to provide effective oversight. This report stated that the first year of operation was regarded very positively, the governance framework has largely been established and meetings are more strategic and collaborative than the previous arrangements. The report identified the need for quoracy in CCLG meetings and the need to take forward an organisational development plan to embed values and behaviours and new ways of working Annual Accounts – reflected within governance and accountability arrangements, assurance was provided that the NWJCC Annual Accounts were submitted to CTMUHB and will be presented to their Board for approval on 26 June 2025 which Huw George will attend in his capacity as Accountable Officer. - Reports from each of the Commissioning Directors: Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups – Members noted: - The findings of the Perinatal Mental Health Utilisation, Forecasting & Modelling Report (working with the Royal College of Psychiatrists Wales)

Status	Update
	○ Commissioning case management for specialised mental health services, the current variation in provision and the work being taken to address this ○ The impact of a fire incident at Taith Newydd low secure unit has had on medium secure bed availability in south Wales and ongoing discussions around this matter ○ Ongoing discussions with Welsh Government (WG) and NHS Wales Performance and Improvement regarding Sexual Assault Referral Centres ○ In relation to Continuing Healthcare, at the request of the Director General for Health and Social Services, the focus will be the deployment of a digital system and the training of CHC assessors, led by other organisations. ○ <u>Director of Commissioning for Ambulance Services and 111</u> – Members noted: ○ The outcome of the Emergency Medical Retrieval and Transfer Services (EMRTS) Judicial Review was anticipated by the end of May 2025 ○ The Emergency Ambulance Performance Framework would be implemented from July 2025 with a shift in focus from time-based targets to clinical outcomes ○ The transfer of the Save a Life Cymru programme to the Welsh Ambulance Services University NHS Trust (WAST), to be commissioned through the JCC enabling a more integrated approach and enhanced community cardiac arrest survival ○ The aim of the national handover improvement group to deliver a maximum 45-minute ambulance patient handover time within 6 months, handover improvement was noted as a recommendation in the Ministerial Advisory Group report ○ Capacity issues within the Non-Emergency Patient Transport Service due to HB service reconfiguration, increased patient complexities and increased costs, work is ongoing with WAST and HBs to address this ○ A review of NHS 111 Wales' roster arrangements with a view to better aligning capacity and demand. ○ <u>Director of Commissioning for Specialised Services</u>. Members noted: ○ Key commissioning risks and the reporting of services in escalation to the Quality, Safety and Outcomes Sub-Committee for detailed scrutiny ○ Key commissioning achievements including repatriation of Peptide Receptor Radionuclide Therapy (PRRT) for neuroendocrine tumours and the expansion of

Status	Update
	Stereotactic Ablative Body Radiotherapy (SABR) provision in Wales ○ The Paediatric Intensive Care Unit has been de-escalated to level 2 due to the assurances received in line with the NWJCC Escalation Framework. • Strategic Development – Members received a presentation outlining a proposal for the development of the NWJCC Strategy including timelines for engagement and approval process. Work will continue to develop the strategy and to ensure alignment with HB strategies. • NWJCC Foundation Plan 2025-26 – Implementation Framework – Members noted a report outlining the implementation framework for the Foundation Plan, including strategic priorities, outcomes, deliverables and milestones.
Assure	• Governance & Risk Management: ○ The Risk Register at 31 March 2025 was received and approved ○ The Corporate Governance Report was appended with the draft Annual Governance Statement, the Audit Enquiries Letter and the Annual Plan of Committee Business 2025-2026 for approval ○ Members noted: ○ The update on the Register of Interests/Related Parties ○ That the Health Board SOs (and subsequently NWJCC SOs) would be updated to reflect the recently issued Welsh Health Circular which reduced the timescale for publication of board papers to 5 clear days.
Inform	• Members heard the story of a former inpatient's experience in the Mother and Baby Unit at Tonna Hospital. The story presented the challenges as a physically disabled mother and how the unit had worked hard to address the environment, accessibility issues and the staff's willingness to listen and adapt. These lessons would be shared across other commissioned services • The Committee received the Month 12 Finance Report and the Month 12 Operational Performance Report • The Committee noted an update in relation to an extension of the Blueteq Electronic Prior Approval System contract • The Committee received the following assurance reports: ○ Quality Safety and Outcomes Sub-Committee ○ Planning Performance & Finance Sub-Committee

Status	Update
	○ Individual Patient Funding Request (IPFR) Panel Assurance Report ○ Welsh Kidney Network Board Assurance Report.
Appendices	None.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
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 Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:

<i>Have you undertaken a Quality Impact Assessment Screening?</i>		This is a summary of the latest meeting of the JCC
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i>	Yes: ☒	No: ☒
Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: This is a summary of the latest meeting of the JCC
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 Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i>	Yes (Include further detail below)	
Resource Impact <i>(People / Financial)</i>	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

5. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 3 of this report.