Operational Delivery Committee

Tue 28 January 2025, 09:30 - 12:30

Teams

Agenda

09:30 - 09:35
5 min

1. Preliminary Matters

1.1. Welcome and Introductions

Rachel Rowlands, Chair of the Committee

1.2. Apologies for Absence

Rachel Rowlands, Chair of the Committee

1.3. Declarations of Interest

Rachel Rowlands, Chair of the Committee

09:35 - 09:40
5 min

2. Consent Agenda Business

The Committee Chair will ask if there are any items from the Consent Agenda (Items 11) that Committee Members wish to bring forward to the main agenda for discussion.

09:40 - 09:45
5 min

3. COMMITTEE GOVERNANCE ARRANGEMENTS

3.1. Action Log

Discussion *Rachel Rowlands, Chair of the Committee*

3.1 Action Log OD Committee 28 January 2025 v1.pdf (2 pages)

3.2. Matters Arising not Captured on the Action Log

Discussion *Rachel Rowlands, Chair of the Committee*

09:45 - 09:55
10 min

4. People Activity

4.1. Wellbeing Survey and Staff Survey - Delivery Action Plans - Verbal Update

Discussion *Hywel Daniel, Executive Director of People*

09:55 - 10:05
10 min

5.
Digital & Data Activity

5.1.
Digital & Data Delivery Report

Discussion *Stuart Morris, Director of Digital*

- 5.1 Digital & Data Highlight Report ODC 28 January 2025.pdf (14 pages)

10:05 - 10:15
10 min

6.
Risk Management

6.1.
Organisational Risk Register

Discussion *Cally Hamblyn, Assistant Director of Governance & Risk*

- 6.1a Org RR - January 2025 iteration - ODC Public (1).pdf (7 pages)
- 6.1b Appendix 1 - Org RR - January 2025 iteration - ODC Public (1).pdf (6 pages)

10:15 - 10:35
20 min

7.
Planning Framework

7.1.
Integrated Medium Term Plan (IMTP) Quarterly Update

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

- 7.1 IMTP 24-25 Q2 Review 2024 - ODC 28 January 2025.pdf (6 pages)
- 7.1a Appendix 1 Ministerial Template 24-25 - Pathways of Care Q2 update.pdf (24 pages)
- 7.1b Appendix 2 Ministerial Template 24-25 Primary Community Care Access Q2.pdf (11 pages)
- 7.1.c Appendix 3.2 IMTP USC Ambulance Handover Q2.pdf (5 pages)
- 7.1.ci Appendix 3.1 IMTP USC SDEC Q2.pdf (6 pages)
- 7.1.d Appendix 4 IMTP ministerial priorities Planned Care - Q2.pdf (3 pages)
- 7.1e Appendix 5 - Ministerial Template 24-25 MH CAMHS - Q2.pdf (5 pages)

7.2.
Major Incident Plan and Site Specific Procedures - Update

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

- 7.2 Major Incident Plan Operational Delivery Cttee - 28 January 2025.pdf (7 pages)
- 7.2a Draft Overarching MI Procedure v4.pdf (116 pages)

10:35 - 11:45
70 min

8.
Integrated Performance Management

8.1.
Integrated Performance Dashboard

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

- 8.1 Performance Dashboard ODC 28 January 2025 comp.pdf (35 pages)

8.2.
Urgent & Emergency Care Six Goals Programme Update

Discussion *Gethin Hughes, Chief Operating Officer*

- 8.2 6 Goals Highlight Report ODC 28.01.2025.pdf (8 pages)
- 8.2a Brainomix - Working Draft as at 28.11.2024.pdf (6 pages)

8.3.
Elective Transformation Programme

Discussion *Gethin Hughes, Chief Operrating Officer*

- 8.3. Elective Transformation programme ODC 28 January 2025.pdf (6 pages)
- 8.3a Appendix 1 Elective Transformation programme slides.pdf (17 pages)
- 8.3b Appendix 2 Ophthalmology Briefing Note.pdf (4 pages)

8.4.
Primary Care and Community Service Highlight Report

Discussion *Gethin Hughes, Chief Operating Officer*

- 8.4 Primary Care and Community Highlight Report OCD 28 January 2025.pdf (13 pages)

8.5.
Mental Health Transformation Highlight Report

Discussion *Gethin Hughes, Chief Operating Officer*

- 8.5 Mental Health Highlight Report ODC 28 January 2025.pdf (7 pages)

8.6.
Urgent changes to acute Stroke services - Briefing

Discussion *Gethin Hughes, Chief Operating Officer/ Sarah Follows, Service Group Director,*

- 8.6 Urgent change to acute stroke services ODC 28 January 2025.pdf (11 pages)

11:45 - 12:15
30 min

9.
Financial Management / Performance

9.1.
Month 9 Finance Report

Discussion *Sally May, Executive Director of Finance*

- 9.1 M9 Finance Report ODC 28 January 2025.pdf (24 pages)

9.2.
Month 9 Finance Performance Report

Discussion *Sally May, Executive Director of Finance*

- 9.2 M9 Finance Performance Report ODC 28 January 2025.pdf (27 pages)

9.3.
Welsh Government Allocation Letter 2025-26

Discussion *Sally May, Executive Director of Finance*

- 9.3 2025-2026 Initial Allocation Letter ODC 28 January 2025.pdf (7 pages)
- 9.3a Annex A - 2025-26 Allocations - Cab Sec Letter.pdf (2 pages)

- 9.3b Annex A - 2025-26 Allocations - DG Letter.pdf (3 pages)
- 9.3c Annex A - 2025-26 Allocations - Narrative.pdf (10 pages)
- 9.3d Annex A - 2025-26 Allocations - Tables.pdf (16 pages)

12:15 - 12:20
5 min

10. Consent Agenda

10.1. Items for Approval

10.1.1. Unconfirmed Minutes of the Final Planning, Performance & Finance Committee & In Committee Meeting held on 14th November 2024

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

- 10.1.1 Unconfirmed Minutes PPFC 14.11.24 ODC 28 January 2025.pdf (10 pages)
- 10.1.1a Unconfirmed IC Minutes PPFC 14.11.24 ODC 28 January 2025.pdf (2 pages)

10.1.2. Ratification of Chairs Urgent Action People & Culture Committee - Approval of the All Wales Job Evaluation Policy & Procedure

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

- 10.1.2 Ratification of Chairs Urgent Action All Wales JE Policy ODC 28 January 2025.pdf (4 pages)
- 10.1.2a Job Evaluation Policy and Procedure FINAL.pdf (19 pages)
- 10.1.2b JE EIA_March 2024.pdf (13 pages)

10.1.3. Approval of the Environmental Management Policy

Decision *Gethin Hughes, Chief Operating Officer*

- 10.1.3 Annual Cycle of Business Cover Report OD Committee 28 January 2024.pdf (3 pages)
- 10.1.3a Appendix 1 Annual Cycle of Business ODC 28 January 2025.pdf (4 pages)

10.1.4. Annual Cycle of Business 2025

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

- 10.1.4 Annual Cycle of Business Cover Report OD Committee 28 January 2024.pdf (3 pages)
- 10.1.4a Appendix 1 Annual Cycle of Business ODC 28 January 2025.pdf (4 pages)

10.2. Items for Noting

10.2.1. Months 8 & 9 Monitoring Returns to Welsh Government

Information *Sally May, Executive Director of Finance*

- 10.2.1a M7 Monitoring Return Report ODC 28 January 2025.pdf (4 pages)
- 10.2.1b Annex A - Month 07 - CTM ULHB - Monitoring Narrative 2024-25 FINAL v2.pdf (22 pages)
- 10.2.1c Annex A - Month 07 - CTM ULHB - Monitoring Tables 2024-25 FINAL.pdf (4 pages)
- 10.2.1d M8 Monitoring Return Report ODC 28 January 2025.pdf (4 pages)
- 10.2.1e Annex A - Month 08 - CTM ULHB - Monitoring Narrative 2024-25 FINALv2.pdf (21 pages)
- 10.2.1f Annex A - Month 08 - CTM ULHB - Monitoring Tables 2024-25 FINAL.pdf (4 pages)
- 10.2.1g M9 Monitoring Return Report ODC 28 January 2025.pdf (4 pages)
- 10.2.1h Annex A - Month 09 - CTM ULHB - Monitoring Narrative 2024-25 FINALv2.pdf (25 pages)
- 10.2.1i Annex A - Month 09 - CTM ULHB - Monitoring Tables 2024-25 FINAL.pdf (4 pages)

10.2.2.
Committee Forward Work Plan

Information *Rachel rowlands, Chair of the Committee*

10.2.2 Forward Work Plan - ODC 28 January 2025.pdf (1 pages)

12:20 - 12:25
5 min

11.
Other Matters

11.1.
Committee Highlight Report to Board

Discussion *Rachel Rowlands, Chair of the Committee*

11.2.
Any Other Urgent Business

Discussion *Rachel Rowlands, Chair of the Committee*

12:25 - 12:30
5 min

12.
Closed/In Committee Session

Rachel Rowlands, Chair of the Committee

The following items will be discussed:

- Organisational Risk Register - Business Senstive Risks
- Princess of Wales Hospital - Building Update

12:30 - 12:30
0 min

13.
Close of Meeting

Rachel Rowlands, Chair of the Committee

13.1.
Date and Time of Next Meeting

Rachel Rowlands, Chair of the Committee

Tuesday 29 April 2025 at 2:00 pm

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Operational Delivery Committee - Action Log (as at 15.01.25)

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
Planning, Performance & Finance Committee - August 2024	4,1	3	Organisational Risk Register	To bring an update on the STAMP Programme to a future meeting of the Committee.	Chief Operating Officer	Chief Operating Officer	jan-25	Propose to close	On Agenda for Operational Delivery Committee - January 2025
Planning, Performance & Finance Committee - August 2024	5,1	4	Integrated Performance Dashboard	To bring a more detailed presentation on outpatients and the work that was going on back to the Committee at a future meeting.	Chief Operating Officer	Chief Operating Officer	apr-25	Open	On Forward Plan for Operational Delivery Committee - April 2025
Digital & Data Committee - August 2024	3,2	3	Spotlight Topic - Progress on Digital and Data Programmees	To research and conduct a comprehensive analysis of the figures/funding around the Digital Maternity Programme	Director of Digital	Director of Digital	apr-25	Propose to close	National Digital Maternity Programme suspended. Health Board to proceed with local procurement.
Planning, Performance & Finance Committee - November 2024	4,1	3	Organisational Risk Register	To feedback the comments in relation to Risk 5755 regarding the change of consequence description.	Head of Corporate Governance & Board Business	Director of Corporate Governance/Board Secretary	jan-25	Propose to close	Since the risk was added the Care Group have looked at their contingency plans which currently now would lessen the consequence and impact of the risk as well as the likelihood of occurrence. The Care Group did not have confirmation of these points when the risk was first assessed. On this basis they would reduce the consequence score to 4 from a 5 in terms of the target score
Planning, Performance & Finance Committee - November 2024	5,1	4	Integrated Performance Dashboard	To review the validation of the dermatology waiting list referred to on page 29 of the report	Chief Operating Officer	Chief Operating Officer	jan-25	Open	Gethin to update
Planning, Performance & Finance Committee - November 2024	5,3	Pages 5 & 6	Red Performance	To review the latest WAST roster outside of the meeting and feedbackon the outcome.	Director of Commissioning, 111 and Ambulance	Director of Commissioning, 111 and Ambulance	jan-25	Propose to close	The latest information that will go to the JCC in January 25. Pages 22 and 23 provides the compliance against the roster fill for the last 12 months. The closure report for the EMS Transformation programme which included the roster review is also being received by the Committee. Both report have been circulated to the P. Roseblade, Chair of the former PPFC who raised the query on the 17.01.25

Planning, Performance & Finance Committee - November 2024	5,3	Pages 5 & 6	Red Performance	To provide further information on the 25% of delays caused by WAST to a future meeting of the Committee.	Director of Commissioning, 111 and Ambulance	Director of Commissioning, 111 and Ambulance	jan-25	Propose to close	The Red calls that are missed (i.e. a vehicle not arriving in 8 mins) in CTM around 25% of these misses are due to operational issues in WAST (i.e. delay in dispatch, delay in mobilisation etc) for these there are a number of parallel pieces of work that will impact how we deliver improvement in this moving forward including – Rapid Clinical Screening (endorsed by the JCC in November and being rolled out in a phased approach throughout the remainder of 24/25), the outcome of the Cabinet Secretaries Task and Finish Group (due to report in February) on ambulance measurement, and a broader piece of work the JCC needs to undertake on emergency ambulance productivity across each step of the ambulance

Agenda Item
5.1

Operational Delivery Committee

Digital & Data Highlight Report

Dyddiad y Cyfarfod / Date of Meeting	28/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Steve Macdonald Assistant Director of Digital Delivery
Cyflwynydd yr Adroddiad / Report Presenter	Stuart Morris, Director of Digital & Data
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stuart Morris, Director of Digital & Data

Pwrpas yr Adroddiad / Report Purpose	For Noting

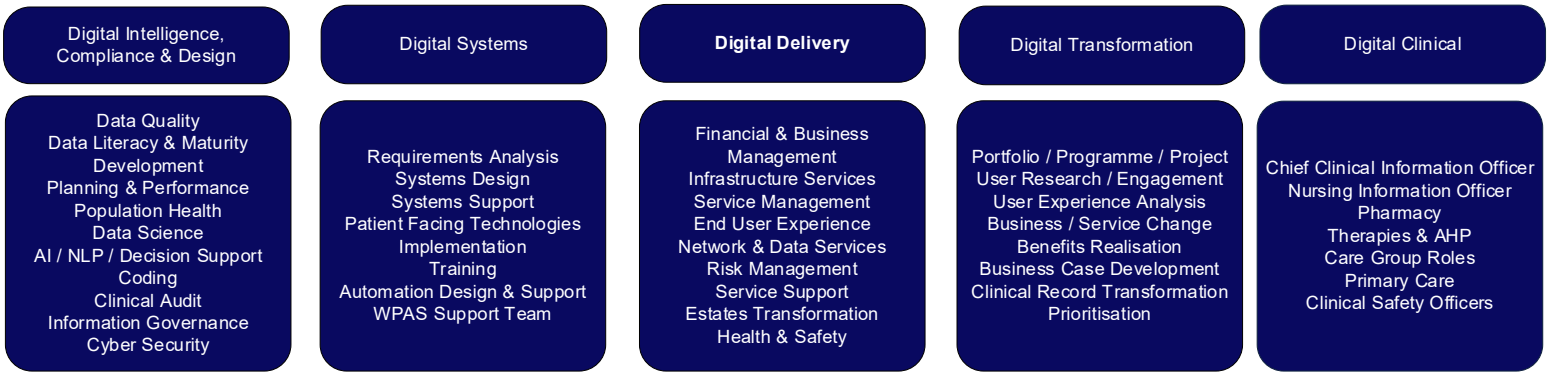
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
N/A	N/A	N/A

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
DR	Disaster Recovery
ETR	Electronic Test Requesting
GFDC	Ground Floor Data Centre
HEPMA	Hospital Electronic Prescribing & Medicine Administration
MECM	Microsoft End Point Configuration Manager
MFD	Multi-Functional (Print) Device
PCH	Prince Charles Hospital
POW	Princess of Wales
RGH	Royal Glamorgan Hospital
WCP	Welsh Clinical Portal
WG	Welsh Government
WPAS	Welsh Patient Administration System
YCR	Ysbyty Cwm Rhondda

1. Situation /Background

1.1 The Digital & Data Operational Delivery Programme is complex and multi-faceted. In addition to supporting existing programmes of work, the directorate continues to improve and develop its core Business as Usual services.

1.2 The Digital & Data directorate consists of the following delivery pillars:



1.3 Existing operational programmes of work are reported through the Executive Management Board and / or the Operational Management Board.

1.4 As the Health Board governance structures develop, consideration will be given to a Digital & Data Delivery Board and a Technical Design Authority.

2. Specific Matters for Consideration

2.1 Digital Systems

2.1.1 National Digital Systems

The teams are involved in both the delivery of the National Products and on-going support and development. There are several major Diagnostic systems that are due for implementation 2025-2026.

- Laboratory Information Management System (LIMS) 2 - TrakCare Lab Enterprise (TCLe) which is the new laboratory system across Wales

- Radiology Information System Programme (RISP) – Implementation of Phillips PACS and Soliton Radiology Information Management System which will be the universal PACS and RIS across NHS Wales

- Cardiac PACS – Business case been developed for a National Cardiac PACS and Cardiac Information System. Current solution is due for replacement 2026 and the Welsh Government Directive is to purchase on an All-Wales basis

2.1.2 Local Digital Systems

The Critical Incident at Princess of Wales, Bridgend resulted in a very rapid movement of patients and staff across the Health Board. The systems team ensured this movement was clinically safe and seamless by ensuring staff moving from Bridgend had access to the various clinical systems, and ensured that patients and their care history was available.

Over the past two years the systems team have been consolidating versions and systems across the Health Board, to drive delivery of a single CTM way of working.

The team are responsible for the day-to-day support of 187 digital systems.

There is an extensive business-as-usual Programme not only supporting the day to day running of the systems but ensuring both the application and the hardware is up to date and running the latest patches complying with cyber security.

Current systems being updated include:

- ICCA: Phillips Intensive Care System

- Lillie: Sexual Health

- Dentally: Dental System
- WCP ETR: Electronic Requesting roll out of Radiology and Pathology at Bridgend
- WCP: Palliative Care
- WCP: Live Admissions Discharge & Transfers (ADTs)
- Trium: Cardiotocography in maternity
- Signum Health: Order communications for sexual health

2.1.3 Bridgend Disaggregation Programme

The boundary change between Cwm Taf University Board (CTUB) and Abertawe Bro Morgannwg University Board (ABMUB) posed a new challenge for the Digital & Data function. In previous organisational change situations, the requirement on the clinical and non-clinical systems had been to support the merger of two Health Boards into a single Board. However, in this case, the boundary change did not result in the merger of two health boards, but the realignment of part of one organisation into another. The requirement was therefore to support the delivery of services for Bridgend and District from one health board to another. This was technically a more challenging proposal for operational delivery and support. In achieving this complex change, the solution also ensured that service continued to function effectively during the transition. To achieve this a phased implementation approach was required.

To date 63 clinical and non-clinical systems supporting the various services within the Health Board have been consolidated to single solutions allowing for service redesign.

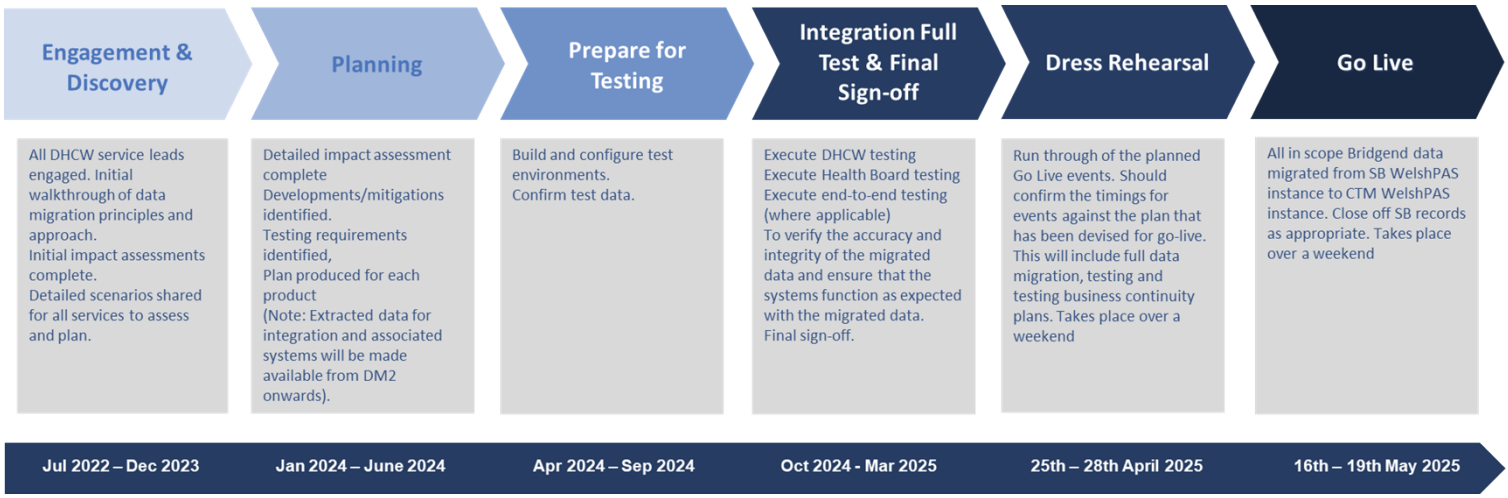
The WPAS merger will take place in May 2025 with the last 5 clinical systems being completed by April 2025.

One of the most complex areas is Cardiology due to its interdependencies with WPAS, and the degree integration with modalities and that is planned for April 2025

To ensure continuity of service whilst the Health Board waits for funding for its Patient Contact Programme, Swansea Bay will develop a version of their existing Document Management System (DMS) for CTM to use at Bridgend.

There will be various systems that are currently not supported by the CTM Digital Systems team that will be added to the portfolio following the WPAS disaggregation will then come under the systems team.

Go Live for WPAS alignment is the weekend of 16 May 2025. The diagram below outlines the key milestones:



Significant service change needs to be undertaken prior to and post the merger of WPAS in CTMUHB.

2.2 Digital Delivery

Work related to the Critical Incident at Princess of Wales, Bridgend has increased now that the first areas are being handed back to operational use.

Planning has begun to reinstate the WiFi, desktop, and telephony services.

Improvements to our Desktop estate are a key consideration and replacement of our aging iGEL devices continues at pace, with over a 1000 replaced so far. This will deliver a richer and faster experience for our staff and significantly help with the eradication of Citrix across the Health Board.

Improvements to the WiFi network is another key consideration as we look to implement more Digital Systems for our workforce, enabling greater mobility and flexibility. Recent improvements have seen the updating of wireless access points YCR, improving WiFi signal strength. We are also in the process of starting WiFi surveys of the main DGHs, assessing WiFi provision for the new ePMA solution.

We have recently been allocated £1.9m capital from WG end of year slippage. While this will help in several key areas; the capital requirement

to replace and enhance our digital infrastructure exceeds our existing discretionary allocations (and opportunities from end of year slippage). End of year bursts of capital are always welcome, but ad hoc financing makes it difficult to have a long-term rolling replacement programme. This is further compounded by sufficient supporting revenue to support rollout and deployment.

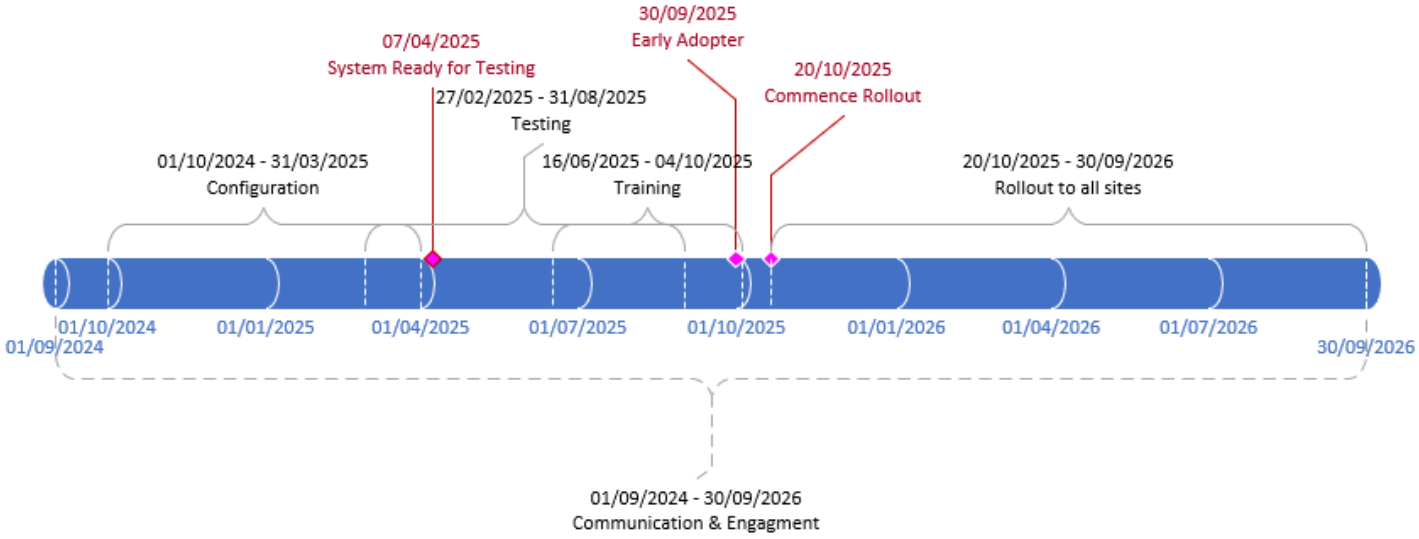
2.3 Digital Transformation

2.3.1 Electronic Prescribing & Medicines Administration (ePMA) Implementation Project

The implementation of ePMA will be one of the biggest changes to clinical working practices in recent history. It is a highly complex project involving many internal and external stakeholders and it will deliver considerable benefits in terms of quality, safety, and workforce productivity.

- The multi-disciplinary project team continue to make excellent progress across the 7 workstreams, and the project remains on track

- The plan is outlined below:



2.3.2 Mental Health Single Record

CTM are waiting for formal allocation of funds from Welsh Government to support the implementation of a Mental Health solution, however a decision is expected imminently. In the meantime, CTM continue to work collaboratively with Betsi Cadwaladr University Health Board (BCUHB) digital and clinical colleagues on the preparatory work to procure a new

Mental Health Single Record. The pre-market engagement with suppliers has commenced, with the formal ITT due to be published in February 2025.

2.3.3 Open Eyes Optometry Solution

The original plan was that DHCW were going to take over the Open Eyes contact from Cardiff and Vale UHB (CaV) in January 2025. However, due to several contractual concerns, this is no longer a viable option, and the national programme has now been paused. CTM are now working collaboratively with CaV and Aneurin Beven UHB on a regional option to maximise the opportunities of Open Eyes at a local and regional level. Project resources have been allocated to support the formulation of plan.

2.3.4 Digital Maternity

Weleh Government have issued communication to outline the plan for all Health Boards to have procured and implemented a digital maternity solution by March 2026. A business case has been approved by the CTM Executive Management Board that supports this proposal, and work has commenced with procurement colleagues on the best way forward to deliver the Welsh Government objective.

2.3.5 Outpatient Transformation

Several projects are ongoing supporting the transformation outpatients including the implementation of the enhance patient check-in/flow solution, Advice and Guidance and Video Consultation.

2.3.6 Medical Records Delivery & Transformation

Alert / Escalate	• **Misfiling Patient Records:** 1,019 instances of patient documents attributed to wrong patient records within the hospital setting. Includes paper and digitised (scanned) records, between September and November 2024. Since April 2021, the team has identified 6,728 instances. Correction procedures applied according to professional records management standards and legal admissibility requirements, with associated clinical and Information Governance risk by documents relating to one patient contained within the record of a different person; information is not available in the correct patient's record; incorrect information is contained within the incorrect patient's record. The rate of errors is not decreasing. • **Outpatient Clinic Cancellations and Changes:** Of 1,814 requests received by Medical Records to action in 2024, 83% were received with fewer than 6 weeks' notice. Short notice cancellations, and re-booking work, can cause increased strain to staff and patients. Detailed logging has been introduced and work commenced alongside Operational teams to improve this position.

Advise	• Medical Records Library @ Princess of Wales, Bridgend continues to face challenges regarding its capacity to store records. This results in a potential increase in Health & Safety risks to staff, and risking our ability to locate, store and find patient records safely and effectively. Work ongoing to address this by reintroduction of archive and destruction work that was previously under a 6-year embargo. Minimal resource available to progress at required scale and pace; slow improvement being made. 15.5k records to date relocated to Williamstown Records Hub. 10,333 records legally destroyed across Hub and POW Medical Records. Other services managing separate patient records have similar concerns about overcrowded, unsafe storage and insufficient resource to progress with legal archive/destruction work as required. • Patient contact, booking and referral work is increasing. SLAs are in place to process and book referrals for SBUHB, which is currently being disaggregated. Critical Incident at POW is adding to this work as patient registrations, referrals and movement must be registered on the tow WPAS systems currently in use across CTMUHB. • Records movement is increasing due to patient flow to/from POW; records transport need is increasing, at cost. • Overseas Visitor activity at POW is suspended due to lack of resource available, resulting in a potential lost income. RGH/PCH activity in 2023/24 involved 976 patients interviewed.
Assure	• Missing records known to Medical Records Department currently total 51. Ongoing searches are undertaken, and the number remains stable. • Outpatient Case note availability in November 2024 was 98.3% 24 hours prior to the clinic date. Inpatient records availability within 24 hours of acute admission – 88.2%. Digital records availability is 100% in both cases. • Subject Access Requests processed by Medical Records Department have increased significantly, by 35% overall in the last 12 months, up to 54% increase in some months. Compliance with target sustained at 100%; this will be monitored and reported regularly. • Scanning of "day forward" paper records for digital patients continues to grow. Currently @158k digital patients. 268k paper documents / 536k images digitised by Hub by November 2024. 48-hour target for receipt of paper to images available digitally being met consistently since April 2023.

Inform	• November 2024 - Paper records performance: 89,323 paper records moved by Medical Records service. Digital records performance: 43,298 digital "skinny folders" (536k images) processed by Hub team (prepared/screened, scanned and quality checked). • POW critical incident-related work continues, to register transferring patients across both WPAS systems, log transferring referrals, bookings and records. Clinic schedule changes also creating additional template changes, cancelling and re-booking work by the Medical Records service. Staff are supporting this complex additional work alongside usual business. • Other services managing their records separately from the core record contribute updates to the Assurance Report. Storage pressure is the common them – details available in the full report

2.4 Data & Compliance

2.4.1 Software Development

The Electronic pre-operative assessment application, developed and supported by the internal team, is presently being rolled out into Princess of Wales Hospital.

The ED Flow (e-Whiteboard) solution has matured to the point of providing a list view of individuals in each Emergency Department and an ability for clinicians to view and capture clinical information using Fast Healthcare Interoperability Resources (FHIR) forms. Clinicians have made requests to capture clinical observations and to chart these findings and work is ongoing to provide this. Work on developing the ED huddle functionality is also progressing well and we anticipate that the application will enter testing in February.

School vaccination consent capture system was developed using AI support. Patient facing infrastructure has been commissioned from DHCW, who host the NHS Wales DMZ. The discovery work on the NHS Wales app, which is required as the medium-term solution for securely authenticating and communicating with patients, is being frustrated by policy discussions in WG.

The Electronic transfer of care application has been developed to meet the specifications of clinicians. Arrangements for testing the new functionality are now being put in place.

The Blackpear solution for viewing and sharing the medical record between primary and secondary care, which is being considered by a number of

Health Boards in Wales, as a replacement for Vision 360 (which has been withdrawn), has been evaluated and appears to be a strong option, strategically aligned to meeting the HB's requirements. A case to cover the resources required is now being developed.

2.4.2 Clinical Coding

The reported position for October 2024 is 94.3% of the FCE's (Finished Consultant Episodes) for that month being coded within the requisite timescale, falling just short of the set target of 95%.

As of the start of January 2025, the coded position from April to December currently stands at 84.5% with the backlog accrued during April to October 2024 largely coded and is at 97.5%.

Compliance for the correction of errors within 35 days was 97.9% during October with 93 of the 95 errors corrected within the requisite timescale.

2.4.3 Information Governance

The key area of non-compliance with data protection legislation within CTM, continues to be responses to subject access request made to our mental health services. In the past quarter, only 10% of requests have been responded to within 28 days and a recent review of all request outstanding has uncovered requests originally made over 12 months ago. The Health Board has recently faced legal proceedings, and complaints made to the Information Commissioner's Office from solicitors acting on behalf of the applicant.

The service is considering how the process for reviewing, and where necessary, redacting the content of a patient's record, can be amended to markedly reduce the time required on the consultants, which is the main constraint. In addition, the UHB has decided that it is appropriate to report to and update the ICO on the challenges being faced by the service.

The proportion of Freedom of Information requests responded to within the statutorily required timeframe remains at 96%.

Information Governance Mandatory training compliance is stable at 82%, which is below our target of 85%.

Recent events have required the UHB to consider data sharing and processing activities and arrangements that exist between organisations in Wales. To assist in determining the legal environment, the UHB has commissioned external legal advice on the matter. This is a complex piece of work and has the potential to impact on the UHB's ability to realise value

from the data we control, and also our relationship with other NHS organisations.

2.4.4 Data Management

There has been no notable progress observed in the UHB being able to access our diagnostic results stored in the Welsh Results Reporting Service, our clinic letters stored in the Welsh Clinical Records Repository (a DHCW PDF document management repository), GP data and our referral data. All of which are essential strategic enablers. This is despite ongoing representations being made to both WG and DHCW.

The requisite actions are with DHCW, and constructive engagement is being undertaken to seek an expeditious resolution.

2.4.5 Analytics & Business Intelligence

Support to the operational services in managing the many strategic and operational programmes has been provided, including support for the urgent service changes to the stroke service and the refresh of the STAMP programme.

3. Key Risks / Matters for Escalation

3.1 Consideration for the reporting of progress of the Cyber Improvement Plan & Critical Incidents

3.2 Availability of capital funds to support the ongoing core infrastructure and replacement programme

3.3 Ongoing operational challenges in Medical Records for storage of paper records

3.4 Ability to meet Subject Access Request for Mental Health Records

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future

Objectives / Strategy	
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable Linked to all Strategic Areas
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Resilient Wales
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Equitable
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:	If no, please include rationale below: Undertaken for work programmes as required

Impact Assessment		
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): NEUTRAL Outcome for Welsh Language (delete as appropriate): NEUTRAL	If no, please include rationale below: Undertaken for work programmes as required
Cyfreithiol / Legal	Yes (Include further detail below)	
	Note issue with Mental Health Subject Access Requests	
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)	
	Staff, Revenue & Capital required to deliver the full ambition of the digital programme	

5. Recommendation

5.1 The Committee are requested to note the contents of the report

Agenda Item
6.1

Operational Delivery Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	28 January 2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance & Risk
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**
Service, Function and Executive Formal Review	November / December 2024	RISKS REVIEWED
Operational Management Board	November / December 2024	ENDORSED RISKS WHERE APPLICABLE FOR ELG
Executive Leadership Group	Via email 10 January 2025	MANAGEMENT SIGN OFF RECEIVED
Quality, Safety & Experience Committee	21 January 2025	ASSIGNED RISKS FOR REVIEW

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 The purpose of this report is for the Committee to review and discuss the organisational risk register and consider whether the assigned risks have been appropriately assessed.

2. Specific Matters for Consideration

Risk Review

2.1 Care Groups and Central leads are continuing to review and update their assigned risks considering feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews. This will be a continuous improvement area that Members will hopefully note will evolve and improve over the next 12 months.

2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.

2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.

2.4 Risks on the organisational risk register have been updated as indicated in red in Appendix 1.

2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 3 January 2025. Where review dates have passed, and updates were not available these have been followed up and a request to update sent. Reviews received after this date will be reflected in the next iteration.

2.6 The unprecedented demand and operational challenges seen during December 2024 and January 2025 has impacted the Operational Teams capacity to undertake a full review of risks and therefore as noted in Appendix 1 there are three risks that have not been reviewed this period, however, the Care Group Senior Management Team have confirmed that they will endeavour to ensure a review is captured in the next iteration.

2.7 The risks on the Organisational Risk Register have been reassigned to align with the new Committee Structure implemented in January 2025.

Training

2.8 Risk training, although not a core training requirement under the statutory and mandatory framework, has been added to the Electronic Staff Record (ESR) to support staff in registering for training and to support ease of reporting. This is managed by the Quality Assurance and Compliance Team. Interest in the course continues with positive uptake.

2.9 The sessions are run by the Assistant Director of Governance & Risk and Heads of Quality and Safety. The session is held virtually via Teams on a monthly basis for a duration of 1 hour and covers the following areas:

- Risk Management Approach
- Practical Approach to Managing Risk
- Risk Assessment and Scoring
- Datix Risk Management Module

2.10 To date **765** members of staff trained to date since training commenced in 2021. Based on the Risk Management Awareness Training Needs Analysis all attendees completed Training Profile 2. In addition to this number training has also been provided to the Joint Commissioning Committee Senior Leadership Team during this period and their feedback is captured in the evaluations at 2.1.4.

2.11 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.

2.12 101 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023). The average rating for the course is 4.78 out of a maximum score of 5.

2.13 100% of the 101 attendees providing formal feedback found that:

- The session provided the right amount of information.
- They gained more confidence and knowledge in risk management having attended.
- They would recommend this training to a colleague.

2.14 99% of the 101 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.

2.15 Some of the recent comments from the session in June, received through evaluation, have been included below:

- *Easy to follow and enough information to have a clear understanding of the risk escalation process and how to appropriately document risks.*
- *I am new to Risk. I found the session very interesting and informative. The presenter was a great speaker and gave good explanations and examples to follow.*
- *"I'm new to NHS so this session was invaluable*

3. Key Risks / Matters for Escalation

3.1 NEW RISKS

Nil as reported to the Organisational Risk Register in January 2025.

3.2 CHANGES TO RISKS

Risk Score Increased

Nil as reported to the Organisational Risk Register in January 2025.

Risk Score Decreased

Medical Directorate

- Datix Risk 4080 - Failure to recruit sufficient medical and dental staff. Risk score reduced from a 15 to a 12 in December 2024. The rationale for de-scalation from the Organisational Risk Register is that the risk is being managed through the Care Group Structure and scrutinised through the Medical Workforce Productivity Programme (MWPP) via relevant workforce and medical leaders. Core spend has increased. Agency usage has reduced but this has been offset against bank spend. The overall position remains above the previous 12 months and the risk will continue to be monitored through MWPP.

Finance Directorate

- Datix Risk ID 5764 - Failure to achieve the planned break-even position in 2024/25. Risk score reduced from a 20 to a 16 as a result of this financial support received as the Health Board was able to maintain a forecast break-even position at M8. The net risks to the forecast breakeven position have also reduced to £3.4m (M7: £11.7m).

3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

There were no risks escalated to the Organisational Risk Register that were closed this period.

3.4 ORGANISATIONAL RISK REGISTER – VISUAL HEAT MAP BY DATIX RISK ID (RISK RATED 15 AND ABOVE)

Consequence						
	5			3337	4664 5276 5932	
	4				4337 4671 4908 4907 4885 5658 5761 5691 5961 5764	4491 4071 4103 3826 5590 5462 5821 4632 5417 5765
	3					4672 4691 5040
	2					
	1					
CxL		1	2	3	4	5
		Likelihood				

3.5 EMERGING RISKS

Pathology Risk - Diagnostics, Therapies, Pharmacy and Specialties (DTPS) & Digital & Data

Risk assessments are underway in terms of the sustainability of pathology services and the delivery of a digital cellular pathology solution for the Health Board. Once the assessments are complete, they will be considered for escalation to the Organisational Risk Register as appropriate. Update as at January 2025 from the Service Director of the DTPS Care Group is that risk is being considered ahead of the next meeting of the Operational Management Board with the Chief Operating Officer. If once considered it is approved for escalation it will feature on a future Organisational Risk Register report.

3.6 Board Assurance Framework – Principal/Strategic risks assigned to this Committee

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee	Current score	Scoring Trajectory *(since the last report received by the Board)*
1a	**Sufficient capacity to meet elective demand** **Click Here for Risk1a**	**Improving Care**	Chief Operating Officer	Quality, Safety & Experience Committee Operational Delivery Committee	**20** (C4xL5)	No change this period. ⟷
1b	**Sufficient capacity to meet emergency demand** **Click Here for Risk1b**	**Improving Care**	Chief Operating Officer	Quality, Safety & Experience Committee Operational Delivery Committee	**20** (C4xL5)	No change this period. ⟷
3.	**Sufficient workforce to deliver the activity and quality ambitions of the organisation** **Click Here for Risk 3**	**Sustaining our Future**	Executive Director of People	Operational Delivery Committee Strategic Development Committee	**16** (C4xL4)	No change this period. ⟷
5.	**Delivery of a digital and information infrastructure to support organisational transformation** **Click Here for Risk 5**	**Improving Care**	Director of Digital	Operational Delivery Committee Strategic Development Committee	**16** (C4xL4)	No change this period. ⟷

6	**Leadership and Management** [Click Here for Risk 6]	**Inspiring People** 	Executive Director for People	Operational Delivery Committee Strategic Development Committee	**8** (C4xL2)	Decrease in risk score from a 12 to an 8 
10	**Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government** [Click Here for Risk 10]	**Sustaining our Future** 	Executive Director of Finance	Operational Delivery Committee	**16** (C4 x L4)	Decrease in risk score from a 20 to a 16 

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 Resilient Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	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 Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required 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 Committee are asked to:

- **Review** the risks escalated to the Organisational Risk Register at Appendix 1.
- **Consider** whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks

6. Next Steps

6.1 The Organisational Risk Register will be submitted to the relevant Board and Committees.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
2	5932	Executive Director of Finance Executive Lead for Estates	Central Corporate - Estates	Assistant Director of Planning - (Capital and Estates), Strategic and Operational Planning	Sustaining Our Future	Environmental / Estate / Infrastructure	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.	IF: the Health Board fails to act upon the recommendations of the findings of the report from the appointed Structural Engineers in relation to the roof area at the POWH. Then: there is a risk of collapse of the roof coverings which could result in the roof coverings falling through the roof void into occupied clinical/non clinical areas and externally from the edges of Phase 1. This risk increases in adverse weather with additional loading on the roof. Resulting in: significant impact/harm to patient, staff and public safety. Healthcare facilities which are not fit for purpose or sustainable for the future. Service delays impacting the patient experience and service performance of the Health Board. Potential legislative challenge and reputational damage. Loss of confidence in the Health Board estate infrastructure across CTM.	Command structure established to manage the critical incident following identification of roof structure failings. Immediate mitigations being considered under 4 key Cells: 1) Discharge Cell - Objectives: The safe but rapid discharge of patients and services from top floor phase 1 POW site and to maintain quality of care and patient safety 2) Decant Cell - Objectives are the safe but rapid decant of patients and services from top floor phase 1 POW site, to maintain quality of care and patient safety and to maintain staff safety and the deployment of the right staff to the right place. 3) Redirect Take - Objective - Reduce demand for inpatient beds on the POW site 4) Estates - focusing on ensuring decant areas are fit for purpose as well as overseeing the plans for the works on the roof. Enabling Support Cells Established: Patient Transport Workforce Digital Facilities Patient Safety Communication In addition barriers are in place around the footpaths to keep pedestrians away from the edge of Phase 1 roofs.	Update January 2025: Removal of Roof Coverings at the Princess of Wales Hospital site in accordance with the recommendations in the structural engineering report of 9th October 2024. Contractor has been appointed. Welsh Government funding £26.524m was approved Friday 8th November, contractor started the roof replacement programme on Monday 11th November. Phase 1 has prioritised Maternity and Special Care Baby Unit, on target to hand over to the clinical service on Monday 13th January. Contractors and any staff that need to be in any of the first floor areas must wear hard hats and hi-vis vests. Full programme including Theatre FEN works and fire compartmentation above vacated wards and depts due to be completed mid August 2025.	Operational Delivery Committee Quality, Safety & Experience Committee Health, Safety & Fire Sub Committee	20	CSxL4	10 (CSxL2)	↔	23.09.2024	06.01.2025	28.02.2025
3	5765	Executive Director of Finance	Finance Directorate	Deputy Director of Finance	Sustaining Our Future	Financial Risk	Failure to reduce the £19.4m recurrent deficit at the start of 24/25 down to the planned £2.1m recurrent surplus at the end of 24/25	IF: The Health Board is not able to plan and deliver recurrent expenditure run rates that align with the available recurrent funding for 2024/25. THEN: The Health Board may not be able to deliver a break-even financial position for 2025/26. RESULTING IN : • The Health Board not being able to increase investments in services and/or reduce savings targets from current levels. • Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action. • WG not supporting the Health Board's plan for 25/26 • Failure to meet the statutory financial duty to break even over a 3 year period resulting in qualification of the Annual Accounts in 25/26. • Potential cash shortfalls in 25/26.	• Financial Accountability letters from CEO to Executive Leadership Group. • Monthly monitoring arrangements and meetings in place with Care Groups and directorates. • Regular reporting to the Executive leadership Group, the Planning, Performance & Finance Committee and the Board.	M8 update: The forecast underlying deficit at the end of 2024/25 is £8.3m (M7: £8.3m). Prior to M7, the monthly forecasts were consistent with the planned recurrent surplus at the start of the year of £(2.1)m. It is important to note that the £3.4m net risk to the In year break even forecast noted above also applies to the forecast £8.3m underlying deficit. The forecast recurrent deficit also excludes any ongoing costs of the POW critical incident, which will represent an additional non recurrent cost pressure in 25/26. Our latest estimate is that these costs will be circa £10.0m. The main action is to develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 25/26 as well as schemes in delivery for 24/25.	Operational Delivery Committee	20	C4xL5	12 C4xL3	↔	30.04.2024	17.12.2024	31.01.2025
4	4491	Chief Operating Officer	Deputy Chief Operating Officer - Acute Services.	Deputy Chief Operating Officer - Acute Services.	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to meet the demand for patient care at all points of the patient journey	**IF:** The Health Board is unable to meet the demand upon its services at all stages of the patient journey. **Then:** the Health Board's ability to provide high quality care will be reduced. **Resulting in:** Potential avoidable harm to patients	Controls are in place and include: • Technical and risk management processes as follows: - Speciality specific plans are in place to ensure patients requiring clinical review are assessed. - All patients identified will be clinically reviewed which will include an assessment of avoidable harm which will be reported and acted upon accordingly. - A process has been implemented to ensure no new sub specialty codes can be added to an unreported list, this will be refined over the coming months. - All unreported lists that appear to require reporting have been added to the RTT reported lists - All unreported lists that are to remain unreported (as they do not form part of the RTT criteria) are being reviewed and will be visible and monitored going forward. • Patients prioritised on clinical need using nationally defined categories • Demand and Capacity Planning being refined in the UHB to assist with longer term planning. • Outsourcing is a fundamental part of the Health Board's plan going forward. • The Health Board will continue to work towards improved capacity for Day Surgery and 23:59 case load. • A Harm Review process is being piloted within Ophthalmology – it will be rolled out to other areas. • The Health Board has taken advice from outside agencies especially the DU when the potential for improvement is found. • Appropriate monitoring at ILG and Health Board levels via scheduled and formal performance meetings with additional audits undertaken when areas of concern are identified Planned Care board established. • The Health Board is exploring working with neighbouring HBs in order to utilise their estate for operating.	**Elective/ Planned Care - •** Critical incident declared at Princess of Wales on 9th October 2024 due to the roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity • There has been continuous planning on clinical pathways and diversion of emergency intakes, which again has impacted on the capacity and resilience across the full CTMUHB system. • There has been a requirement to deescalate and close 190 inpatient beds on the POW site. With re-provision of the capacity across CTMUHB acute and community. • There has also been significant reallocation of internal capacity at POW and RGH to respond to the critical incident. • Planning continues on recovery phase following critical incident with the impact not yet quantified. • The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected. • The large-scale capital programme at Prince Charles Hospital will temporarily reduce the number of operating theatres by 2. An ongoing work programme continues to review options to mitigate this. • The current Fire enforcement notice at Princess of Wales hospital will be completed as part of the Critical incident response and reduce the number of operating theatres until early summer 2025. Plans are ongoing for the replacement 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. **Unscheduled Care** - Critical incident declared at Princess of Wales on 9th October 2024. Roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity • There has been continuous planning on clinical pathways and diversion of emergency intakes that again has impacted on the capacity and resilience across the full CTMUHB system. • There has been a requirement to deescalate and close 190 inpatient beds on the POW site. With re-provision of the capacity across CTMUHB acute and community. • There has also been significant reallocation of internal capacity at POW and RGH to respond to the critical incident. • Planning continues on recovery phase following critical incident with the impact not yet quantified. • There has been some improvement against trajectories for emergency demand. Specifically in total reduction of lost ambulance hours. • 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.	Quality, Safety & Experience Committee Operational Delivery Committee	20	C4xL5	12 C4 x L3	↔	13.7.2023	29.08.2024	31.12.2024
5	5821	Executive Director of Strategy & Transformation	Central Corporate Directorate - Commissioning	Assistant Director of Transformation, Strategic and Operational Planning	Improving Care	Service / Business interruption	Provision of secondary care immunology services by external provider (this is a service that is not provided by CTM UHB).	IF: CTM is unable to secure a new contract with an alternative commissioned provider; Then: CTM residents will have no access to secondary care immunology provision. Resulting in: unacceptable level of clinical risk for both routine and urgent referrals that are currently without any available referral option. Patient experience will be impacted by delays in onward referral for investigation, diagnosis and definitive treatment/management plan. This could lead to both informal and formal concerns being submitted to the health boards.	Working group in place to seek and secure service (meets monthly), although more regular communication and updates is sent in between meetings. Exploration of suitable providers within the NHS and also private providers undertaken. Short term contract being sought for urgent referrals and expected by end July 2024. CTM UHB Referral Management Centre currently maintaining database of both urgent and routine referrals received. CTM GPs have been informed of the challenges currently experienced with immunology provision and delays can be expected.	Update November 2024 - Work ongoing to work through short term contract offer with aim to finalise and gain approval. This service would deliver assessment and first line treatment for urgent cases. Meeting with a provider 6th November. Also to be discussed at next primary care commissioning meeting so updated comms can go out to GPs Update January 2025 - December 24 Update - Work continues to source alternative service offer. Key updates include - the provider is likely to start triaging the first batch of 40 ref's Jan/Feb. Draft agreement been produced. Referral process established with referral management team. Still need to confirm how urgent referrals seen by provider that convert to follow up.	Quality, Safety & Experience Committee Operational Delivery Committee	20	C4xL5	4 (C4xL1)	↔	08.07.2024	24.12.2024	31.01.2025
6	4632	Executive Director of Therapies and Health Sciences.	Unscheduled Care Group	Head of Strategic Planning and Commissioning	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation)	**IF:** changes are not made to improve and align stroke prevention initiatives, early intervention campaigns, and acute and rehabilitation stroke care pathways across CTM **THEN:** avoidable strokes may not be prevented, patients who suffer a stroke may miss the time-window for specialist treatments (thrombolysis, thrombectomy), and patients may not receive timely, high-quality, evidence-based stroke care **RESULTING In:** higher than necessary demand for stroke services, poorer patient outcomes/increased disability, increased length of stay, and poor patient/carer experience. Impact will extend to the need for increased packages of care, increased demand for community health services, and increased carer burden when discharged to the community.	• Executive-led Stroke Strategy Group in place, with targeted task and finish under development. Membership updated to reflect senior Ops changes. • ToR and membership of Strategy Group updated. • Close working amongst executive team to escalate and address operational and clinical issues in relation to stroke pathway • Board briefing to ensure all sighted to challenges • Quarterly briefings to Quality and Safety Committee • Performance data regularly presented to Performance, Planning and Finance Committee • Strong CTM input to regional and national Stroke Programme Boards • Unified, evidence-based pathway developed for thrombolysis • Preparations progressing to prepare for 24/7 thrombectomy service at Bristol and updated RCP guidance on thrombolysis and thrombectomy • Designated senior operational lead for performance and improvement leadership for stroke pathway	Update November 2024 Risk reviewed by SMT, stroke services options appraisal has been submitted to Executive Leadership Group. The Stroke consultants within CTM cover Stroke services on two acute sites (POWH and PCH). They also provide a 1:6, seven-day stroke on-call advice service. However, due to vacancies and maternity leave within the consultant workforce the ratio for the on-call rota is currently 1:3 to mitigate gaps. There are currently 4.0 WTE stroke consultants and 4.8 WTE CNS in post across CTM, broken down as follow: • PCH – 2.0 WTE consultants with 1.0 WTE vacancy • PCH – 2 WTE Clinical Nurse Specialist • POWH – 2.0 WTE consultants with an additional 0.6 WTE agency locum Consultant • POWH - 2.8 WTE Clinical Nurse Specialist The Stroke consultants at POWH also have a GIM on call commitment on a 1:21 rota, comprising of weekday evening and full weekend day cover resident cover with non-resident overnight cover. The service becomes increasingly more fragile from September 2024 when one consultant at PCH will be commencing maternity leave for a 12-month period, from July they will also be coming off the on-call rota. This will leave just 3 substantive consultants undertaking a 1:6 rota with a 50% less workforce, as well as leaving just one consultant at PCH from September which will significantly impact being to deliver a safe and sustainable stroke service at PCH. In order to try and mitigate this, a locum Consultant started at PCH on Tuesday 27th August to cover maternity leave, with a second fixed term locum due to start at the end of October, this will allow adequate time for the care group to work through more sustainable options. Update January 2025 - The unprecedented demand and operational challenges seen during December 2024 and January 2025 has impacted the Operational Teams capacity to undertake a full review of this risk, however, they will endeavour to ensure a review is captured in the next iteration. In terms of the urgent, temporary change to Stroke Services, stroke patients from Prince Charles Hospital were successfully transferred to the Royal Glamorgan Hospital (RGH) on the 8 January 2025, along with all the stroke specialist clinicians. This ward is now located to the stroke ward that was relocated to RGH from Princess of Wales Hospital and both wards have access to a shared rehabilitation space. Work is ongoing with internal and external stakeholders to monitor the impact of the move and explore any further opportunities to	Quality, Safety & Experience Committee Operational Delivery Committee	20	C4xL5	12 (C4 x L3)	↔	11.05.2021	05.11.2024	31.12.2024
7	5590	Chief Operating Officer	Diagnostics, Therapies, Pharmacy and Sciences Care Group	Radiology Service Manager	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Radiopharmaceutical Business Interruption	**IF**: CTMUHB Radiology Department are unable to procure radiopharmaceuticals as per Service Level Agreement with CAV. **THEN** patients will not receive the necessary imaging **RESULTING IN** delayed diagnosis/treatment/intervention and poor outcomes for patients and potential litigation .	Weekly Business Contingency meetings with all Health Boards. WG directive is to share capacity regionally. Clinical stratification of patient priority - USC i.e. imaging at Princess Of Wales. Use of Mag Trace or alternative for SNLB - Breast Services	Update November 2024 - 07/11/24 Further shortage of Technescan HDP until 11/11/24 impacting Isotope provision, particularly bone scans. The Reactor in Poland restarted 31/10/24. Confirmation received that the usual levels of supply will reinstated by 11/11/24. No change to risk score. Update January 2025 - 16.12.24 update - ongoing nationally . No change to risk score.	Quality, Safety & Experience Committee Operational Delivery Committee	20	C4xL5	4 C4xL1	↔	23.10.2023	16.12.2024	20.01.2025
8	5276	Director of Digital	Central Support Function - Digital and Data	Pathology Directorate Manager	Sustaining Our Future	Business Objectives - Operational Patient safety Digital Healthcare Wales interdependencies	Failure to deliver replacement Laboratory Information Management System, LINC Programme, by summer 2025,	**IF:** the new Laboratory Information Management System (LIMS) service is not fully deployed before the contract for the current LIMS expires in June 2025. **THEN:** operational delivery of pathology services may be severely impacted. **RESULTING IN** potential delays in treatments, affecting the quality and safety of a broad spectrum of clinical services and the potential for financial and workforce impact.	Currently LINC Programme reports progress against timeline to LINC Programme Board and Chief Executive Group. Business continuity options are being explored including extending the contract for the current LIMS to cover any short term gap in provisions. An expert stock take review of the LINC programme has been completed with findings presented to Collaborative Executive Group (CEG) to inform next steps.	Update November 2024: UAT has been extended and resulting in a 2 month delay to go live, however the end date of December 2025 is non-negotiable. Activity to understand the consequences of the delay such as ePMA are being investigated. Update January 2025: Progressing with User Acceptance Testing 2 in January, everything currently still on target for December 2025.	Quality, Safety & Experience Committee Operational Delivery Committee	20	CSxL4	5 (CSxL1)	↔	26.10.2022	20.12.2024	28.02.2025
9	4071	Chief Operating Officer Planned Care - Care Group	Planned Care Group	Interim Planned Care Service Group Director	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to sustain services as currently configured to meet cancer targets.	**IF:** The Health Board fails to sustain services as currently configured to meet cancer targets. **Then:** The Health Boards ability to provide safe high quality care will be reduced. **Resulting in**: Compromised safety of patients, potential avoidable harm due to waiting time delays for treatment.	Tight management processes to manage individual cases on the cancer Pathway. Regular reviews of patients who are paused on the pathway as a result of diagnostics or treatment not being available. To ensure patients receive care as soon as it becomes available. Regular Quality impact assessments with the MDTs, to understand areas of challenge and risk Harm review process to identify patients with waits of over 104 days and potential pathway improvements. Initiatives to protect surgical capacity at the Vale hospital for ASA 1+2 level patients until alternatives become available. All three sites are working to maximising access to ASA level 3+4 surgery on the acute sites. HB working to ensure haematological SACT delivery capacity is maintained. Ongoing comprehensive demand and capacity analysis with directorates to maximise efficiencies. Considerable work around recommencing endoscopy and other diagnostic services whilst also finding suitable alternatives for impacted diagnostics. Alternative arrangements for MDT and clinics, utilising Virtual options Cancer performance is monitored through the more rigours monthly performance review process. Each Care Group now reports actions against an agreed improvement trajectory.	Update July 2024 - risk ongoing, mitigation continues to be : ongoing increased scrutiny of pathways, focused work with urology, Gynae and colorectal, enhanced monitoring with Velindre Cancer Centre. Update November 2024 - Performance is improving, however, CTM are still not meeting the set Trajectory so the risk remains. Update January 2025 - Whilst not achieving SCP target there is a sustained improvement in cancer performance and backlog position.	Quality, Safety & Experience Committee Operational Delivery Committee	20	C4 x L5	12 (C4 x L3)	↔	01.04.2014	24.12.2024	31.01.2025

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
10	4103	Chief Operating Officer	Planned Care Group	Interim Planned Care Service Group Director	Improving Care	Patient / Staff /Public Safety Impact on the safety - Physical and/or Psychological harm	Sustainability of a safe and effective Ophthalmology service	**If:** The Health Board fails to sustain a safe and effective ophthalmology service. **Then:** The Health Boards ability to provide safe high quality care will be reduced. **Resulting in:** Sustainability of a safe and effective Ophthalmology service	Measure and ODTC DU reviews nationally. . Clinical staffing structure stabilised and absence reduced (new consultant, nurse injectors, ODTC's, weekend clinics) . On going monitoring in place with regards RTT impact of Ophthalmology. . In line with other services, to meet the RTT requirement services are being outsourced - maintaining this level of performance will be challenging going forward. . Additional funding for follow up appointments provided and significant outsourcing undertaken (6,500 cases) with harm review piloting to assess all potential harms. . Additional services to be provided in Community settings through ODTC (January 2020 start date). . Intravitreal injection room x2 established with nurse injectors trained. Follow up appointments not booked being closely monitored and outsourcing enactioned. Regular updates re follow up appointments not booked being monitored by Management Board / QSGR (patient safety issues) and Finance, Performance and Workforce Committee (performance issues). Reviewing UHB Action Plan in light of more recent WAO follow up review of progress. Primary and Secondary Care working Groups in place. Ophthalmology Planned care recovery group established overseeing a number of service developments: WLI clinics, outsourcing of Cataract patients, development of an ODTC in Maesteg Hospital, implementation of Glaucoma shared care pathway, implementation of Diabetic Retinopathy shared care pathway, regional work streams, trial of new Glaucoma procedure (IMS), streamlining pathways. Quality and Performance Improvement Manager post created to provide dedicated focus, detailed demand and capacity analysis being undertaken. All patients graded according to the WG risk stratification R1, R2, R3. Additionally, several specific waiting lists are further risk stratified to ensure that the highest risk patients are prioritised.	Update April 2024 Previous high risk areas of the injection/macular clinic and the diabetic retinopathy service are now in a much better position with significant delays mostly eliminated. They remain vulnerable and work is ongoing to try and make them more robust and sustainable. CTMUH B did not have a substantive glaucoma consultant from 2017 to 2023. The glaucoma service is top of the list of services to fix but in the process of fixing it, we are going to come across many, many cases of avoidable vision loss. Aside from the human cost of avoidable blindness, there is a large financial and reputational risk to the HB. The glaucoma service is currently at score of 25 on risk matrix - catastrophic consequences (blindness in high volume of patients) (5) x almost certain to occur (5). This needs to be the highest priority area in ophthalmology for the HB. Cataracts and eye casualty are ongoing problem areas but are less urgent clinically than the risks outlined below. Major risks in ophthalmology at present 1) Glaucoma - glaucoma causes irreversible vision loss due to damage to the optic nerve. a. Large numbers of glaucoma patients awaiting surgery, some for > 1 year. Patients with severe harm as long-waiters finally being seen b. Large numbers of stage 4 glaucoma patients awaiting surgery, some for > 1 year. This is the highest risk glaucoma population. Patients are generally listed for surgery when medical treatment does not work - these patients are at high risk of vision loss with such long delays. Mitigating factors – we have 2 substantive glaucoma consultants, 1 locum consultant. Community glaucoma scheme and WG054 will allow some low risk patients to be monitored in the community Immediate actions: meeting next week to formulate plan for stage 4 patients Need decision on funding for diagnostic hub to increase capacity in glaucoma service 2) Medical retina a. Long delay for new appt. Few dedicated medical retina appointments. 3) Inappropriate discharge by outsourcing company in April 2019. a. ~3000 patients discharged after notes review by outsource company in April 2019. b. Significant proportion of these patients had sight-threatening disease and should not have been discharged. Some patients with ocular cancer received a discharge letter. c. Sample of 350 records reviewed in 2021 - ~50% were appropriate discharge. 22% not appropriate. 23% uncertain. d. Initial plan was to review all notes of all discharged patients to ascertain if discharge was safe – this work still outstanding Update August 2024 - risk ongoing, no new updates in addition to those reported in April 2024, to be reviewed in September 2024. Update January 2025 - December 2024 - 95% of macular patients are meating their target date currently.	Quality, Safety & Experience Committee Operational Delivery Committee	20	C4 x L5	12 C4 x L3	↔	01.04.2014	24.12.2024	31.01.2025
11	5462	Executive Director of Public Health Executive Director of Therapies & Health Science	Diagnostics, Therapies, Pharmacy and Sciences Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety Impact on the safety - Physical and/or Psychological harm	Adult weight management service - Insufficient capacity to meet demand	**If** there is insufficient capacity within the adult weight management service to meet the demand **Then** patients will not be offered timely intervention in line with the All Wales Weight Management Pathway. The current waiting list is over 6 years. **Resulting in** missed opportunity to support activated patients who want support with their weight. Patients will live with over weight or obesity for longer and will be at high risk of a range of obesity related long term conditions such as developing or worsening type 2 diabetes, long term MSK, CVD and some cancers.	People are offered the lowest intervention required in line with the Health Weight Healthy Wales pathways. Those that are waiting are being supported with 'waiting well' signposting. Digital opportunities are being explored to maximise efficiencies within pathways as well as maintaining communication with patients to manage expectations on waiting list times. Existing services, both within the Health Board and with community partners are being maximised and integrated within pathways.	Update August 2024 - Current mitigations remain in place: Pathway redesign and Demand and Capacity (D&C) oversight- Pathway redesign: 74% of level 3 patients identified as suitable for group education, this group delivery model is in progress, which has resulted in an 50% increase in annual capacity compared to the original service model of 1: 1 MDT treatment. Despite this efficiency demand exceeds capacity. D&C: Real time validation of waiting lists ensures appropriate signposting according to service specification, alongside implementation of partial booking. Referral rates continue at approx. 100/mth with service capacity of 40/mth. A business case to propose an expansion of the staffing model is in progress, and is due for completion by the end of Q3. Update January 2025 - update from 28.10.24: Risk reviewed, no change to score. Given there is unlikely to be additional funding available to support the business case for expansion of current service, discussions are underway with planning, DTPS and public health colleagues as to the best way to proceed. The non-finance dependant mitigating actions remain in place: patients are offered the lowest intervention required in line with the Healthy Weight Healthy Wales pathways; signposting to 'waiting well' support; maximising digital opportunities for efficiencies within pathways and maintaining communication with patients to manage expectations; implementation of group interventions to maximise service capacity. CTM UHB is one of a number of Health Boards across Wales facing these challenges and national collaboration via the Executive Directors of Allied Health Professions and Health Science peer group has been strengthened to enable collective action and sharing of best practice.	Quality, Safety & Experience Committee Operational Delivery Committee Strategic Development Committee	20	C4xL5	8 - (C4xL2)	↔	07.06.2023	03.01.2025	28.02.2025
12	4664	Director of Digital	Central Support Function - Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Legal / Regulatory Statutory duty, regulatory compliance, accreditation, mandatory requirements	Ransomware Attack resulting in loss of critical services and possible extortion	Due to Business Sensitivities the detail on this risk will be captured in the organisational risk register presented in closed "In Committee" Session.			Operational Delivery Committee	20	C5 x L4	12 (C5xL3)	↔	26.05.2021	20.12.2025	28.02.2025
13	3826 Linked to 4839 and 4841 in Bridgend Linked to 4462	Chief Operating Officer	Unscheduled Care Group	Care Group Service Director - Unscheduled Care.	Improving Care	Patient / Staff /Public Safety Impact on the safety - Physical and/or Psychological harm	Emergency Department (ED) Overcrowding	**If:** As a result of exit block due to hospital capacity and process issues patients spend excess amounts of time within the Emergency Department. This is manifested by, but not limited, to significant 12 hour breaches currently in excess of 400 per month. There are also large numbers of patients spending longer than 24hrs and 48hrs within the ED (please see attached information). **Then:** patients are therefore placed in non-clinical areas. **Resulting In:** Failure to deliver Emergency Department Metrics, Poor patient experience, compromising dignity, confidentiality and quality of care. The ability for timely ambulance handover with extensive delays for patients requiring assessment and treatment. Filling assessment spaces compromised the ability to provide timely rapid assessment of majors cases; ambulance arrivals and self presenters. Filling the last resus space compromises the ability to manage an immediate life threatening emergency. Clinicians taking increasing personal risk in management of clinical cases. Environmental issues e.g. limited toilet facilities, limited paediatric space and lack of dedicated space to assess mental health patients. Some of the resulting impact such as limited space has been exacerbated by the impact of the Covid-19	Increased number of nursing staff being rostered over and above establishment. Additional repose mattresses have been purchased with associated equipment. Additional catering and supplies. Incidents generated and attached to this risk. Weekly report highlighting level of above risk being generated. All patients are triaged, assessed and treatment started while waiting to offload. - Escalation of delays to site manager and Director of Operations to support actions to allow ambulance crews to be released. - Rapid test capacity in the POW hot lab has recently increased with a reduction in swab turnaround times. - Expansion of the bed capacity in YS to mitigate against the loss of bed capacity in the care home sector and Maesteg community hospital. - Daily site wide safety meeting to ensure flow and site safety is maintained. - There is now a daily WAST led call (including weekends) with a senior identified leader from the Health Board representing CTM and talking daily through the plans to reduce offload delays across the 3 DGH sites. -Twice weekly meetings with BCBC colleagues to ensure that any delays in discharge are escalated at a senior level to maximise the use of limited care packages/ care home capacity. -Appointment of Clinical Lead and Lead Nurse for Flow appointed Feb 21 - Operational Performance is now monitored through the monthly performance review. Performance review process has been restructured to bring more rigour with a focus on specific operational improvements. - Programme improvement is monitored through the monthly Unscheduled Care Improvement Board, which reports into Management Board.	Update November 2024. The USC SMT reviewed current ambulatory pathways and the site based clinical teams are in the process of developing an SOP relating to fit2sit. We continue to explore the potential to expand ambulatory footprint at the Princess of Wales site. Quality statement baseline assessment has been completed, part of this work, will result in the development of an overcrowding score which should help reduce the risk of harm with overcrowding in the emergency department. 1. Currently developing a standardised approach to our huddle capture and reporting. 2. Proof of concept has been completed with engagement from operational and clinical stakeholders. 3. Move to development of software project. 4. This will support a consistent approach to recording and reporting escalation levels across all our acute sites. 5. USC Dashboard which provides daily and ongoing trend data for performance metrics I Emergency Care. 6. Developing data intelligence Emergency department acuity levels, including risk stratification and also clinical frailty score for all attendances in each of our Emergency Departments. 7, CTM IMTP describes development of a predictive data model to enhance current systems (we already have predicted attendance) This remains an ongoing risk for all 3 sites and is reviewed regularly as implementation of targeted improvement takes place. Nurse establishments are being reviewed to ensure safe staffing. With sustained high level of escalation, risk rating to remain at 20. C4, likely hood 5. Update January 2025 - The unprecedented demand and operational challenges seen during December 2024 and January 2025 has impacted the Operational Teams capacity to undertake a full review of this risk, however, they will endeavour to ensure a review is captured in the next iteration.	Quality, Safety & Experience Committee Operational Delivery Committee	20	C4xL5	12 (C4xL3)	↔	24.09.2019	05.11.2024	31.12.2024
14	5417	Chief Operating Officer	Primary Care and Community Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety Impact on the safety - Physical and/or Psychological harm	Paediatric Dentistry - General Anaesthetic (GA) theatre list	**If...** Regular additional GA theatre lists (necessary to meet current and future demand) are not made available to the Community Dental Service team for paediatric GA. **Then...** the number of children waiting list for assessment and treatment will continue to increase beyond 1000 by March 2024. **Resulting in...** 1. children waiting increased times for assessment/treatment who have high levels of dental caries and painful teeth requiring extraction, 2. a further increase in the number of children requiring GA, due to long waits for assessment more children need GA when assessed, conversion rate has jumped form 48% to 80%. Children can only wait 8 wks form assessment to treatment therefore there is a large backlog of assessments due to limited GA lists to provide treatment.	Current theatre lists are run on Monday mornings and Friday afternoons and are likely to be cancelled due to bank holidays. This impacts the running of the service, no additional lists are available when lists are missed. There are currently 800+ patients waiting for appointments, with some already waiting for 17 months. Patients are advised to return to their General Dental Practitioner (GDP) if they experience pain, some children are being prescribed multiple courses of antibiotics to ease dental infections that can only be alleviated by tooth extraction. There is a risk these patients will require the removal of more teeth/more require GA when assessed/children will present as an urgent case in Accident and Emergency if left untreated.	Update January 2025 30/12/2024 Update - A monthly list has now been secured for Paeds in Prince Charles Hospital (released by Max Fax) and approximately 6 patients can be seen on each list. This will be used to prioritise any Cat 1/urgent treatment that comes in during the month as well as rebooking patients who had a cancelled GA as a result of the issues in Princess Of Wales Hospital. On average over a 12-month period, there are 29 children accepted per month for treatment under GA, as a result of only have one list per month, the waiting list is going to increase significantly. Currently, there are 707 children waiting for GA assessment/treatment under GA with a longest wait of approximately 183 weeks. Due to the service having significantly reduced access to theatre lists, private treatment via alternative providers is being explored. A QIA will need to be completed where appropriate when considering alternative providers.	Quality, Safety & Experience Committee Operational Delivery Committee	20	C4xL5	9 C3xL3	↔	20.04.2023	30.12.2024	21.02.2025
15	5961	Executive Director of Finance Executive Lead for Estates	Central Corporate - Estates	Estates Directorate	Sustaining Our Future	Environmental / Estate / Infrastructure	Remedial roof works to resolve the water ingress at POWH.	If: the Health Board fails to act upon the recommendations of the findings of the report from the appointed Structural Engineers in relation to the roof areas at the POWH Then: water ingress will continue to be a problem. Resulting in: significant impact/harm to patient, staff and public safety. Healthcare facilities which are not fit for purpose or sustainable for the future. Service delays impacting the patient experience and service performance of the Health Board. Potential legislative challenge and reputational damage. Loss of confidence in the Health Board estate infrastructure across CTM.	Command structure established to manage the critical incident following identification of roof structure failings. Immediate mitigations to vacate 1st floor wards & depts. of Phase 1 being managed under 4 key Cells: 1) Discharge Cell - Objectives: The safe but rapid discharge of patients and services from top floor phase 1 POW site and to maintain quality of care and patient safety 2) Decant Cell - Objectives are the safe but rapid decant of patients and services from top floor phase 1 POW site, to maintain quality of care and patient safety and to maintain staff safety and the deployment of the right staff to the right place. Decant plan agreed 15th Oct. 3) Redirect Take - Objective - Reduce demand for inpatient beds on the POW site 4) Estates - focusing on ensuring decant areas are fit for purpose as well as overseeing the plans for the works on the roof. Enabling Support Cells Established: Patient Transport, Workforce, Digital, Facilities, Patient Safety, Communication In addition barriers are in place around the footpaths to keep pedestrians away from the edge of Phase 1 roofs.	Update January 2025: Removal of Roof Coverings at the Princess of Wales Hospital site in accordance with the recommendations in the structural engineering report of 9th October 2024. Contractor has been appointed. Welsh Government funding £26.524m was approved Friday 8th November, contractor started the roof replacement programme on Monday 11th November. Phase 1 has prioritised Maternity and Special Care Baby Unit, on target to hand over to the clinical service on Monday 13th January. Contractors and any staff that need to be in any of the first floor areas must wear hard hats and hi-vis vests. Full programme including Theatre FEN works and fire compartmentation above vacated wards and depts due to be completed mid August 2025.	Quality, Safety & Experience Committee Operational Delivery Committee Health, Safety & Fire Sub Committee	16	C4xL4	8 (C4xL2)	↔	21.10.2024	06.01.2025	28.02.2025
16	5764	Executive Director of Finance	Finance Directorate	Deputy Director of Finance	Sustaining Our Future	Financial Risk	Failure to achieve the planned break-even position in 2024/25.	IF: The Health Board is not able to plan and deliver expenditure run rates that align with the available funding for 2024/25. THEN : The Health Board will not be able to deliver the planned break-even financial position for 2024/25. RESULTING IN : • Potential short term unsustainable cost reductions with associated risks and potential Welsh Government regulatory action. • Failure to deliver the financial plan for 24/25. • Failure to meet the statutory financial duty to break even over a 3 year period resulting in qualification of the Annual Accounts in 24/25. • Potential cash shortfalls in the latter months of 24/25	Financial Accountability letters issued from CEO to Executive Leadership Group. • Monthly monitoring arrangements and meetings in place with Care Groups and directorates. • Regular reporting to the Executive leadership Group, the Planning, Performance & Finance Committee and the Board.	•Context: The Health Board has submitted a balanced financial plan for 24/25 but this plan includes significant risks, including the delivery of £26.3m of efficiency savings. The savings plans at the 26 March 24 total £23.0m with a RAG rating of £10.0m Green, £12.1m Amber and £0.9m Red. •M8 update: The M8 YTD position is now a £0.4m deficit (M7: £3.2m). This includes a £9.6m shortfall in savings delivery offset by other favourable variances of £(9.2)m. The significant improvement reported in M8 was due to £7.5m of additional financial support received from WG. As a result of this financial support, the Health Board was able to maintain a forecast break-even position at M8. The net risks to the forecast breakeven position have also reduced to £3.4m (M7: £11.7m). •The following actions are to support savings plan identification, development and delivery: •Develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 25/26 as well as schemes in delivery for 24/25. •Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward. •Develop the Value & Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery.	Operational Delivery Committee	16 ↓ Decreased from a 20 to a 16 in January 2025.	C4xL4	12 C4xL3	↓	30.04.2024	17.12.2024	28.02.2025
17	4885	Director of Corporate Governance / Board Secretary	Corporate Governance	Corporate Governance	Improving Care Sustaining our Future	Quality / Complaints / Assurance / Patient Outcomes	Failure to deliver and sustain effective Policy Management System and Process	If: the Health Board fails to maintain an effective policy management process/system to monitor, store and manage the review of policy and procedural documentation Then: there is a risk that staff may act in a manner that is not consistent with strategic and functional expectations. Policies and procedures may not be readily accessible to support decision making and service delivery, and the Health Board may not be protected from litigation if policies and procedures are not regularly reviewed to reflect changes in standards and/or legislation. Resulting in: Policies not being readily available for reference in decision making / emergency situations to support courses of action. Non compliance with new standards and legislative changes leading to possible legal challenge. Limited version control which could impact decision making if there are inconsistent or varying versions of a policy available.	The Policy for the Development, Review and Approval of Organisational Wide Policies is extant and sets out the process to follow. Policy and Procedure advice and guidance is available from the Clinical Policy lead and the Assistant Director of Governance & Risk for non clinical policies. SharePoint Intranet page acts as document library.	Update as at January 2025 Project Initiation Document drafted to capture the activity needed to support the review of the Non Clinical Written Control Documents process. This will include but is not exhaustive of the following areas: Explore available options to automate the process including a filing portal and automatic prompting. Explore if the process for the policy on policies for Non Clinical written control documents could be simplified. Review the policy library linked to the SharePoint site Produce a baseline position as to the status of all non clinical written control documents Timeframe - December 2025. Risk escalated as likelihood of increased due to the capacity constraints impacting the teams ability to undertake the mitigating actions required.	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL4	8 (C4xL2)	↔	26.10.2021	12.12.2024	28.02.2025

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
18	5691	Chief Operating Officer	Facilities Directorate	Assistant Director Facilities	Sustaining Our Future	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	CCTV System Failure in Prince Charles Hospital	**If:** Major CCTV security management platform (SMP) headend and camera outage at PCH. Unable to live view live data images at the security control centre. NVR recording function is not available to record data images. The outage is also linked with the PCH site refurbishment scheme. The Capital Major Projects team advise that the new (SMP) headend server is not part of the PCH scheme as there is no funding for it. **THEN:** As a consequence this presents a site security with very limited site surveillance available to identify site incidents and provide evidence of criminal activity and crime. **RESULTING IN:** The ground floor, first floor and external site areas require the roll out of (124) new CCTV cameras as part of the PCH refurbishment scheme and the existing old (SMP) headend server does not have the functionality and capacity to accept these additional cameras therefore the contractor TD are unable to roll out the new cameras on site until a new SMP is installed. Risks to the PCH site, patients and staff safety risk. Site risk of theft, property damage and personal injury/assault.	Incident meeting held by Facilities with Digital ICT, Estates, the system contractor and Capital Major Projects team who are managing the PCH site Major project scheme to review the faults and aim to resolve the issue.	Update October 2024 added in red to August update - The Estate CCTV system contractor attended site and identified the root cause of the system failure and restored the PCH security management system headend and power to the majority of existing site cameras. The outcome and recommendation from the system contractor, Capital Major Projects team and TD is is that there is further CCTV system replacement and upgrade of hardware and software work to be undertaken. The existing Security Management Platform (SMP) which is the headend control system is old and not fit for purpose and requires replacement and upgrading. Until the (SMP) headend is replaced, the GF/FF contractor will also be unable to fully install the (124) new site GF/FF scheme CCTV cameras.and a 'moderate' risk of future system failure remains until this work is completed. A specification and estimate of cost of a new (SMP) headend has been completed and funding has been approved. Waiting for a contractor to be allocated the work and an installation date to install the SMP system. Following a recent tender process a supplier has been awarded the contract and the work to install the security management platform(headend) is due to commence in November 2024. Security Systems Risk Assessments A rolling programme of security vulnerability risk assessments is being undertaken out at a number of sites that include the suitability, compliance and provision of current CCTV and control of access systems and where systems may require replacing and upgrading or where site system provision is inadequate. Where there is a requirement for replacement/upgrade or additional systems further work is then required with support from Estates and Digital Services to complete the system technical specifications before a statement of need is provided to the Operational Capital Group for replacement or new works and security hardware/software scheme funding. Update January 2025 - It is anticipated that the work to install the new Headend will not take place until January 2025. The review date for this risk has been amended to 31/01.25 so that the action to mitigate the risk can be updated as soon as work commences.	Quality, Safety & Experience Committee Operational Delivery Committee Health, Safety & Fire Sub Committee	16	C4xL4	C3xL4 12	↔	31.01.2024	16.12.2024	31.01.2025
19	5761	Executive Medical Director	Medical Directorate Function	Medical Directorate Manager	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Cross Health Board Data Sharing	If: Digital services across Wales are unable to resolve an ongoing issue with the ability to share patient data in both directions across health boards/trusts Then: Clinical staff across CTM will be unable to provide the safe and effective care to patients using transparent, available data Resulting in: Potential harm to the patients of CTM due to the lack of clinical information available to clinicians when making clinical assessments	For CTM, this is a particular issue in Prince Charles Hospital as there is a lot of patient cross over at the boundary of Aneurin Bevan Health Board. As a health board we continue to raise this as a serious patient safety issue and will continue to press for a solution with Digital Health Care Wales. CTMUHB have asked for alternate options for a quicker solution and timescales to be aligned with these. This has been added as an agenda item for discussion at the next All Wales Medical Director meeting.	Digital Health Care Wales have been working on the ability to share data in both directions so data flows in the Health Board systems – this has been an issue for some time. ABUHB have allocated some project resource to scope, map and plan the work needed, however, resources will need to be allocated by C&V and AB to get the work done. There was a strong commitment from Pan-South East Wales Regional Digital to work closer together and link into a wider regional programme board, this was repeated at the regional planning meeting. As of March 2024, the update from DHCW is that they working on delivering the open architecture to support sharing documents and diagnostic results. Update November 2024 - - DHCW have confirmed they are anticipate the work will be undertaken in March next year to resolve this issue. CTM have reiterated the specific issues that need resolving. Risk remains the same until DHCW complete this work. Update January 2025 - No change to progress or risk score. Next review scheduled for 31.3.2025. CTM leads continue to follow up and raise at relevant stakeholder meetings.	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL4	8 C4xL2	↔	26.04.2024	30.12.2024	31.03.2025
20	5658	Chief Operating Officer	Diagnostics, Therapies, Pharmacy and Sciences Care Group	Care Group Service Director	Creating Health Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Lack of Dietetic service provision to Princess of Wales (POW) Critical Care	**If** there is no dietetic service to POW critical care... **Then** this will impact on the safe and effective provision of nutrition and hydration to critically ill patients... **Resulting in** poorer nutrition provision and increased rated of malnutrition, which in turn lead to increased risk of infection, dependency on mechanical ventilation, poorer patient outcomes, increased length of stay and longer rehabilitation and recovery times following critical care. In addition to increased health utilisation costs, inequity of service provision across CTM critical care units, and non compliance with national standards and guidance as highlighted in critical care peer	At present there is no dietetic provision to POW critical care unit due to lack of specialist critical care dietitian on the POW site and lack of funding. Therefore the nutritional needs of critical care patients on the POW site are managed by the critical care Multi Disciplinary Team.	Update October 2024 - The Planned Care - Care Group is currently undertaking a full gap analysis of the ITU service in line with the national ITU standards (GPIC) and will update the risk. No significant incidents of harm have been identified within the service due to the current dietetic position, but that this will be kept under review. Update January 2025 - Update from 21.11.24 - Risk reviewed following Princess of Wales Hospital critical incident, and remains unchanged at 16. Awaiting planned care group workforce gap analysis.	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL4	8 (C4xL2)	↔	19.12.2023	03.01.2025	28.02.2025
23	4907	Executive Nurse Director / Deputy Chief Executive	Central Support Function - Quality Governance (Concerns & Claims)	Assistant Director of Concerns and Claims	Improving Care	Statutory Duty, Regulation, Mandatory Requirements	Failure to manage Redress cases efficiently and effectively	**If:** The Health Board is unable to meet the demand for the predicted influx of Covid19 related, FUNB Ophthalmology Redress/Claim cases **Then:** the Health Board will not be able to manage cases in a timely manner and will not meet the required targets in respect of Putting Things Right. **Resulting in:** Risk to quality and safety of patient care, resulting from poor management of cases. Financial impact to the Health Board from Redress cases which have been poorly managed and consequently proceed to claim.	Controls are in place and include: * Regular reports run on all Redress cases, with monitoring by the Head of Legal Services & Legal Services Manager The team are having to apply an objective triage approach across the portfolio of redress, LFERs and Inquests to support the mitigation of this risk.	Update October 2024: Over the summer, all Redress cases have been reviewed by the senior staff member allocated overtime; with priorities identified for each case. The Legal Services team is currently depleted of staff, by 4 Claims Investigation Officers and 2 Legal Administrative Staff, which is due to sickness levels and members of staff leaving the organisation. This is having an effect on the workload of the Legal Services team. Staff members are being managed and supported appropriately through the Managing Attendance at Work Policy. The recruitment process of staff is also underway and the team are/have temporarily recruited agency staff to address the issues identified above, relating to management of legal cases. The agency staff recruited/to be recruited are: • 2 legal agency admin staff, who have been in place since August 2024, and will continue in post until end of February 2025; • 2 legal agency (solicitors) are being recruited, to cover the immediate gap in case management of Redress and Inquest cases. It is anticipated they will commence in November 2024 – for an initial period of 2 months. Legal cases continue to be monitored and escalated through the weekly Q&S Assurance Meeting, led by the Executive Nurse Director, Deputy Executive Director of Nursing and Assistant Director of Quality & Safety. It is proposed that both Datix ID 4907 & 4908 are amalgamated as one for the next ARC meeting as both the risks relate to Legal Services/Concerns and are of the same nature of risk. Update January 2025 - A full and robust review of both risks 4907 & 4908 will be undertaken in readiness for the next iteration of the risk register. No change to current risk score of 16.	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL4	8 (C4xL2)	↔	02.11.2021	09.01.2025	28.02.2025
24	4908	Executive Nurse Director / Deputy Chief Executive	Central Function - Patient, Care and Safety	Assistant Director Quality & Safety	Improving Care	Statutory Duty, Regulation, Mandatory Requirements	Failure to manage Legal cases efficiently and effectively	**If:** The Health Board was unable to sustain ongoing funding for the two temporary Legal Services Officers **Then:** the Health Board will not be able to manage cases in a timely manner and will not meet the required targets in respect of Putting Things Right. **Resulting in:** Risk to quality and safety of patient care, resulting from lack of capacity to management cases in a efficient and effective manner, which could result in failure to comply with the WRP procedures resulting in financial penalties	The Health Board are developing an action plan in response to the Welsh Risk Pool review, which includes the reviewing structures and workloads New operating model in respect of quality, safety and governance almost fully implemented. New systems and processes, including escalation, implemented to assist to effectively manage cases. The Assistant Director of Concerns & Claims, Head of Legal Services and Legal Services Manager are all carrying case loads to help mitigate this risk. The team are having to apply an objective triage approach across the portfolio of redress, LFERs and Inquests to support the mitigation of this risk.	Update October 2024; The Legal Services team is currently depleted of staff, by 4 Claims Investigation Officers and 2 Legal Administrative Staff, which is due to sickness levels and members of staff leaving the organisation. This is having an effect on the workload of the Legal Services team. Staff members are being managed and supported appropriately through the Managing Attendance at Work Policy. The recruitment process of staff is also underway and the team are/have temporarily recruited agency staff to address the issues identified above, relating to management of legal cases. The agency staff recruited/to be recruited are: • 2 legal agency admin staff, who have been in place since August 2024, and will continue in post until end of February 2025; • 2 legal agency (solicitors) are being recruited, to cover the immediate gap in the management of legal cases. It is anticipated they will commence in November 2024 – for an initial period of 2 months. Legal cases continue to be monitored and escalated through the weekly Q&S Assurance Meeting, led by the Executive Nurse Director, Deputy Executive Director of Nursing and Assistant Director of Quality & Safety. It is proposed that both Datix ID 4907 & 4908 are amalgamated as one for the next ARC meeting as both the risks relate to Legal Services/Concerns and are of the same nature of risk. Update January 2025 - A full and robust review of both risks 4907 & 4908 will be undertaken in readiness for the next iteration of the risk register. No change to current risk score of 16.	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL4	8 (C4xL2)	↔	02.11.2021	09.01.2025	28.02.2025
26	4337	Director of Digital	Central Support Function - Digital & Data	Assistant Director for Digital Systems	Creating Health	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	Integrating Patient Records across the Health Board	**If:** The Health board does not have a unified electronic health and care record and systems which are integrated across the organisation and with our primary and social care providers **Then:** The Health board will be unable to deliver safe, high quality, clinically and cost effective care to patients **Resulting In:** Compromised safety of patients needing treatment that are reliant on clinical test results and information being available to clinicians to plan and deliver the treatment plan and the requirement for sub-optimal manual processes	**Key Controls** 1. SBUHB Service Level Agreement 2. Bridgend disaggregation and the one-CTM aggregation plan 3. NHS Wales Control Agreement and data sharing agreements 4. Numerous national service management boards and Technical oversight groups providing strategic, tactical and operation governance. 5. National ePR programme and systems Gaps in Control The full business case for the Bridgend / old-CT integration remains unfunded. There are currently a number of CTM systems that are not compatible with Bridgend systems. There is insufficient discretionary capital funding available to support delivery of the aggregation plan There is no data item integration with GP systems, the ABHB Clinical Workstation or Local Authority system Numerous delays in NHS Wales progressing open architectural approach which results in CTM UHB being unable to access our own data as data items (required for linking systems and data analysis) Strategic approach to becoming an anchor organisation to encourage SMEs not developed, resulting in challenges in proceeding with small agile developments Discipline of organisation in keeping to the supported application platforms is being challenged - in particular staff are keen to exploit the opportunities presented by the MS365 platform however there are no resources available to support, train or integrate this platform within the EPR architecture	Update November 2024: A workshop is planned (15/11/2024) to look at the implications of the critical incident at PoW related to the roof on the WPAS and clinical systems plan. Update January 2025: WPAS integration is still on track 16th May 2025. The number of active patients to be transferred across has been rescoped after discussions with DHCW and SBU.	Operational Delivery Committee	16	C4 x L4	8 (C4xL2)	↔	14.10.2020	20.12.2024	28.02.2025
29	4671	Director of Digital	Central Support Function - Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	Lack of a resilient and performant Digital Network Infrastructure and Assets	Due to Business Sensitivities the detail on this risk will be captured in the organisational risk register presented in closed "In Committee" Session.			Operational Delivery Committee	16	C4 x L4	9 (C3xL3)	↔	03.05.2021	20.12.2024	28.02..2025
31	4672	Director of Digital	Central Support Function - Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	Access to a complete, integrated, and coded medical record.	**IF:** The Health Board is not able to record information accurately and reliably, with complete and up to date information **Then:** the data informing the clinical, regional and organisational decisions we and our partners (including WG) make, will be inaccurate, out of date or incomplete **Resulting in:** Degradation in our delivery of the quadruple aim and strategic objectives and damage to our reputational standing with our population and partners. Further we will be prevented from driving forward our ambitions to become a digital organisation, an exemplar for R&D and Value etc.	**Operational controls:** Coding key performance indicators covering productivity, demand and backlog robustly monitored Digitised Patient Notes programme board monitors scanning times, adherence of contractor to terms and quality of staff in maintaining a record DHCW annual coding quality audit. Coding Improvement and transformation plan established incorporating additional trained coding capacity, coding at source, use of data captured in other systems and e-forms implemented. Natural language programming resource deployed and outputs of programme being validated. Tactical - EPR programme with deployment of snomed-CT onotology server, WCP & E-forms etc. **Tactical controls:** Digital element of the strategic programme - Culture to digitise the EPR, our communications, how we do business National Architecture Review - encompassing (NDR /CDR & Sharing arrangements) Coding transformation programme - **Gaps in controls** Scanning time of outpatient activity to digitise the record is at 51 days cf maximum clinically safe time of 24-48 hours Quality of paper record and its filing is very poor with audits identifying over 70% of paper records are not maintained to acceptable standards Digital solutions not yet using snomed-CT/ structurally coded data Information and Technical Standards not being followed with national body favouring document rather than data exchange Vast amounts of clinical information stored in disparate spreadsheets not visible to central medical record or available to patients or system leaders (including value based healthcare) Digital transcription programme unsupported & unsupported from march 23	Update November 2024: Day forward continues to maintain 48 hour targets. Destruction has started to take place in Williamstown Hub for the CT notes all be it on a small scale, work ongoing to review spread and scale within available resource. No change to risk score. Update January 2025: The Critical Incident (CI) at PoW has impacted the Medical Records service. However, we continue to make progress with the reallocation of notes due to the pressures in our Bridgend sites to Williamstown Hub and this has resulted in us reducing the usage of storage containers by 1 in the last month.	Operational Delivery Committee	15	C3 x L5	9 (C3xL3)	↔	05.06.2021	20.12.2024	28.02.2025

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Datix ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
32	5040	Director of Digital	Central Support Function - Digital & Data	Assistant Director for Data Intelligence, Compliance & Design	Creating Health	Operational: • Core Business • Business Objectives • Projects Including systems and processes, Service /business interruption	Digital Healthcare Wales (DHCW interdependencies	**If:** The Health Board can not integrate new applications into its digital architecture in a timely fashion **Then:** there could be a detriment to patient care, inefficiencies in care provision and loss in confidence by Health Board staff in the technology provided to them leading to them using alternative software and bespoke systems (including paper based systems) to carry out their duties which are not integrated and major strategic priorities for the organisation (e.g. Bridgend aggregation and the deployment of the new Emergency Department system) not being delivered **Resulting in:** delays in clinical decisions and consequently treatment which may affect clinical outcomes, reduced levels of productivity and thus poorer access to services, staff appetite to work digitally and in accordance with the digital standards required to realise the full strategic benefits of an integrated record and repository not being realised. Other consequences include: 1. Loss of information integrity and accessibility as multiple copies of clinical records. 2. Failure and delay of digital system deployments (e.g. WEDS) 3. Possible breaches to the GDPR, safeguarding and information.	A Myrddin strategic programme group has been established, chaired by the CEO of DHCW to map out how the constraints can be overcome SLAs are in place between DHCW and NHS Wales organisations, however their futility has been exposed by demand pushing the waiting times for developments to start (not complete) to over 12 months Gaps in controls: WG have agreed some funding for the PAS element, however the DHCW IMTP continues to be a top down decision process rather than one being based on HB (user / customer) needs - driven in part by demand overwhelming their capacity (much of which is either Covid born or results from the significant overrun in establishing a minimum viable product to replace CanISC) and numerous critical constraints not continuing to be observed in the system whilst the architecture remains closed. HB carrying vacancies in critical areas with no capacity to cover the work from within. As a consequence programme to digitise the Emergency Department processes and records has been suspended. Data acquisition from DHCW products is a curates egg, some new APIs are being made available to standards, however latest PAS offering is via csv download, presenting challenges to adoption of standards within certain areas. UHB still awaiting availability of access to key HB data such as radiology and tests results.	Update November 2024 - Ethical Healthcare report has been received and is being reviewed. Update on modular EPR to Board is planned for November. Update January 2025 - Since the Autumn work has continued on planning the next steps for EPR. We will be submitting the next phases into our IMTP submission to Board to be approved at the end of March.	Operational Delivery Committee	15	C3xL5	9 C3xL3	↔	07.02.2022	08.01.2025	31.03.2025
33	3337 Linked to RTE Risk 4813 and M&C 4817. Also linked to 4804.	Chief Operating Officer Director of Primary Care and Mental Health Services	Central Support Function: Digital & Data Mental Health Care Group	Lead Infrastructure Architect Interim Partnerships and Strategic Planning Lead for Mental Health and Learning Disability Services	Creating Health	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Lack of a Single Electronic Patient Record in Mental Health Services	**If:** Mental Health Services do not have a single integrated clinical information system that captures all patients details. **Then:** Clinical staff may make a decision based on limited patient information available that could cause harm. **Resulting In**: Compromised safety of patients, potential avoidable harm and compromised safety for staff in the workplace.	Control measures updated September 2023. 1. A PID has been developed which outlines the processes, resources and timelines sought - this to be discussed in September Programme Board. 2. The Business Case to be refreshed on the back of the PID once approved. It will need to identify additional staff resource required to progress the disaggregation process to bring all CTMUHB staff who currently use WCCIS via local authority over to CTMUHB WCCIS platform. Requires Programme Board approval. 3. Business case to be progressed following Board approval. 4. A new MHLD Care Group risk will be developed relating to the operational mitigations required in the interim to support safe communication and this will be held by the High Quality Clinical Record group, part of the Inpatient Improvement Programme	Update October 2024 - risk reviewed, no change A business case has been put together with another Health Board o bring a single patient record system into the Care Group. The business case has been approved and Welsh Government have agreed funding. A programme board will oversee the implementation. Update January 2025 - Risk reviewed, no change, see uploaded Decembers newsletter for progress which is available upon request from Datix.	Quality, Safety & Experience Committee Operational Delivery Committee	15	CSxL3	6	↔	07.11.2018	07.01.2025	31.03.2025
34	4691 Linked to RTE Risks 4803, 4799, 3273 and 3019.	Chief Operating Officer	Mental Health Care Group	Interim Partnerships and Strategic Planning Lead for Mental Health and Learning Disability Services	Sustaining Our Future	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	New Mental Health Unit	**If:** Mental health inpatient environments fall short of the expected design and standards. **Then**: Care delivered may be constrained by the environment, which is critical to reducing patient frustration and incidents as well as presenting more direct risk as a result of compromised observations. **Resulting in**: Compromised safety of patients, potential avoidable harm and compromised safety for staff in the workplace and extended lengths of stay.	A Quality Improvement programme in relation to inpatient care has started and a work stream in relation to Safe and Therapeutic Environments has been established with the aim of optimising the patient experience. Inaugural workshop took place on the 26th April. Assistant Director of Strategic Transformation – Mental Health has commenced in post. This new role will lead a range of strategic programmes including recommencing a capital business case for a new Mental Health Unit. Annual revisiting of all patient ligature risks and completion of Statement of Needs via capital process for any ligature risks assessed as needing resolution. All anti ligature works planned for 2022 – 2023 have now been completed. A scoping document case is to be prepared and submitted to WG. Inpatient Improvement Programme established April 2023	Update March 2024 - Still Awaiting a feasibility review on Mental Health inpatient space that will support the mitigation for this risk. Care Group Director engaging with the Capital Team on progressing this at present. No change to risk score at this stage. Update October 2024 - Risk Reviewed no change. Risk will be transferred to new MHLD Service Director when the post holder commences in late November. Update January 2025 - Risk Reviewed no change at this stage.	Quality, Safety & Experience Committee Operational Delivery Committee	15	15 (C3xL5)	6 (C3xL2)	↔	15.06.2021	07.01.2025	31.03.2025

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	De-escalation Rationale
4080	Executive Medical Director Executive Director of People	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Failure to recruit sufficient medical and dental staff	**If:** the CTMUHB fails to recruit sufficient medical and dental staff. **Then:** the CTMUHB's ability to provide high quality care may be reduced. **Resulting in:** a reliance on agency staff, disrupting the continuity of care for patients and potentially effecting team communication. This may effect patient safety and patient experience. It also can impact on staff wellbeing and staff experience.	• Associate Medical Director for workforce appointed July 2020 • Recruitment strategy for CTMUHB being drafted • Establishment of medical workforce productivity programme • Work to understand workforce establishment vs need • Development of 'medical bank' • Developing and supporting other roles including physicians' associates, ANPs -Improving induction and development of new doctors	Update January 2025 - Risk de-escalated. The risk is being managed through the Care Group Structure and scrutinised through the Medical Workforce Productivity Programme (MWPP) via relevant workforce and medical leaders. Core spend has increased. Agency usage has reduced but this has been offset against bank spend. The overall position remains above the previous 12 months and the risk will continue to be monitored through MWPP.Consequence risk lowered as contigencies are in place through agency agreements if low staffing situation does become unmanageable.	Quality, Safety & Experience Committee Operational Delivery Committee	**12** Risk descreased from a 15 to a 12	8	Update January 2025 - Risk de-escalated. The risk is being managed through the Care Group Structure and scrutinised through the Medical Workforce Productivity Programme (MWPP) via relevant workforce and medical leaders. Core spend has increased. Agency usage has reduced but this has been offset against bank spend. The overall position remains above the previous 12 months and the risk will continue to be monitored through MWPP.

	A	B	C	D	E	F	G	H	I	J	K
1	Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
2	No risks proposed for closure from the Organisational Risk Register this period.										

Agenda Item
7.1

Operational Delivery Committee

IMTP 2024-2027 – Quarter 2 Review

Dyddiad y Cyfarfod / Date of Meeting	28/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Elizabeth Beadle, Assistant Director of Transformation
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser, Executive Director of Strategy and Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Strategic Development Committee	16/01/2025	Noted

Acronyms / Glossary of Terms	

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 2024-2027 draft plan for submission to Welsh Government on 28th March 2024. The plan has been subject to review by Welsh Government and NHS Executive officials and a positive collective review meeting was held with officials on 26th June 2024.

1.3 Welsh Government formally approved the Health Board's three-year plan in the summer.

1.4 The 2024-2027 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 2024, work commenced on delivery of the agreed plans.

2.2 This report provides a summary of the progress in quarter two.

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 has developed high level plans on a page, supported by more detailed service plans. In addition, there are six ministerial templates which provide detail of actions and milestones for delivery and are included as appendices to this report. These cover the five primary ministerial areas of focus as set out in the NHS Wales Planning Framework 2024-25:

2.3.1 Enhancing care in the community, with a focus on reducing delayed pathways of care
2.3.2 Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.
2.3.3 Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.
2.3.4 Planned Care and Cancer, with a focus on reducing the longest waits.
2.3.5 Mental Health, including CAMHS, with a focus on delivery of the national programme.

2.4 This report focuses on the delivery of actions as set out in the ministerial templates. However, for diagnostic and therapies there was not a specific

template requirement for the IMTP, so a summary of key actions has been provided.

Pathways of care

2.5 The two key work programmes in this area are the further progress of the navigation hub and the development of a health board-wide model of integrated teams and focus on the development of Extended Community Care plus redesign of the community hospital model to improve flow and reduce package of care delays.

2.6 Key progress made in quarter two includes:

Scoping mandate for care homes to contact the Clinical Navigation Hub before 999 unless deemed a life-threatening emergency

- Work has begun to train Care Homes.
- WAST are rolling out the LUSCII project which is a new initiative with the Welsh Ambulance service which will see staff in some care homes trained to apply wearable tech on patients so observations can be monitored remotely by the WAST clinical desk until a resource is deployed.

Service model for Allied Health Professionals to support people to stay well at home in conjunction with service provision delivered via Navigation Hub:

- The MDT is building with OTs and paramedics now complementing the team. This will be further developed as part of the Enhanced Community Care programme

7-day duty therapy support to the Primary Care Navigation Hub to support specialist AHP triage of referrals

- 5-day provision in place, referrals received out of hours or weekends are being picked up by team during the week. Additional cover for 7-day provision would require funding.

7-day rapid access to AHP intervention focusing on admission avoidance

- Current provision covers 5-day working model, investment required to extend to 7-day provision

The average 87% success rate for the Navigation Hub has been maintained in quarters two and three.

Primary Care Access

2.7 Progress continues to be made across a number of areas.

- Practices continue to be monitored on a monthly basis against revised targets for 24/25

- There is a high number of patients accessing urgent care via HB urgent dental hub, with a fill rate of appointments between 90-98% in quarter 2.
- Urgent additional orthodontic services commissioned due to immediate retirement of 2 specialists in Community Dental Services. 208 patients have been referred under the new contract to complete treatment.
- There are 14,300 patients on HB dental waiting list. A validation exercise commenced in quarter two to reduce backlog

Urgent and Emergency Care

2.8 E-Whiteboard is in place for Medical SDEC and capital works have been completed at Royal Glamorgan Hospital. Works planned for Princess of Eales Hospital in quarter three have been postponed to quarter four due to the critical incident.

2.9 Work is progressing on a WAST protocol for ambulance handover, for implementation across all acute sites.

Planned Care

2.10 Planned care progress for quarter two was not on trajectory for referral to treatment time targets, however there was improvement in cancer service target achievement. The critical incident has impacted planned care significantly in quarter three but there is an ongoing programme to recover through a range of mechanisms, including provision of replacement theatre capacity and additional outsourced activity.

2.11 The Productivity, Innovation and Transformation Board has been formally launched and a number of work streams had been progressing in advance of this formal launch.

Mental Health and CAMHS

2.12 Performance in Q2 was ahead of the planned trajectory with a compliance at the end of the quarter of 85%. Partnership working with Mental Health Matters is ongoing to facilitate group delivery across the health board region and referrals to the SilverCloud digital platform are increasing.

Diagnostics

2.13 2.13 Work has continued to progress on the regional diagnostic programme which is facilitated by the health board on behalf of the South East Wales region. Business cases for community diagnostic hubs for radiology services and regional endoscopy services were considered by the health board in November and the project is progressing the review of the endoscopy business case by Aneurin Bevan and Cardiff and Vale Health Boards.

2.14 The health board continues to make progress in reducing the number of patients waiting more than 8 weeks for a diagnostic test.

3. Key Risks / Matters for Escalation

3.1 While there has been progress made across all areas, there are a number of performance measures that are not currently on trajectory. These metrics will continue to be monitored closely and the actions associated

with these metrics will continue to be reviewed and adjusted, where required.

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	Ageing Well If more than one applies please list below: All are applicable.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective If more than one applies please list below: All quality domains apply.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Choose an item. If more than one applies please list below:

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

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

5. Recommendation

5.1 The Committee is requested to:

5.1.1 **NOTE** the progress of the IMTP actions as set out in the report and the appended documents.

5.1.2 **NOTE** the impact on performance and that those areas that are not on trajectory will continue to be monitored and adjustments to plans identified, where required.

6. Next Steps

6.1 The Committee will continue to receive quarterly updates on progress alongside formal reporting mechanisms in place for the requirements of the NHS Wales Performance Framework, via the Integrated Performance Report.

NHS WALES PLANNING FRAMEWORK 24-27- Primary and Community Care

Priority area(s) to deliver 24/25:				
Key focus should be on delivering	• **Enhancing care in the community, with a focus on reducing delayed pathways of care** • **Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.** • **Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.**			
Ref 1:	Development of Urgent and Emergency Care pathways through the development of the Navigation Hub.			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref 1:	• Development of a hub which is able to focus on urgent and emergency calls within the community and to sign post individuals to the right care • Implement and embed pathways with ED to reduce unnecessary conveyance to hospital	• Provide clinical support to Care Homes to ensure that the navigation hub as first point of access not WAST or GP • Implement and develop advice line for professionals working in the community • Role of the Hub into the redesign of community services	• Continue maintain delivery of services within the hub • Explore ways for additional resources to expand the hub • Develop confidence within the Hub between stakeholders to ensure the resource is being utilised • Further exploring the role of the Hub as single point of access for community service model	As quarter 3 • Produce a comprehensive vision for the Hub as the SPA and oversight of ECC.
Progress synopsis	Following pathways established • Recognition of Life Extinct for Unexpected Death - ROLE Pathway • Supply of emergency drugs to support EOL patients • Discussions with Emergency Department around redirection Pathways • Professional Advice Line established for health community nursing teams • Discussions around Occ Health through additional AHP funding • Urgent and Emergency Dental Triage & appointments	Established pathways continue to be delivered to support. • 111Press2 for Mental Health • Nursing Home Pathway has been introduced and tested for nursing homes. Focus on encouraging homes to utilise as confidence grows • C3 Radius PTAS - Pulling cases directly from ambulance stack (weekends Mon to Fri service only). • National antiviral scheme introduced for patients at highest risk of hospitalisation • Continue to monitor GDS waiting lists	All pathways introduced in Q1 and Q2 continue. Antiviral numbers significantly increasing putting pressure on the resource. • Discussions commence with LA colleagues around support for residential homes. • Appointment of Occ Health practitioners being undertaken • Hub GP to oversee stack secured over a number of weekends when pressures in ED and acute being escalated and • Continue to monitor GDS waiting lists	All pathways continue to be delivered • Antiviral activity starts to reduce • Continued to provide adhoc delivery of PTAS over the weekend where pressures reported as high and BC called. • OT now placed in Hub • Vision paper produced in draft. • Weekly reporting of activity and successful intervention by the hub on the PTAS service • Continue to monitor GDS waiting lists

Priority area(s) to deliver 24/25:				
Progress synopsis	As above. The Development of the Navigation Hub is progressing well. It is shaping into a centre which is able to divert patients who would otherwise be on route to ED to more appropriate alternative services who are able to support their needs in an alternative setting. The development of the Hub is not in isolation and is a key part of the development of the new integrated model for community services.			
Ref 1				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	• As above	•	•	•
Progress Synopsis	As above			
Outcomes of delivering Ministerial Priorities:				
Ref 1:				
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref 1:	• Continue to deliver pathways already implemented • Review and refine pathways as is required to maximise outcomes • Commencement of Advanced Paramedic Practitioners (joint programme with WAST) • Seek funding from Regional Capital Fund for scoping exercise for alternative premises to support future development of the Hub	• Continue to deliver pathways already implemented • Report in progress and outcomes through internal governance structure • Review first Q deliver of Advanced Paramedic Practitioners • Review impact of Occupational Health input • Work to progress the Hub being the SPA for community services • Review of the respiratory ECC • Deliver the oversight for the residential home in one locality to test principle • Mandate all Care Homes to use Hub as a first	• Continue to deliver pathways already implemented • Report in progress and outcomes through internal governance structure • Explore more opportunities for • Evaluate the residential home pathways to collect learning and explore continuation	• If successful in bid, consider evaluation of the scoping exercise to seek alternative premises and IT infrastructure. • Evaluate all pathways to ensure value based delivery and outcomes

Priority area(s) to deliver 24/25:				
		contact before other routes for escalation		
Progress update 24-25	• Paramedics have been engaged within the Navigation Hub team since Jan 24. Working well and embedding into team • 2 x Occupational Therapist engaged within the Nav Hub Team • Respiratory Virtual Wards commenced Jan 2024. Positive outcomes and recurrent funding to continue service has been sought. • Navigation Hub continues to support Nursing Homes – exploring POCT to support rollout to Residential Homes.	<u>Scoping mandate for care homes to contact the CNH before 999 unless deemed a life threatening emergency:</u> • Work has begun to train Care Homes. • WAST are rolling out the LUSCII project which is a new initiative with the Welsh Ambulance service which will see staff in some care homes trained to apply wearable tech on patients so observations can be monitored remotely by the WAST clinical desk until a resources is deployed. <u>Service model for Allied Health Professionals to support people to stay well at home in conjunction with service provision delivered via Navigation Hub:</u> • The MDT is building with OTs and paramedics now complementing the team. This will be further developed as part of the Enhanced Community Care programme <u>7-day duty therapy support to the Primary Care Navigation Hub to support specialist AHP triage of referrals</u>	•	•

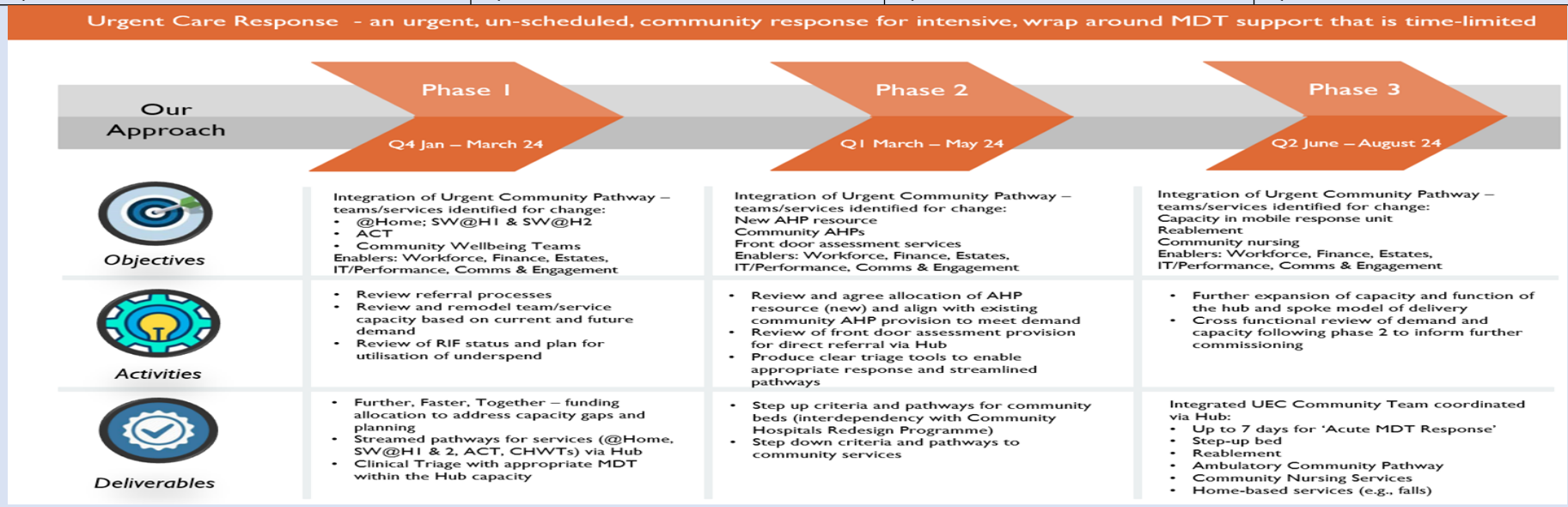
Priority area(s) to deliver 24/25:				
		• 5-day provision in place, referrals received out of hours or weekends are being picked up by team during the week. Additional cover for 7-day provision would require funding. <u>7-day rapid access to AHP intervention focusing on admission avoidance</u> • Current provision covers 5-day working model, investment required to extend to 7-day provision		
Overarching outcome measures/ metrics:				
The Hub will have an impact on the whole system, taking pressure of primary and community and specifically avoiding unnecessary hospital admissions and keeping people safe at home. The measures are 1. Reduction in unnecessary conveyance by WAST to ED 2. Reduction in admissions into hospital **3.** Increased number of patients who have fallen being supported to get up and stay in own home (safely).				
Baseline position 23/24	**Quarter 1** **76% successful intervention rate**	**Quarter 2** **79% successful intervention rate**	**Quarter 3** **86% successful intervention rate**	**Quarter 4** **87% successful intervention rate**
Performance Trajectories 24/25	**Quarter 1** Maintain 87% average successful navigation hub Nav Hub to be first point of contact for 100% prior to WAST Appoint Nav Hub Lead	**Quarter 2** Maintain 87% average successful navigation hub Mandate all care homes (nursing and residential) to make the Nav Hub the first point of contact prior to other emergency calls Nav Hub to maintain point of contact for 100% prior to WAST	**Quarter 3** Maintain 87% average successful navigation hub Nav Hub to maintain first point of contact for 100% prior to WAST	**Quarter 4** Maintain 87% average successful navigation hub Nav Hub to maintain first point of contact for 100% prior to WAST

Priority area(s) to deliver 24/25:				
Performance review	Average 87% successful intervention rate maintained in Q1. Deep dive being undertaken to review those not successful to understand reason Working with WAST colleagues to ensure the pathways is embedded as first point of contact			
Risks	**Risks of Non-Delivery**		**Mitigations**	
	Impact on the wider system in terms of potential increased urgent care access elsewhere in the system.		Continues to work to develop pathways and see ways to fund the development of the hub. May involve shift in investment.	
	Risks to Delivery		**Mitigations**	
	Availability of clinical workforce Employment contract issues		Ensure that the working environment and support remains robust and Hub is an enjoyable place to work in Being cognisant of National Developments and align local policies and application	
Critical Enablers	**Finance**			
	Funding is made up from 6 goals, Further faster. Detail expenditure plan is currently being worked through as part of Q1 budget reviews.			
	Workforce			
	• The development of the Hub is not being undertaken in isolation and is forming part of the wider development of the integrated community model. It is likely to be the case that some resource will shift from other areas to support the Hub in the absence of any additional funding. Through a workforce planning change skill mix in key priority areas – increase workforce capacity and skill mix • Support and improve wellbeing of our teams • Strong & resilient inter-professional leadership & delivery			
	Digital			
	• Improve the availability of performance data for priority areas to inform service planning, monitoring and evaluation • Digital is key for the Hub to be successful and an increase use of new technology to support patients to live well in the community will be a focus for 24-27			
	Other (Specify)			
	Estate & Facilities enablers:			

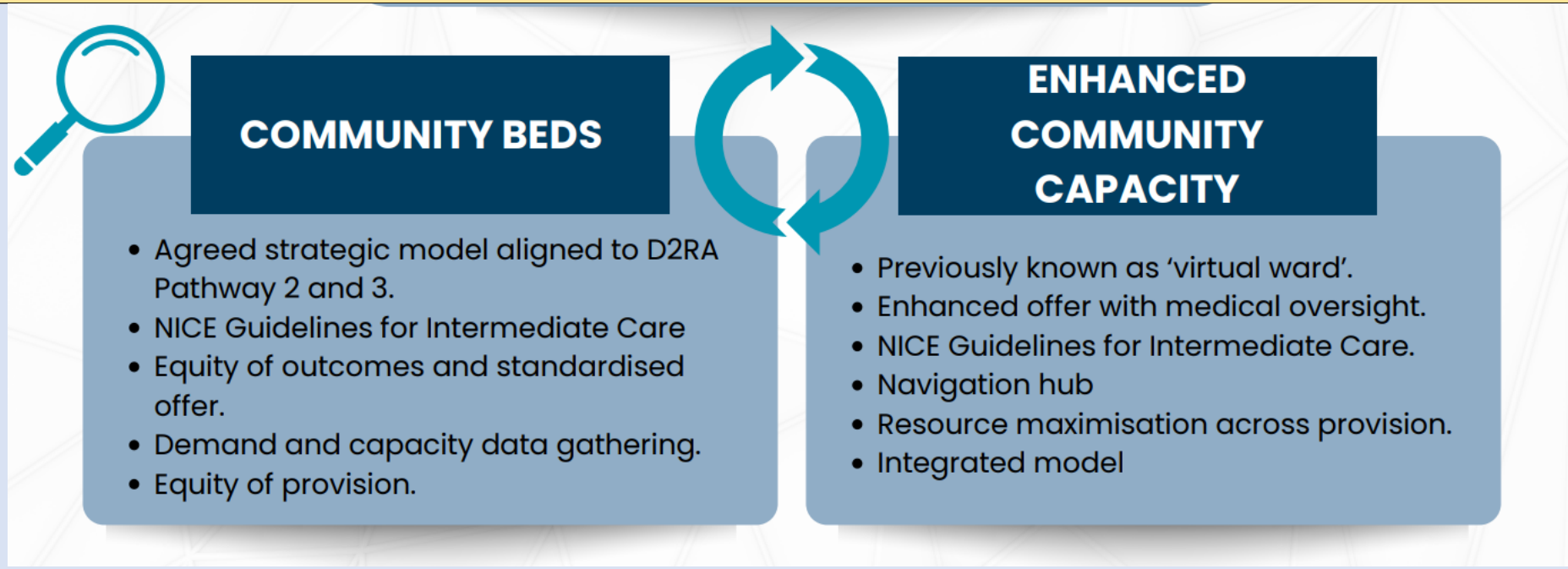
Priority area(s) to deliver 24/25:	
	• The Hub is growing at a pace and with it comes a need for more appropriate premises which also has the infrastructure to support the integrated monitoring hub and also remote monitoring and create environments suitable for integrated teams and patients to access
Prevention & Population Health	**Opportunities identified:**
	There is an association between health literacy and deprivation. It is accepted that we have challenges with our population accessing health and wellbeing services and understanding the link between lifestyle and wellbeing/chronic conditions. A focus needs to be on finding different ways to engage and connect with patients and this requires different approaches to impact behavioural change. Evidence suggests a longer LoS for patients in areas of deprivation.

NHS WALES PLANNING FRAMEWORK 24-27- Primary and Community Care

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care				
Key focus should be on delivering	• **Enhancing care in the community, with a focus on reducing delayed pathways of care** • **Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.** **Urgent and Emergency Care, with a focus on delivery of the 6 goals programme**			
Ref 2:	To transform the community services into a single CTM wide model of integrated teams and focus on the development of Extended Community Care and redesign of the community hospital model to improve flow and POCDs			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref 2:	Urgent Care Response - an urgent, un-scheduled, community response for intensive, wrap around MDT support that is time-limited			



The Planning Milestones for the redesign of community integrated model is as detailed above. Alongside this work is another significant work programme to **Redesign our Community Hospitals.** Ensuring that the whole pathways for patients is reviewed and reprioritised and along with enhanced community care. The focus on will be on rehabilitation, complex and step up and step down beds.

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care	
	
Progress synopsis	In respect of redesign of community integrated teams a formal Commissioning Group between Health (PC&C and AHP) and LA colleagues is established and meet on a regular monthly basis to progress the work programme. 1. Integrated service model has been agreed at LLG and RPB. 2. Outline model for the integrated teams has been agreed at ILG and RPB. 3. Pathways for urgent and population health defined and agreed 4. Focus agreed for care homes, ACP, and falls 5. Mapping of workforce and associated work-streams completed across LA and Health have been mapped. 6. Workforce and financial plans will finalised for end Q3. 7. Workstream established and meeting regularly to align integrated services redesign with Navigation Hub as being first point of contact 8. Gap analysis for community nursing specification and principles has been completed. Details of funding gap have been shared with WG. 9. Regular meetings for nursing specification and principles taking place 10. Civica has been rolled out to District Nursing day services but not as yet to District Nurse night service but exploring options for the Navigation Hub.

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care				
	In respect of community hospital redesign a programme board has been established and is working alongside the wider Frailty Strategic Programme. Model has been agreed in principle and is waiting final sign off by the Design Authority.			
Outcomes of delivering Ministerial Priorities:				
Ref 2:				
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref 2:	• To align the work programme with the Navigation Hub with the community service redesign • Implement community nursing principles • Implement community nursing specification • Implementation of Civica District Nurse Establish the work streams • Map the current workforce and the funding streams associated • Map the current gaps in workforce teams • Undertaken engagement sessions with other stakeholders • Undertake engagement sessions with teams to share and discuss the vision • sing scheduling system • Advertise posts required and identified as part of the Further fast funding • Additional community nursing to ensure that the District Nurse Principles are met as well as focus on frailty nurses, ACP, clinical support for the Navigation Hub. To	• Integration of Urgent Community Pathway: @Home, SW@H 1 and 2, ACT, Community Wellbeing Teams • Further, Faster, Together funding allocation plan to address capacity gaps and planning • Streamed pathways for services: • @Home, SW@H 1 and 2, ACT, Community Wellbeing Teams • Establish capacity in mobile response units • Set up clinical triage with appropriate MDT within Navigation Hub capacity **Community Hospitals** • Operational embedding of new discharge policy and evaluation • Implementation of accredited training for trusted assessors • Discharge toolkit • Business case for Integrated Discharge Team with Section 33 agreement • Monthly review and update of PoCD action plan	• Integration of Urgent Community Pathway: new AHP resource, community AHPs, front door assessment services • Establish step-up criteria and pathways for community beds • (interdependent) with Community Hospital bed modelling programme delivery) • Establish criteria for step down pathways to community services **Community Hospitals** • Sign-off for implementation • plan for Integrated Discharge Team • Full implementation • of Integrated Risk Escalation Framework • Straight to service model for all Pathway 1	• Integration of Urgent Community Pathways. • Completion of • integration of UEC Community Team coordinated via Hub: for Up to 7 days for 'Acute MDT Response' Step-up bed Reablement • Further demand and capacity review plan for future modelling and commissioning **Community Hospitals** • Audit of D2RA pathways and MADE reviews implemented quarterly on each site • Demand and capacity modelling for all D2RA pathways with integrated commissioning plan for intermediate care. • Monthly review and update of PoCD action plan

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care				
	ensure the opportunity to enhance the AHCP workforce is maximised by shifting resource where it is required. Ongoing **Bed base - Community Hospitals** • New Discharge Policy and user-friendly Discharge Toolkit including choice protocol, • reluctant discharge and homelessness pathway • Data Dashboard to include key performance metrics with capacity for daily • reporting • Daily, weekly and monthly SitRep for each acute and community site containing data related to demand and capacity in patient flow: number of planned discharges • per day, number of patients awaiting beds, bed capacity, transport allocation, number of internal and external delays per ward and per site Operational embedding of re-developed eWhiteboards/eToC/SDN • Operational development and embedding of Discharge Hub as central coordination for flow and discharge activities and daily reporting via Virtual Network meetings (acute, community hospitals, discharge teams and social care).	Demand and capacity modelling for residential/ nursing placements	discharges for Trusted Assessors • Monthly review and update of PoCD • Integrated strategic commissioning place for residential care aligned to pooled fund.	

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care				
	• Continue delivery of Pathways of Care Delays Action Plan and activities supporting effective management of discharge Implementation of Trusted Assessor model across CTM by April 24 – including recruitment and role embedding with integrated site teams (Therapies, Discharge Liaison Nurses, hospital based social care staff)			
Overarching outcome measures/ metrics: 1. Implement a whole system approach to integrated care 2. More people to be cared for in their own homes or home of choice 3. Reduction in duplication 4. Reduction in silo working 5. Reduction in various 'hand offs' and referrals 6. Implementation of Seamless Care 7. Reduction in unnecessary admissions 8. Reduction in unnecessary bed days 9. Increase in the response offered to patients in urgent need 10. Supporting D2RA process 11. Improve flow across the whole system **12.** Increase amount of people receiving enhanced community care **13.** Reduce admission rates **14.** Reduce POCD **15.** Reduction in waits for social care in the community hospitals				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Progress Update 24/27	• New Community Hospital Model has been approved by Operational Management Board and Executive Team. • Implementation plan just being finalised • Workforce model complete • New JDs drafted for ANPs in Community Hospitals out on TRAC and being progressed			

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care				
	• D2RA Process implemented • Discharge Hub in place, and further staff being recruited (band 6 and band 3) • All wards using EWTBs • POCD data being monitored on monthly basis and feeding into the action plan. • Scrutiny continues to take place at the Integrated Discharge Board • Discharge Policy approved and continues to be embedded in Q1. • Unscheduled Dashboard has been implemented • LOS and DPOC not yet reducing but analysis being undertaken to understand why			
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Appointment of the Diabetes Nurse Specialist in DN Improvement in outcome measures set out above.	Improvement in outcome measures set out above.	Improvement in outcome measures set out above.	Improvement in outcome measures set out above.
Risks	**Risks of Non-Delivery**		**Mitigations**	
	CTM will continue to have different models of community services across the CTM footprint		Concerted commitment and effort by all partners to drive the work forward. Monthly reporting and escalation into the governance structure.	
	Risks to Delivery		**Mitigations**	
	No dedicated resource to support either the redesign and the implementation could delay a 'go live'. Complex and intensive work is carried by those as well as existing role		Concerted effort and commitment by all partners to drive the work forward. Monthly reporting into the HB governance structure	
Critical Enablers	**Finance**			
	The plan is for the model redesign to be cost neutral. A full financial analysis will be worked up as part of the plans			

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care	
	Workforce
	A detailed workforce plan will be worked through as part of the programme board. Focus needs to be developing a wider MDT model of nursing and therapists for reablement.
	Digital
	Digital technology will be a key part of the programme in order to support patients at home and remotely but to also give them independence
	Other (Specify)
	Collaboration through partnerships is critical enabler
Prevention & Population Health	**Opportunities identified: Development of robust community services which are linked to the hub will produce a system which can prevent individuals from going into hospital and early intervention should result in them being supported at home sooner. Population management for LTC will be a key pathways to follow the UEC pathways.**

NHS WALES PLANNING FRAMEWORK 24-27- Primary and Community Care

Priority area(s) to deliver 24/25: Enhanced Community Services				
Key focus should be on delivering	• **Enhancing care in the community, with a focus on reducing delayed pathways of care** • **Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.** • **Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.**			
Ref 3:	**Flow and Discharge: To reduce Pathway of Care Delays through the robust process for assessing and reviewing PoCD and redesign of community hospitals.**			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref 3	▪ Design and delivery of D2RA, ▪ Roll out of 'Optimise' all community hospitals ▪ Structured board rounds and ▪ involvement of MDT ▪ Accurate data input and recording on eWhiteboards ▪ Implementation of ▪ SitRep for monitoring and scrutiny of flow and ▪ discharge processes ▪ SAFER, Red2Green ▪ and Preventing deconditioning Guidance ▪ Establishment of Board to overview redesign of community hospital bed and workforce profile	▪ Trusted Assessor role fully implemented and supporting appropriate ▪ discharge on all 3 sites ▪ Development of Training Modules to support new guidance – mandatory modules ▪ Development of 'Train the Trainer' type toolkit for ward managers, MDT representatives and social care colleagues to support scaling up of the improvement project ▪ Assessment of current Community Hospital Model	▪ End PJ Paralysis plan including educational material, staff coaching, resources for patients and families. ▪ Scaling up Functional Rehabilitation Programme across inpatient areas ▪ Drafting of optimum model for community hospitals with focus on medical model	• Work to embed the D2RA continued • Governance structure for oversight of POCD continues to embed and to report internally and nationally • Focus on embedding the understanding and need for quality of data on eWhiteboards across all teams. • Focus work taken place where data quality requires attention • Draft model for community hospitals and medical workforce model proposal considered by OMB.
Progress synopsis	• Integrated Discharge Delivery Board established with governance and assurance of PoCD delays • Integrated Discharge Policy approved March 2024 in line with national guidance • Revised PoCD reporting, validation and escalation process established • Stranded patient reviews established with MADE methodology with 1st MADE review in PoW 04/24 • Re-launch of redesigned Supported Discharge Notification form and electronic Transfer of Care • Re-launch of redesigned eWhiteboards system with internal and external delay codes aligned to Pathways of Care Delays and D2RA reporting. • Launch of Red2Green/SAFER in acute and community sites – phased and structured project implementation ongoing with anticipated completion date November 2024			

Priority area(s) to deliver 24/25: Enhanced Community Services	
	• Use of standardised data across health and social care to manage/report on flow and discharge • D2RA/Discharge Hub established as an integrated model and management of discharge in acute and community services supporting implementation of trusted assessor model in place and operational Integrated Discharge Delivery Board (health & social care) overseeing discharge data and discharge delays and form action plans to address barriers to timely and effective discharge. • Draft model for community hospitals and medical modelling approved by Operational Management Board and now awaiting scrutiny and approval by Design Executive. • Opportunities being sought to enhance the Enhanced Community Services – Current delivery through community teams (CHWT & integrated network in Bridgend). Additional services commenced in Q1 for respiratory patients out of the Navigation Hub. • Greater evaluation around the current Enhanced Community Services and this will be taken into consideration for the community services redesign

Outcomes of delivering Ministerial Priorities:				
Ref 3:	Robust Pathways of Care Delays Data Collection and System Validation Process Robust governance and monitoring of delivery POCD improvement actions Downward trend in Average Length of Stay from Emergency Admission in Acute Hospitals Downward trend in Average Length of Stay – Community Hospitals Outcomes needs to be aligned with the Healthy Days at Home and the ECC agreed measures			
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref 3:	• New Discharge Policy and user-friendly Discharge Toolkit including choice protocol, • reluctant discharge and homelessness pathway • Data Dashboard to include key performance metrics with capacity for daily • reporting • Daily, weekly and monthly SitRep for each acute and community site containing data related to demand and capacity in patient flow: number of planned discharges • per day, number of patients awaiting beds, bed capacity, transport allocation, number of internal and external delays per ward and per site • Operational embedding of re-developed eWhiteboards/eToC/SDN • Operational development and embedding of Discharge Hub as central coordination for flow and discharge activities and daily reporting via Virtual Network meetings	• Operational embedding of new discharge policy and evaluation • Implementation of accredited training for trusted assessors • Discharge toolkit • Business case for Integrated Discharge Team with Section 33 agreement • Monthly review and update of PoCD action plan Demand and capacity modelling for residential/ nursing placements	• Sign-off for implementation • plan for Integrated Discharge Team • Full implementation • of Integrated Risk Escalation Framework • Straight to service model for all Pathway 1 discharges for Trusted Assessors • Monthly review and update of PoCD • Integrated strategic commissioning place for residential care aligned to pooled fund.	• Audit of D2RA pathways and MADE reviews implemented quarterly on each site • Demand and capacity modelling for all D2RA pathways with integrated commissioning plan for intermediate care. • Monthly review and update of PoCD action plan

	(acute, community hospitals, discharge teams and social care). • Continue delivery of Pathways of Care Delays Action Plan and activities supporting effective management of discharge • Implementation of Trusted Assessor model across CTM by April 24 – including recruitment and role embedding with integrated site teams (Therapies, Discharge Liaison Nurses, hospital based social care staff) Community Hospital • Focus on two D2RA bed-based pathways of care Effective discharge - reduction of 'Red' days during person's hospital stay			
Robust Pathways of Care Delays Data Collection and System Validation Process Robust governance and monitoring of delivery POCD improvement actions Downward trend in Average Length of Stay from Emergency Admission in Acute Hospitals Downward trend in Average Length of Stay – Community Hospitals				
Baseline 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Target improvement of LoS: 1) Reduce super stranded patients by 25% by end of Q2. 50% of patients within standard measures. POCD – reduction of	Increase home first pathways (0 and 1) to 95% to reduce delays associated with residential placements Further reduction in POCD by 15%	Increase home first pathways (0 and 1) to 95% to reduce delays associated with residential placements Further reduction in POCD by 15%	Further reduction in POCD by 15%

	assessment delays by 15% per quarter Reduction in red days Evaluate outcomes of Respiratory ECC			
Risks	**Risks of Non-Delivery**		**Mitigations**	
	May lead to patient harm as patients will either be admitted into hospital when it could be avoided or result in a longer stay in hospital		Escalation through governance routes if non delivery or delay is a reality	
	Risks to Delivery		**Mitigations**	
	Protected time and resource to focus on the programme. Non compliance by ward staff		Monitoring against milestones Working with key partners to make happen	
Critical Enablers	**Finance**			
	Redesign needs to be cost neutral and financial plans are in the process of being finalised			
	Workforce			
	Community Hospitals: Higher ratio of therapies to nursing / medical staff - Reduction in medical supervision - Pathway 2 bridging - Care will be delivered by roles similar to domiciliary care workers - Oversight from registrants will be a 'light touch - reablement approach - Pathway 3 - similar ratio to current community beds with allocated medical support and RNS. Clear interventions provided for - Pathway 2 (rehabilitation/reablement) with specified standards and workforce - Pathway 3 with specified standards and workforce			
	Digital			
	Improved information management, data sharing/ technology – enabling D2RA driven care provision i.e. utilisation of E-Whiteboards system			
	Other (Specify)			
	n/a			
	Opportunities identified:			

Prevention & Population Health	The whole redesign of community services (including bed based care) is focused on prevention. Early and timely intervention is the key factor underpinning the programmes.

NHS WALES PLANNING FRAMEWORK 24-27- Primary and Community Care

Priority area(s) to deliver 24/25:				
Key focus should be on delivering	• **Enhancing care in the community, with a focus on reducing delayed pathways of care** • **Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.** • **Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.**			
Ref 4:	Further Faster – The specific areas of this programme is to further support the programmes of work identified for the Ministerial priorities, i.e. community nursing, EOL, making communities resilient through Navigation Hub and anticipatory for the top 5% of the population at risk of frailty			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref 4:		• Through Commissioning Group development work with LA colleagues to identify what would make the greatest impact. • Care Homes identified as being the greatest need for both health and social care. Especially around falls. • Development and scoping of what would be needed • Additional eyes on clinician employed to support urgent and emergency pathway	• Testing concept with residential homes. • Further work to develop pathways and employ the resource for the respiratory ECC	• Focus was on supporting the Navigation Hub to develop the urgent and emergency response to Care Homes and professional teams. Additional 'eye on clinician' supporting the triaging doctor. Enabled a home visiting service.
Progress synopsis	The aim was not to utilise the funding for new and additional projects but to utilise it to enhance the existing work to develop capacity and capability within the community teams, further supporting frailty and also ECC.			
Outcomes of delivering Ministerial Priorities:				
Ref 4 :				
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref 4:	• Undertake recruitment of additional community staff	▪ Continued recruitment of additional District Nursing staff ▪ Focus on frailty to support those in top 5% risk of frailty	▪ Review the first few	Review the first few months of delivery to

Priority area(s) to deliver 24/25:				
	required to increase capacity for 24/7 provision • Work with Palliative Care Consultant Development of plan to delivery ACP education and training • Work to gain demand and capacity information in respect of District Nursing Further development of the Navigation Hub to support professional teams focusing on Advanced Nurse Practitioner role especially around supporting care homes • Focus on Falls response in care homes and wider communities • Further progressing risk stratification work to enable Anticipatory care planning for 0.5% people most at risk of urgent care • Focus on EoL and especially around ACP. Work with Palliative Care Consultant Development of plan to delivery ACP education and training	▪ Focus on supporting care homes where need is identified by the Navigation Hub ▪ Validate data being identified from the risk stratification	months of delivery to assess outcomes and learning ▪ Review and assess impact on the District Nursing Principle	assess outcomes and learning Review and assess impact on the District Nursing Principle
Overarching outcome measures/ metrics:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Baseline position 23/24	▪ 24/7 service being delivered ▪ Assessment of needs for District Nursing Principles assessed. All teams are coterminous	As Q1 and in addition • Recruitment of the band 4 role taken place and demonstrated that enhanced skill mix and career framework in place for HCSW.	As Q1&2	Identification of Further Faster funding to improve 24/7 provision to reflect demand largely influenced by

Priority area(s) to deliver 24/25:				
	to general practice populations. Providing continuity for patients and professionals. ▪ All Team leaders in place with SPQ ▪ 12WTE achieved in all but 1 team but this is due to joining of 2 small teams. Team is now more resilient. ▪ Further work to be done around administration			deprivation.. Additional RGN posts to be recruited
Progress update 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	• Navigation Hub continues to deliver supporting Care Homes • Additional GP in the Navigation Hub to provide eyes on to patients has been engaged. • Finalising the recruitment process for the additional District Nursing Posts to enhance the weekend working. • Review of Marie Curie provision to ensure it is meeting the needs of EOL patients and is maximising capacity. • 2 x Occupational Therapists in place in the			

Priority area(s) to deliver 24/25:				
	Hub since January 24 to support patients who have fallen. Linking in with wider therapy falls team and @home team. • Respiratory Virtual Ward delivering since January to support patients at risk of escalation and supporting at home and avoiding admission • Workshop undertaken in June to develop enhanced Extended Community Care model			
Performance Trajectories 24/25	**Quarter 1** Maintain position of: All teams are coterminous with clusters All teams have RCN with SPQ 15% admin Increase number of RCN by 10WTE	**Quarter 2** Maintain position of: All teams are coterminous with clusters All teams have RCN with SPQ Have optimum administration support in place for DN teams Have a falls response team in place	**Quarter 3** Maintain position of: All teams are coterminous with clusters All teams have RCN with SPQ	**Quarter 4** Maintain position of: All teams are coterminous with clusters All teams have RCN with SPQ
Risks	**Risks of Non-Delivery** • Failure to recruit into the additional community nursing posts will lead to CTM not attaining the district nursing principles and standards set. • Failure to have appropriate ACP in place will lead to patients being admitted into hospital •		**Mitigations** • Robust recruitment plan • Delivery programme of ACP training and advice. Raise awareness of the need for ACP	
	Risks to Delivery • Failure to recruit will have a negative impact on our ability to delivery and therefore less resilience over the winter of 2024 and more patients accessing acute when it could be avoided.		**Mitigations** Will need to put additional resource into acute which is what we are trying to avoid	

Priority area(s) to deliver 24/25:	
Critical Enablers	**Finance**
	The forecast to date is full spend of the £1.8million
	Workforce
	Final plans are being worked through as priority areas are tweaked and discussions continue with LA colleagues and clusters
	Digital
	At this point in time digital is not critical but will be a key enabler are the plans over the year progresses.
	Other (Specify)
	Costs for additional community equipment to support patients at home will also need to be prioritied.
Prevention & Population Health	**Opportunities identified:**
	Keeping patients safe at home will be key to our resilience as we approach winter. Promotion of the importance of lifestyle and the impact of this on peoples ability to manage LTCs will continue through WISE and other wellbeing and health promotion schemes. Delivery of the NIF programme will be key to keeping individuals protected

NHS WALES PLANNING FRAMEWORK 24-27- TEMPLATES

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Templates are required for commitments aligned to the national programmes which continue to support delivery of services and reinforce best practice through quality, efficiency and patient experience.

A template will be required to detail milestones, actions and risks etc for the following areas:

- **Enhancing care in the community, with a focus on reducing delayed pathways of care**
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- **Planned Care and Cancer, with a focus on reducing the longest waits.**
- **Mental Health, including CAMHS, with a focus on delivery of the national programme.**

Progress on these expectations has been referenced in the planning framework and will be a focus of the planning process for 2024-25.

Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

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Priority area(s) to deliver 24/25:	
Key focus should be on delivering	**Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.** ***Support sustainability and development of robust primary care services through the commissioning of services which are value based and support system pathways and new models of care***
Ref:	New priority/ Continued from 23/24 **(Delete as appropriate)**
Ref:	

Resume of planning Milestones 23/24:

Ref:	Quarter 1		Quarter 2		Quarter 3	Quarter 4
	Priority	**Key actions**	**Metrics (performance indicator/ outcome/ output)**	**Timescale Qtr./ Year**	**Update – May 2023**	**Q4 Update**
	General Medical Services and Access	1. Continuing to support practices to find ways to improve access to GMS services 2. Ensure that each practice establishes a PPG 3. Undertake the sustainability desktop exercise on quarterly basis to identify practices at risk 4. Salaried GP Service re-design	1. Ensure 100% compliance of phase 1 & 2 GMS Access Standards 2. Monitor Concerns and complaint for trends, issues and hotspots	Q1-Q4 2023	• Self-assessments received. All 46 practices report 100% compliance. Evidence is being verified. Access forum due to meet on the 24th May. • Sustainability desktop exercise repeated. 4 practices identified at risk have been de-escalated to green following intervention by the PC Team. Continue to support those in need with action plan. Review	1. All contracts have been reviewed to reflect the unified contract variations. 2. Teams actively monitoring and supporting GP practices who are facing sustainability concerns and exploring options which can be pursued. 6 practices receiving direct support. 3. Rolling programme of Practice Development Visits (PDV) is now in place to ensure monitoring and assurance is gained

Priority area(s) to deliver 24/25:						
					undertaken to ensure changes are embedded. • GMS Practice Development Visit completed and action plan is in the process of being produced for areas of improvement and trends and themes.	4. Health Inequalities programme continues to focus in the North Bridgend Cluster.
	Dental Services Contract Reform and Access	1. Robust commissioning of dental services in areas of need during the re-tender of dental contracts 2. Review of CDS / DTU services 3. Development of model and workforce plan 4. Engagement with teams and stakeholders 5. Encourage participation in the ACD programme	1. Monitor the urgent and emergency activity 2. Monitor the follow up activity 3. Monitor will be determined by the national dental contract measures 4. MOS activity 5. CDS activity 6. D2S & Gwen a Byth activity	Q1-Q4 2023	• Activity is being reported into the Heath Boards Performance and Improvement Board. • 3 contracts handed back. 1 tender completed and another tender for large contract in Bridgend due to take place. 3rd was taken on by neighbouring practice. Provides opportunity to redistribute dental contract to meet needs of population. • Practices have agreed to work	• No further contract resignations have been received and all contracts have been re-tendered. • New contractor in Bridgend due to commenced in January 2024 and patients are being allocated centrally via the waiting list. • Urgent & Emergency Dental Service continues to manage calls and waiting list – demand is increasing. • First dental collaborative has met and is being

Priority area(s) to deliver 24/25:						
					with the HB to offer additional urgent access appointments. • Urgent and Emergency appointments now handled through Navigation Hub • Review of salaried Dental Services taking place to ensure in line with WHC and to maximise efficiencies and activity. Part of wider OCP process • HEIW workforce planning event due to take place 24th May • Regular meetings with LDS to ensure smooth transition for contract reform • Engagement with dentists regarding ACD regularly taking place.	funded centrally in the absence of it being included in contract reform. • Regular reporting of Dental activity reported into the Care Group's Planning, performance and Finance Board and through to Operational Management Board. • Final end year and mitigations 2022/23 completed. • Mid-year reviews currently taking.
	Optometry Services Contract	1. Preparation for the phasing of the new	1. Monitoring will be determined by the national	Q1-Q4	• Preparing for the implementation of the new contract.	• Additional post is in the process of

Priority area(s) to deliver 24/25:						
	Reform and Access	optometry contract 2. Engagement with contractors, WG and other contractors on an ongoing basis. 3. Development of team so it is in place to and ready to take on the additional workload 4. Once contract details finalised prepare a plan for the engagement and commissioning of the services from each contractor 5. Further support the shift of activity done traditionally in eye care services from hospital to community optometry, e.g. wet AMD, HCQ, glaucoma and cataract.	measures as agreed by the contract 2. Continue to monitor uptake of the specialist services such as glaucoma, cataract, diabetic retinopathy, IPOS and EHEW and low vision services		• A part of wider HB OCP ensuring the resources are in the team to enable them to manage this additional work. • Regular dialogue with SEWROC. • Optometry collaboratives established. • Delivery of specialist eye care services undertaken in conjunction with secondary are and activity/progress reported through to Care Group and Board governance process. • Joint meetings taking place to discuss the implementation of other specialist services, such as wet AMD and HCQ.	being recruited into as part of OCP • All practices participating in WGOS1-3. • WGOS4 services are in place and further refinement to comply with national pathways is taking place. Good engagement from the Clinical Director and teams in the Hospital Eye Care Service.
Progress synopsis	Please see above		Please see above		Please see above	Please see above
Ref:						

Priority area(s) to deliver 24/25:				
Progress synopsis				
Outcomes of delivering Ministerial Priorities:				
Ref:	Outcome metrics comply with the national metrics agreed in the contracts and deliver accessibility for patients.			
Ref:				
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	1.Implement the new independent contract changes and metrics for 25-26 as directed 2.Support sustainability by ensuring a contingency and mitigation plans are in place in the event of contract resignations 3 scoping meeting to discuss workshop around new models of care 4, considerations of priorities from Acute Clinical Services Plan to formulate plan for shift in services	1. Assess and support sustainability by ensuring a contingency and mitigation plans are in place in the event of contract resignations 2. Continue to explore and implement new models of care across PC through a workshop with LMC and clusters 3. Workshop/mtg to review ACSP and look at opportunities	1.Assess and support sustainability by ensuring a contingency and mitigation plans are in place in the event of contract resignations 2.develop service specifications to support the ACSP priorities 3 Mid-Year review of contracts and delivery	1. Continue to maximise delivery of the out of hospital services for optometry, dental and GMS in line with the clinical services plan
Delivery update	Q1 update GMS • Monitoring of escalation levels at practice level continues weekly • Continuing to supporting practices who are reporting level 3 and 4 • Exploring new models of Practice Model			

Priority area(s) to deliver 24/25:				
	• Work to enhance resilience community teams wrapped around GMS Dental • New dental metrics implemented from 1st April, new CVN notices to be signed by contract holders for 24/25 • Practices on contract reform mandated to provide urgent access via Urgent up and take on 25% of New patients from waiting list • 1st June: new practice opened [Bridgend] to replace closed NHS contract • Reduced contracts from 23/24 remain reduced going into 24/25 in order to re-commission activity during 24/25 • Monthly monitoring of dental access / waiting lists • New operational management structure commenced for salaried dental services	• Practices continue to be monitored on a monthly basis against revised targets for 24/25 • High utilisation of patients accessing urgent care via HB urgent dental hub, fill rate of appointments between 90-98% in Q2 • Urgent additional orthodontic services commissioned due to immediate retirement of 2 specialists in Community Dental. 208 patients referred under new contract to complete treatment. • 14,300 patients on HB dental wating list- validation exercise commenced in Q2 to reduce backlog • SCD Dental: End of Q1, 47 patients in system for GA, Q2= 48 patients remain waiting for treatment under GA. Primary care invited to attend 642 to bid for ad-	• Mid year review process undertaken: 74% practices on target, 26% under target- figures are not indicative to YE achievement • Following validation exercise of the dental waiting list, numbers reduced to 12,289 patients at end of Q3 • New practice established in Q1 has already accepted 2,348 patients from waiting list • EOI undertaken and HB approval given to invest £1m to improve access to dental services. Practices to deliver from Jan'24 creating access for additional 4,704 patients who will be allocated solely from HB waiting list • Second orthodontic contract commissioned for CDS patients, 238 patients [previously	

Priority area(s) to deliver 24/25:				
	• Discussions with Secondary Care Colleagues to reduce backlog waiting lists for Paediatric GA and Special Care GA • 24 June: 1st dental collaborative group established Optometry • Enhanced Optometry Contract implemented. • Implementation plan for WGOS4 submitted. • Enhanced Services (Glaucoma Refinement/Diabetic Retinopathy/WetAMD	hoc lists for the service to increase no.paitents seen • Paeds GA: Backlog of 876 children waiting for dental treatment under GA. validation exercise commences in Q2 to reduce backlog. • Increase of WGOS 5 appointments provided 1278 [Q2] compared to 1,274 [Q1]. • Small increase in WGOS 2 in Q2 compared to Q1, however growth is	waiting list 2.5 years] will be seen from Jan 2025 [Q4]. • Review of CDS structure continues, OCP to create new Band 5 nursing posts for specialist services/creation of central booking team to increase clinic utilisation figures, improving access to patients • SCD Adults -- due to additional GA lists via 642 process, 37 SCD patients remain in system in Q3 • Paeds GA: validation exercise and ad hoc lists have reduced backlog 746 children in system, 560 will convert to GA. The cancellation of all regular GA and ad hoc lists will increase backlog in Q4. • Glaucoma Filtering WGOS 4 implemented in Oct, claims will be seen in Q4. • Expression of Interest exercise completed for new optometrist provider in Parc Prison-	

Priority area(s) to deliver 24/25:				
	progressed and brought in line with WGOS4	significant compared to previous year 23/24[21%] • Local Urgent Wet AMD scheme transitioned to WGOS 4 [Sep] Q1-80 claims, compared to 34 claims in Q2 • Glaucoma Filtering WGOS 4 developed for implementation in Q3 [anticipated referral refinement for 134 patient p/m reduces flow into HES • Glaucoma monitoring [local pathway] Q2 45 claims, compared to 53 in Q1. • Diabetic Retinopathy local scheme continues. 339 claims in Q2 compared to 255 in Q1 [increase 25%] • Implementation of M365/NHS email for optometrists- this improves improve quality and timely submission of referrals	new contract to start April 2025. • Development of Eye Care Needs Assessment commenced Q3, deadline for WG sign-off end Q4 WG sign off • Transformation monies approved by WG to identify patients on Opthalmology list suitable for WGOS pathways • Primary/secondary care developing HCQ screening pathway to enable screening in practices [1000 patients in HES]	
Overarching outcome measures/ metrics:				
Key metrics will be as per the NHS Wales Performance Framework 2024-2025 and will include access requirements: 11. Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours				

Priority area(s) to deliver 24/25:				
13. Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)				
Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Improvement trajectory			
Performance delivery 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	• 100% of practices achieved Access Standards • 95% of practices have achieved the GDS contract value			
Risks	**Risks of Non-Delivery**		**Mitigations**	
	Impact on patient care in terms of primary care access Impact on the wider system in terms of potential increased urgent care access elsewhere in the system.			
	Risks to Delivery		**Mitigations**	
	Key risks for primary and community care are: • Levels of demand across all elements of primary care. • Ability to recruit key staff across all staff groups and to compete with other Health Board areas where deprivation and workload is less and therefore jobs are more attractive. • Delivery of recurrent cash releasing savings when service delivery is to shift into the community		Continue to monitor the current position of contractors and provide proactive support Continue to explore ways to monitor demand Direct resources where they will have maximum impact and positive outcomes Designing systems and process which mutually support all elements across the Care Group	
Critical Enablers	**Finance**			

Priority area(s) to deliver 24/25:	
	Workforce
	• Through a workforce planning change skill mix in key priority areas – increase workforce capacity and skill mix • Support and improve wellbeing of our teams • Strong & resilient inter-professional leadership & delivery
	Digital
	• Improve the availability of performance data for priority areas to inform service planning, monitoring and evaluation • Increase use of technology to support patients to live well in the community, e.g. remote monitoring through telehealth, virtual wards, and digital options to support more prudent delivery of care for example wound care. • IT and digital infrastructure to support the Navigation Hub which will be the single point of access for community services and remote monitoring
	Other (Specify)
	Estate & Facilities enablers: • Development of an integrated Primary Care and Community estates plan supporting out of hospital delivery aligned to clinical services strategy • Identification of premises which has the infrastructure to support the integrated monitoring hub • Create environments suitable for integrated teams and patients to access
Prevention & Population Health	**Opportunities identified:**
	There is an association between health literacy and deprivation. It is accepted that we have challenges with our population accessing health and wellbeing services and understanding the link between lifestyle and wellbeing/chronic conditions. A focus needs to be on finding different ways to engage and connect with patients and this requires different approaches to impact behavioural change.

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Priority area(s) to deliver 24/25: <u>Health boards must honour commitments that have been made to reduce handover waits.</u> This will be supported by: The provision of equitable Emergency Pressure Escalation procedures				
Key focus should be on delivering				
Ref:	Continued from 23/24			
Ref:				
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	Implementation of CTM Emergency Pressures Escalation Procedure. Building existing plans to provide a pan CTM approach to the effective management of capacity and escalation across all areas within the Cwm Taff Morgannwg University Health Board. Review of workforce and Demand and Capacity modelling required for each site ED Digital Project Group to be established Support implementation of WPAS merger	Reduction in ambulance lost hours Roll out of >1 and 12 escalation hour action card Completion of Demand and Capacity modelling for all 3 sites Undertake patient profiling exercise to better understand ED demand Electronic tracker to support deep dive into patient pathway stages in ED to identify delays / barriers impacting on flow Heightened focus on exit blocks and hospital flow Realignment of workforce as part of an invest to save programme to secure a substantive and sustainable staffing model and reduce expensive agency spend Development of an Urgent Treatment Centre for GP referrals at PCH Relocation of Paediatric area in RGH to work towards compliance with national standards Implementation of RATs on PCH site Mapping of patient pathways and data capture across ED to standardise reporting Site wide engagement with Internal Professional Standards	Emergency Pressures Escalation Plans ability to respond to seasonal variation Secure enhanced, timely support for non-emergency patient transfer service Work with WAST to facilitate transfer of patients to Radiology Continued engagement with GIRFT/SEDIT	Emergency Pressures Escalation Levels shared pan CTM

Priority area(s) to deliver 24/25: <u>Health boards must honour commitments that have been made to reduce handover waits.</u> This will be supported by: The provision of equitable Emergency Pressure Escalation procedures				
		Engagement with GIRFT/SEDIT		
Progress synopsis	• Trajectories agreed; • Weekly performance meetings in place; • Ambulance Handover Escalation Card in place • Focused improvement programme to reduce Ambulance Handover delays "go live" at Royal Glamorgan Hospital. • Workforce reviews commenced • Demand and capacity modelling commenced in PCH • Digital Project Group commenced and programme of work agreed (Electronic huddle, cas card, GP discharge letters and live validation • Standardisation of coding and drop down list to support WPAs merger completed	• Review adherence to escalation procedure/action and outcomes; • Roll out of handover improvement plan at Prince Charles and Princess of Wales Hospitals; • RCA for any delay >4 hours; • Progress patient flow work streams through Six Goals Programme. • UTC Project Group commenced in July and programme of work agreed • Local engagement with a view to implementation of Internal Professional Standards commenced on PCH site specialties • GIRFT/SDEIT visits too plan in June. Continued engagement with National Programme to continue	• Review escalation level reporting across CTM by day; • Review ability/timeliness in de-escalation; • Review action cards and supporting documents; • Ensure plans resilient to respond to seasonal variation.	• Launch of WAST • ICT colleagues to collaborate in reporting escalation levels on the intranet
Ref:	**4 Hour Ambulance Handovers:** Q1 No more than 750 ambulances over 4 hours	**4 Hour Ambulance Handovers:** Q2 No more than 510 ambulances over 4 hours	**4 Hour Ambulance Handovers:** Q1 No more than 360 ambulances over 4 hours	**4 Hour Ambulance Handovers:** Q1 No more than 150 ambulances over 4 hours
Progress synopsis	Q1 – **452**	Q2 – **421**	Q3 – **619**	Q4 – 802
Outcomes of delivering Ministerial Priorities:				
Ref:	15 minute handover improved from 19.6% (2022) to 26.2% (2023)			
Ref:	1 hour handover improved from 51.8% (2022) to 63.8% (2023)			
Ref:	4 hours handover improved from 81.3% (2022) to 90.8% (2023)			
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	• 2024/25 trajectories to be reviewed and agreed.	• Refine operational processes across acute hospital sites in response to	• Refine operational processes across acute hospital sites in response to	• Refine operational processes across acute hospital sites in response to

Priority area(s) to deliver 24/25: <u>Health boards must honour commitments that have been made to reduce handover waits.</u> This will be supported by: The provision of equitable Emergency Pressure Escalation procedures				
	• Agree reporting and monitoring processes in line with new Directorate (following OCP process); • Refine operational processes across acute hospital sites in response to ongoing feedback from each 4hour breach exception report; • Review the impact of the collaborative pilot between WAST and RGH to ensure clinically safe and dignified pathways for patients into ED following arrival by ambulance by reducing, where possible, handover delays and to deliver early diagnosis and treatment; • Explore test of change to introduce a Discharge Lounge into RGH to reduce crowding within the ED.	ongoing feedback from each 4hour breach exception report; • Possible roll out of WAST protocol across all CTM sites.	ongoing feedback from each 4hour breach exception report; • Emergency Pressures Escalation Plans ability to respond to seasonal variation.	ongoing feedback from each 4hour breach exception report;
Ref:	**4 Hour Ambulance Handovers:** 730	**4 Hour Ambulance Handovers:** **s** 660	**4 Hour Ambulance Handovers:** 666	**4 Hour Ambulance Handovers:** 674
Delivery review	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
		Review of D&C data completed in PCH, and ongoing in RGH and PoWH Operational processes: • Action card being developed for 4 hour breaches backed up by exception report data • Outcomes to be reviewed quarterly and reported through the board		

Priority area(s) to deliver 24/25: <u>Health boards must honour commitments that have been made to reduce handover waits.</u> This will be supported by: The provision of equitable Emergency Pressure Escalation procedures				
		Work is progressing to explore the WAST protocol.		
Overarching outcome measures/ metrics:				
Ref:	15 minute handover rates			
Ref:	**1 hour handover rates – 24/25 performance trajectory**			
Ref:	**4 hours handover rates – 23/24 actual position**			
Ref:	Ambulance lost hours			
Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Q1 – **452**	Q2 – **421**	Q3 – **619**	Q4 – **802**
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	730	660	666	674
Performance actual	978 over 1 hour			
Risks	**Risks of Non-Delivery**		**Mitigations**	
	Right patient, right place, right time		Getting the right patient to the right place on time leading to a reduced admission rate	
	Risks to Delivery		**Mitigations**	
	In hour v out of hours response Inpatient hospital flow Intelligent diverts		Decreased congestion in Emergency Departments Decreased bed waits within the Emergency Department Shared risk across the organisation Timely de-escalation and return to “Steady State”	
Critical Enablers	**Finance**			
	Workforce			
	Digital			
	Other (Specify)			
Prevention & Population Health	**Opportunities identified:**			

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Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

This template has been co-produced with Assistant Directors of Planning

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Send to: HSS-planningteam@gov.wales

The blank template below needs to be replicated as required for each priority identified. Additional rows can be expanded as necessary.

Priority area(s) to deliver 24/25:

Implementation of Same Day Emergency Care services that complies with Ministerial priorities:
· Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2
· Is accessible at key times evidenced by the emergency care demand profile in of each hospital
· Is direct access and bypasses Emergency depts
· Delivers a service for at least medical and surgical same day care
· Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook.
· Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme

Key focus should be on delivering	
Ref:	Continued from 23/24 **(Delete as appropriate)**
Ref:	

Resume of planning Milestones 23/24:

	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	Implementation of Same Day Emergency Care services	Implementation of Same Day Emergency Care services	Implementation of Same Day Emergency Care services	Implementation of Same Day Emergency Care services
Progress synopsis	No key milestones in Q1.	No key milestones in Q2.	The 3 acute sites are at different points of development. Prince Charles Hospital update; -There is a defined SDEC area however WAST will not have access to SDEC initially however this will follow at later phases. - Medical SDEC environments will be identified by end of year. - Staffing models will exist against defined environments, however for phase 2 onwards additional resource will be required to achieve full realisation of the plans. -SDEC opening hours may be phased starting 8-8. - Medical SDEC will pull from ED/Assessment Units of appropriate patients upon opening – ED will form part of phase 2 however GP expectant patients will form part of Phase 1	Prince Charles Hospital - the capital work is due to be handed over during Q4 with plan to officially implement SDEC during March 2024. The scheme was prioritised by the HB's Capital Board for delivery from its capital funding for 23/24. The delivery model has been developed for SDEC at PCH setting out the flows which will be phased with later phases contingent on additional nursing and medical staffing – over and above significant existing HB resource and an SDEC grant contribution.

Priority area(s) to deliver 24/25: <u>Implementation of Same Day Emergency Care services that complies with Ministerial priorities:</u> · Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2 · Is accessible at key times evidenced by the emergency care demand profile in of each hospital · Is direct access and bypasses Emergency depts · Delivers a service for at least medical and surgical same day care · Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook. · Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme				
			and the Frailty development is already operating within the CDU/AMU. <u>Royal Glamorgan Hospital update;</u> - AECU in place in RGH. - Direct access to AECU for GP expected patients arriving by ambulance. - Appropriate patients are directed to AECU where possible. - Staffing establishment in place however not benchmarked against standards (Nurse Safe Staffing Act doesn't cover AECU/SDEC areas). - Defined opening hours, however during winter months AECU used overnight and on weekends as surge capacity. - Suitable patients from ED/Assessment Units are identified continually throughout the day and at PTWR and morning huddle.	
Outcomes of delivering Ministerial Priorities:				
Ref:				
Ref:				
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	-Establishment of a 24 hour Navigation Hub -Expanding and Defining Existing Services -Creation of a Directory of Services	- SDEC development phase 2/GP stream - Develop workforce model to support phase 2	- Scope development of WAST direct access -Implement phase 2	-Explore phase 3 for SDEC PCH Explore Virtual Wards utilising data -Direct to SDEC ED referrals

Priority area(s) to deliver 24/25: <u>Implementation of Same Day Emergency Care services that complies with Ministerial priorities:</u> · Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2 · Is accessible at key times evidenced by the emergency care demand profile in of each hospital · Is direct access and bypasses Emergency depts · Delivers a service for at least medical and surgical same day care · Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook. · Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme				
Ref:	-CTM Navigation Hub deployed fully and accessible by GP's, WAST and Nursing Homes to refer patients in to secondary care -Map existing services -Referral routes identified for Existing Services -Gap Analysis completed with opportunity to centralise if possible -Directory of Services to support patients on a pathway approach	-Navigation Hub to have ability to book pre-arranged slots for Medical SDEC on acute sites -Data to be captured to understand value of running seven day services against cost on all three acute sites -Second Phase E Whiteboard development to begin, incorporating an SDEC viewer to support patients and data collection	The Navigation Hub will be able to direct WAST to offload in a defined SDEC area - Medical SDEC environments will be identified - Staffing models will exist against defined environments - Medical SDEC will have defined opening hours, and organisational policy will be to not bed down in SDEC - Medical SDEC will pull from ED/Assessment Units of appropriate patients upon opening	-Consistent data reports in relation to Medical SDEC numbers -Clinically led review of data to understand if setting up of virtual wards would add value -Discussion to consider value from an individual site basis against having an organisational stance (a virtual ward for CTM) -Pilot of direct referrals in to Medical SDEC from ED Nurse Triage
Delivery update	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Updates on Navigation Hub in Pathways of care document.			
Overarching outcome measures/ metrics:				
Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	-Navigation Hub to develop workforce model to support 24 hour implementation -Discussion with WAST/NCCU to increase utilisation of Navigation Hub -Navigation Hub to be expanded to take GP Calls from Primary Care to direct appropriately -Medical Same Day Emergency Care approach to be standardised across Cwm Taf Morgannwg	-Booking system to be confirmed through work between Navigation Hub and Secondary Care -Data collection to be cleansed to support validity and accuracy of information -Process mapping to support the design of the second phase E Whiteboard development -Assumption that the Medical SDEC viewer for the E Whiteboard will be in a standalone unit -Build in a marker to support identification of patients who may be on an	-Medical Same Day Emergency Care will be added as a disposition for the Navigation Hub for WAST -WAST will not be allowed to bypass the Navigation Hub, as the Hub will maintain system oversight -Discussion and formalisation around communication strategy for colleagues in WAST/NCCU -Areas defined specifically for Medical Same Day Emergency	-ICT colleagues to collaborate in design of virtual ward -Business case to be designed and submitted to support virtual ward set up and working -Data to inform strategy against delivery of virtual ward -Acute Medical leads asked to design pilot of direct referrals from ED -Nurse triage in to Medical SDEC -Data capture and reporting to be set up to monitor outcomes of

Priority area(s) to deliver 24/25: <u>Implementation of Same Day Emergency Care services that complies with Ministerial priorities:</u> · Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2 · Is accessible at key times evidenced by the emergency care demand profile in of each hospital · Is direct access and bypasses Emergency depts · Delivers a service for at least medical and surgical same day care · Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook. · Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme				
	-Submission of Capital Estates request to improve environments -Continue against current recruitment plans -Process Map current pathways against data points with support from Performance and Information	SDEC pathway but "overnight" – these may remain in Assessment Units -Review current demand data to understand any additional workforce requirements	Care will exist on three acute sites -A CTM Standard Operating Procedure for Medical SDEC will be defined to demonstrate how the areas will function to support flow	patients to demonstrate value
Performance update	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	-<u>Prince Charles Hospital</u> - Capital work completed, Medical SDEC unit is open and taking direct referrals from ED and GPs. Further pathways are being mapped, to be implemented when Medical and Nursing workforce in place. -Recruitment of 2 x WTE consultants with one in post and the second to start mid-August 2024. Further medical and nursing recruitment ongoing. -<u>Princess of Wales Hospital-</u> Capital Estates plans in development. -SOPs in draft and development across all sites to standardise SDEC approach, including not bedding into Medical SDEC units.	E-whiteboard dashboard is in place for medical SDEC. Capital works completed at RGH.	Work planned for PoWH has been postrponed to Q4 due to the critical incident.	
Risks	**Risks of Non-Delivery**		**Mitigations**	
	Current constraints within the medical workforce in order to deliver on all three sites. Financial risk to deploy workforce model seven day Current data demonstrates poor value where seven day services have been trialled within Cwm Taf Morgannwg, with increased cost for very little patient benefit Capital works required in order to provide fit for purpose estates to allow the complete segregation of SDEC services on Prince Charles and Princess of Wales Hospital sites		Getting the right patient to the right place on time leading to a reduced admission rate Decreased congestion in Emergency Departments Decreased bed waits within the Emergency Department by offering an agreed, safe alternative stream	

Priority area(s) to deliver 24/25:

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	Risks to Delivery	**Mitigations**
Critical Enablers	**Finance**	
	There is a capital requirement of £120,000 to support the development of an identified appropriate environment within Prince Charles Hospital footprint. There is a capital requirement of £20,000 to support the development of an identified appropriate environment within Princess of Wales footprint. Revenue requirements for staff recruitment are costed and within scope for therapies as described above. Revenue in place to recruit an additional 2 x WTE consultant posts, but would still leave a shortfall against aim of 7.4WTE on each acute site.	
	Workforce	
	As part of a standardised offering across Cwm Taf Morgannwg, we aim for a 7.4WTE consultant workforce aligned with Medical SDEC on each acute site - A therapy recruitment plan is in place to improve access within Medical SDEC to support early intervention with patients. This equates to the following across the organisation: o 2 x Band 6 OT o 1 x Band 6 Physio o 1 x Band 7 Physio o 1 x Band 7 Falls AHP Lead o 1 x Band 6 Speech and Language Therapist o 1 x Band 6 Dietician o 4 x Band 4 Health Care Support Workers	
	Digital	
	Other (Specify)	
Prevention & Population Health	**Opportunities identified:**	

Priority area(s) to deliver 24/25:				
Key focus should be on delivering	***104-week target for stage 4 RTT (all specialities)***			
Ref:	Continued priority from 2023/24			
Ref:	**Focus areas: ENT, Gynae, Ophthalmology, T&O and Urology (92% of target cohort)**			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	5,902	3,080	413	0
Progress synopsis	3,985 (Jun 23)	3,195 (Sep 23)	3,060 (Dec 23)	2,637 (Mar 24)
Outcomes of delivering Ministerial Priorities:				
Ref:	Reason for non-delivery: Focus on number of specialities, insufficient internal capacity to meet demand, added workforce pressures, service structures and strike action			
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	1,949	1,148	75	0
Delivery	2,905	3,462		
Overarching outcome measures/ metrics: RTT performance				
Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	3,985 (Jun 23)	3,158 (Sep 23)	3,037 (Dec 23)	2,637 (Mar 24)
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	1,949	1,148	75	0
Risks	**Risks of Non-Delivery**		**Mitigations**	
	Patient care, increased waiting times, additional complexity/deterioration of condition		Service-level plans to deliver target	
	Risks to Delivery		**Mitigations**	
	Continued impact of industrial action 92% of cohort in five areas with increasing demand and capacity challenges. Delays in key diagnostic areas and pathology		Increased theatre capacity, cross-cover and insourcing	
Critical Enablers	**Finance**			
	Delivery of the planned care recovery plan, reference full financial IMTP			
	Workforce			
	Recruitment to critical posts, fully established workforce to provide adequate capacity and reduction in elective activity to cover unplanned sessions			
	Digital			
	Digital dictation, single WPAS system, TOMs development and text remind service			
	Other (Specify)			
	Increase theatre productivity, Maximise day case & GA opportunities, POA development			
Prevention & Population Health	**Opportunities identified:**			
	Continued development of transformation, innovation and digital opportunities in designing services and treatment pathways. Shifting resources and making sure that more patients can be seen, diagnosed and treated in Primary Care and the community. Develop longer term disease prevalence modelling aligned to clinical services plan. Maximise opportunities for regional working			

Priority area(s) to deliver 24/25:				
Key focus should be on delivering	***52-week target for stage 1 RTT (all specialities)***			
Ref:	Continued priority from 2023/24			
Ref:	**Focus areas: Cardiology, Dermatology, ENT, Ophthalmology, T&O and Urology (79% of cohort)**			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	16,317	11,271	7,424	4,187
Progress synopsis	13,047 (Jun 23)	13,101 (Sep 23)	14,154 (Dec 23)	14,591 (Mar 24)
Outcomes of delivering Ministerial Priorities:				
Ref:	Reason for non-delivery: insufficient internal capacity to meet demand, added workforce pressures, service structures and strike action			
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	10,774	7,433	3,487	0
Delivery	16,150	17,428		
Overarching outcome measures/ metrics: RTT performance				
Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	13,047 (Jun 23)	13,101 (Sep 23)	14,154 (Dec 23)	14,591 (Mar 24)
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	10,774	7,433	3,487	0
Risks	**Risks of Non-Delivery**		**Mitigations**	
	Patient care		Service-level plans to deliver target	
	Risks to Delivery		**Mitigations**	
	Continued impact of industrial action 79% of cohort in five areas with increasing demand and capacity challenges		Capacity mapping and improvement initials through OP transformation prog.	
Critical Enablers	**Finance**			
	Delivery of the planned care recovery plan, reference full financial IMTP			
	Workforce			
	Recruitment to critical posts, fully established workforce to provide adequate capacity			
	Digital			
	Digital dictation, single WPAS, full rollout of WPRS, Virtual outpatients, Consultant connect, text remind service			
	Other (Specify)			
	Reducing PC referrals through Health pathways programme			
Prevention & Population Health	**Opportunities identified:**			
	Continued development of transformation, innovation and digital opportunities in designing services and treatment pathways. Shifting resources and making sure that more patients can be seen, diagnosed and treated in Primary Care and the community. Develop longer term disease prevalence modelling aligned to clinical services plan. Maximise opportunities for regional working			

Priority area(s) to deliver 24/25:				
Key focus should be on delivering	***75% Cancer target, suspected to FDT (all specialities)***			
Ref:	Continued priority from 2023/24			
Ref:	**Focus areas: All areas**			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	60.3%	62.8%	67.2%	69.8%
Progress synopsis	47.6% (Jun 23)	50.6% (Sep 23)	53.4% (Dec 23)	56.5% (Mar 24)
Outcomes of delivering Ministerial Priorities:				
Ref:	Reason for non-delivery: Diagnostic & Pathology capacity, ongoing service redesign, increasing USC demand			
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	67%	68%	69%	70%
Delivery	53.8%	56.0%		
Overarching outcome measures/ metrics: First definitive treatment ≤ 62 days from susp. cancer				
Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	47.6% (Jun 23)	50.6% (Sep 23)	53.4% (Dec 23)	56.5% (Mar 24)
Performance Trajectories 24/25	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	67%	68%	69%	70%
Risks	**Risks of Non-Delivery**		**Mitigations**	
	Patient care and timely diagnosis		Service-level plans to deliver target	
	Risks to Delivery		**Mitigations**	
	Diagnostic and pathology capacity, regional/tertiary service capacity constraints		Regional collaborative working	
Critical Enablers	**Finance**			
	Delivery of the planned care recovery plan, reference full financial IMTP			
	Workforce			
	Recruitment to critical posts, fully established workforce to provide adequate capacity			
	Digital			
	Single WPAS, full rollout of WPRS, cancer tracker			
	Other (Specify)			
Prevention & Population Health	**Opportunities identified:**			
	Continued development of transformation, innovation and digital opportunities in designing services and treatment pathways. Shifting resources and making sure that more patients can be seen, diagnosed and treated in Primary Care and the community. Develop longer term disease prevalence modelling aligned to clinical services plan. Maximise opportunities for regional working			

NHS WALES PLANNING FRAMEWORK 24-27- TEMPLATES

The Ministerial templates support the development of organisational IMTPs/ plans along with the Minimum Data Set (MDS).

Templates are required for commitments aligned to the national programmes which continue to support delivery of services and reinforce best practice through quality, efficiency and patient experience.

A template will be required to detail milestones, actions and risks etc for the following areas:

- **Enhancing care in the community, with a focus on reducing delayed pathways of care**
- **Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.**
- **Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.**
- **Planned Care and Cancer, with a focus on reducing the longest waits.**
- **Mental Health, including CAMHS, with a focus on delivery of the national programme.**

Progress on these expectations has been referenced in the planning framework and will be a focus of the planning process for 2024-25.

Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan.

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Priority area(s) to deliver 24/25:	
Key focus should be on delivering	**Mental Health, including CAMHS, with a focus on delivery of the national programme**

Priority area(s) to deliver 24/25:				
Ref:	Continued from 23/24			
Ref:	Recover waiting time performance to performance framework standards for under 18 year olds waiting times for intervention (MHM Part 1 B)			
Resume of planning Milestones 23/24:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	By **June 2023** the MHM CAMHS target achievement is : • Part 1b 35%	By **September 2023** the MHM CAMHS target achievement is: • Part 1b 42%	By **December 2023** the MHM CAMHS target achievement is : • Part 1b 51%	By **March 2024** the MHM CAMHS target achievement is : • Part 1b 60%
Progress synopsis	At the end of June CAMHS Part 1b was ahead of the trajectory target at 51% due to increased activity to support interventions	At the end of September CAMHS Part 1b was below the trajectory target at 37%, this deterioration was linked to increased activity in Part 1a assessments which improved Part 1a compliance but increased the number of patients waiting for intervention	At the end of December CAMHS Part 1b was below the trajectory target at 37%, this deterioration was linked to a decrease in intervention activity during December due to increased DNAs and patient choice	At the end of March CAMHS Part 1b was below the trajectory target at 51%. this deterioration was linked to an increase in accepted referrals which was not matched by an increase in interventions.
Ref:				
Progress synopsis				
Outcomes of delivering Ministerial Priorities:				
Ref:	Reduction in the backlog of patients waiting more than 28 days for intervention Improvement in the waiting times for intervention Reviewed service model to ensure the service is offering a good quality service and options to meet the needs of young people presenting Evaluation of service development to reduce demand on specialist CAMH service			
Ref:				
Planned Milestones 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref:	Increase in intervention capacity via third sector agreement Ongoing performance management systems including weekly tracker	Implementation of referral to silvercloud to increase intervention options and capacity Monitor seasonal changes in demand and activity, expected	Monitoring and review of impact of third sector agreement and use of silvercloud to support intervention activity and patient outcomes	Reflect on the learning from national meetings and support from NHS Executive to ensure maximum impact and implementation. Demand and Capacity Modelling to

Priority area(s) to deliver 24/25:				
	shared with clinical leads; maximising attendance and usage of appointments via effective booking processes including text reminders (assumed in place throughout the year) Evaluation of Schools In-reach approach and impact via Whole Schools Approach in supporting prevention and management of demand	to reduce in Q2, and maximise impact of additional capacity. Review of demand and capacity between assessment and intervention in preparation for increased demand over the winter period	Monitor the referral demand to adjust or escalate risks through rising demand alongside implementation of further work to improve liaison with primary care Review outstanding vacancies following nursing streamlining and consider wider MDT opportunities and options where recruitment has been challenging.	be refreshed on data for 24/25 in order to identify any risks and opportunities for improvement/ongoing compliance with performance.
Delivery update	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Performance in Q1 is ahead of the trajectory with 80% compliance at the end of June. The partnership working with Mental Health Matters to deliver groups, implementation of the referral based SilverCloud initiative and close monitoring of one-to-one interventions by the nursing team have all helped. Representatives from the service will be attending the NHS executive workshop on LPMHSS planned for 9th July.	Performance in Q2 is ahead of the trajectory with a compliance at the end of the quarter of 85%. Partnership working with Mental Health matters is ongoing to facilitate group delivery across CTM Region and referrals to the SilverCloud digital platform are increasing. The directorate participated in the NHS Wales Executive All Wales workshop on 9th July to share ideas and best practice.		
Overarching outcome measures/ metrics:				
Baseline position 23/24	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	51%	37%	37%	51%
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**

<table>
<tr><td colspan="5">Priority area(s) to deliver 24/25:</td></tr>
<tr><td>Performance Trajectories 24/25</td><td>By June 2024 the MHM Part 1b CAMHS target achievement is :
- 65%</td><td>By September 2024 the MHM Part 1b CAMHS target achievement is :
- 70%</td><td>By December 2024 the MHM Part 1b CAMHS target achievement is :
- 75%</td><td>By March 2025 the MHM Part 1b CAMHS target achievement is :
- 80%</td></tr>
<tr><td>Actual</td><td>80%</td><td>85%</td><td></td><td></td></tr>
<tr><td rowspan="4">Risks</td><td colspan="2">Risks of Non-Delivery</td><td colspan="2">Mitigations</td></tr>
<tr><td colspan="2">Ongoing increased waiting times for children and young people following assessment for intervention. This could impact on the deterioration of the mental health and increase the risk of children and young people requiring access to crisis services</td><td colspan="2">Signposting support from assessment to support during the waiting time

Contact number to discuss any concerns with the CAMHS team whilst waiting

Access to online platforms like Kooth to support whilst waiting

The actions described above to improve waiting times and reduce the overall risk of increased waiting times</td></tr>
<tr><td colspan="2">Risks to Delivery</td><td colspan="2">Mitigations</td></tr>
<tr><td colspan="2">Effective use of the third sector agreement to provide group intervention capacity to meet demand and in a timely way

Governance structures and pathways in place to support implementation of silvercloud and clinicians to refer/make use of the service

Recruitment into the service vacancies to embed and sustain the service model and core capacity required to meet demand

Increasing demand to the service exceeding capacity with a growing backlog of patients waiting to be seen</td><td colspan="2">Regular operational meetings with third sector organisation to monitor activity and timetable and ensure effective working between CAMHS and service

Senior nurse taking the lead on embedding clear governance structure and pathways. Implementation being monitored and reported in CAMHS Senior Leadership Group

Proactive approach to recruitment and support to new employees. Focused wellbeing activities to support employees in the teams

Ongoing implementation and development of whole school approach providing preventative/level 0/1 support</td></tr>
<tr><td rowspan="4">Critical Enablers</td><td colspan="4">Finance</td></tr>
<tr><td colspan="4">Maintain use of investment via the Mental Health Service Improvement Funds in 22/23 and 23/24</td></tr>
<tr><td colspan="4">Workforce</td></tr>
<tr><td colspan="4">Recruitment via streamlining

Review of alternative roles within therapies and non-registered workforce

Closer working with 3rd sector to explore the use and impact of non-health traditional roles</td></tr>
</table>

Priority area(s) to deliver 24/25:	
	Digital
	Use of online platforms like Silvercloud to provide interventions Use of electronic scheduling tools to maximise full use of capacity Use of text reminders to reduce impact of DNAs/last minute CNAs
	Other (Specify)
Prevention & Population Health	**Opportunities identified:**
	Focused programme with CAMHS Schools In reach and Whole School Approach to provide a systematic preventative programme for all children and young people. Promotion of use of third sector organisations and online services which also support parents and carers and teachers, sharing and supporting understanding and knowledge to support the 'team around the child'

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Agenda Item
7.2

Operational Delivery Committee

Major Incident Plan and Site Specific Procedures - Update Report

Dyddiad y Cyfarfod / Date of Meeting	28/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Jason Evans, Emergency Preparedness, Resilience and Response Manager
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
Engagement over extended period via EPRR Strategy Group and Organisational Management Board	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
EPRR	Emergency Preparedness Resilience & Response

CCA	Civil Contingencies Act
WG	Welsh Government
MI	Major Incident

1. Situation /Background

1.1 As a Category 1 Responder under the Civil Contingencies Act 2004 Cwm Taf Morgannwg University Health Board (CTMUHB) has a number of legislative duties placed upon it under this act. As part of these duties the health board must:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans to address any reasonably foreseeable emergencies

1.2 The 'Major Incident and Critical Business Continuity Procedural Guidance' forms an integral part of planning for organisational incident response and provides a scalable suite of strategic; tactical and operational incident management options for health board incident managers to enact to bring incidents to a successful conclusion. The plan is flexible and should be read and underpinned with health board specific plans and procedures and national plans to address specific and often complex issues that are encountered.

1.3 The plan has been enacted on a number of recent occasions that has included; adverse weather, industrial action, ward fires, floods, response to fatal explosion/mass casualty incidents; electrical and digital outages; rail collisions; infectious disease plan actuation; storm damage to acute sites and has provided command/control and assurance and facilitated in house and multi-agency response arrangements on these occasions.

1.4 The current plan was completed during October 2021 and in line with organisational assurance processes for the review and updating of policies and procedures was due for review and update by the end of October 2024.

1.5 Following cross organisational consultation and feedback from internal incident/exercise de-briefs along with national recommendations from public inquiries following significant incidents such as Manchester Arena and Grenfell Tower, a decision was made to facilitate a full re-write of the current guidance to better reflect current organisational structures and provide enhanced support for responding staff and facilitate enhanced incident coordination through a robust suite of dedicated action cards.

The revised format would include an 'Overarching Major incident Plan' underpinned by 'Site Specific Major Incident Procedures' for our 3 acute sites which would guide our staff in detail through the expectations and requirements during a major incident scenario.

1.6 Overarching Major incident Plan

1.6.1 Provide overview of external legislative requirements and multi-agency expectations

1.6.2 Provide a flexible framework for expected incident types/scenarios

1.6.3 Clear expectations and actions for Strategic On Call Roles to define the overall incident structure

1.6.4 Designed to be read in conjunction with key health board documents/plans which would include: Site specific procedures; Communicable disease plans; Pandemic operational framework; Mass Casualty Dispersal Plans; Escalation Frameworks; etc.

1.7 Site Specific Major Incident Procedures

1.7.1 Ability to initiate as a stand-alone incident management function or as part of a full CTMUHB wide actuation

1.7.2 Scope the key areas of our acute sites to include: Hospital Co-ordination/Command Centre; P1, P2, P3 casualty receiving areas; documentation areas; staff receiving/briefing areas; Press/Media Area; Transfer/Discharge Area; Relatives/Uninjured Area; etc.

1.7.3 Provide detailed and in-depth action cards to guide our staff through the specific site expectations and action both in and out of hours.

1.8 The re-write has been a significant task, with cross care group working groups across all acute sites working to revise and develop site specific MI guidance plans to enhance MI response within CTMUHB. Executive level governance is in place and the EPRR manager has been working with hospital general managers and care group leads to ensure a uniformed approach is developed and implemented across the organisation in line with the legislative requirements of the CCA 2004 and WG/NHS Executive Guidance.

1.9 The Overarching Major Incident Plan (in draft) is completed and is currently being reviewed by members of the Emergency Planning Response and Resilience Strategic Group. A copy of the draft plan is attached for the committee's consideration. Extensive work is ongoing across our acute sites and is near completion to provide detailed site-specific Major Incident

Procedures and action cards for all staff which will be used alongside this broader plan document.

1.10 On completion of site specific procedures and relevant consultation, the next step will be to plan and deliver extensive training for strategic, tactical and operational staff along with a robust/ongoing exercise programme to provide assurance and compliance.

2. 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	Starting Well
	If more than one applies please list below: Our Major Incident Plan will have relevance for our population across the life course.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd	Yes: ☒	No: ☒

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Outcome:	If no, please include rationale below: Information only
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): NEUTRAL	If no, please include rationale below: Information only
Cyfreithiol / Legal	Yes (Include further detail below)	
	Legal implications have been considered during decision making and assurance processes	
Enw da / Reputational	Yes (Include further detail below)	
	Reputational management has been considered during the decision making and assurance processes	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Financial/resource impact has been considered during the decision making and assurance processes	

3. Recommendation

3.1 It is recommended that the Operational Delivery Committee receive and **NOTE** the content of this progress update and note the development of the draft overarching Major Incident Plan and the imminent completion of the site-specific plans.

4. Next Steps

4.1 Further to this presentation of the overarching Major Incident Plan (draft) and its approval, the ongoing work to complete the site specific Major Incident Procedures and action cards for all staff will be concluded as a matter of urgency. Care groups are currently consulting with key staff and working through the development of these action cards.

4.2 Full consultation will follow completion, along with extensive training for strategic, tactical and operational staff prior to launch along with a robust/ongoing exercise programme to provide assurance and compliance.

4.3 A further update report will be provided to the Operational Delivery Committee providing assurance that the Major Incident Plan has been finalised and the site-specific plans have been completed.

CTMUHB Overarching Major Incident and Critical Business Continuity Procedural Guidance – Version 4 January 2025

Document Type:	Non Clinical Standard Operating Procedure
Ref:	(For Non-Clinical References – Contact: CTM_Corporate_Governance@wales.nhs.uk
Author:	Jason Evans – Emergency Preparedness, Resilience and Response Manager
Executive Sponsor:	Executive Director of Strategy and Transformation
Approved By:	**Management Board (Non Clinical Procedures Only)**
Approval / Effective Date:	October 2021
Review Date:	October 2024
Version:	4.0

Target Audience:

People who need to know about this document in detail	• Chief Executive/Executive Directors • Chief Operating Officer/Deputy COO • All Directors • All Assistant Directors • All Service Delivery Unit Managers • All Heads of Nursing • All On Call Managers • Board Secretary • Facilities leads • Regional Facilities Manager
People who need to have a broad understanding of this document	• All Medical and Nursing staff • All Security and Portering Staff • Switchboard Managers and Supervisors
People who need to know that this document exists	All staff South Wales Local Resilience Partners

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	**Date: TBC**
	Outcome: No Issues
Welsh Language Standard	No

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Date of approval by Equality Team:	Not submitted as this is a procedural guidance not a policy and there are no equality issues.
Aligns to the following Wellbeing of Future Generation Act Objective	Co-create with staff and partners a learning and growing culture



Disclaimer:
If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

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Minor Amendments

If a minor, change is required to the document, which does not require a full review please identify the change below and update the version number.

Type of change	Why change made	Page	Date change	Version	Name of responsible person

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IF A MAJOR INCIDENT HAS BEEN DECLARED

If you have not read this guidance previously,

DO NOT READ IT NOW

Undertake the actions specified within your designated action cards or take instruction from your line manager or Hospital Tactical Co-ordination Team.

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Section 1 General Principles

Please note:

This Overarching Procedure should be read in conjunction with: -

- CTMUHB Prince Charles Hospital Major Incident Procedure
- CTMUHB Royal Glamorgan Hospital Major Incident Procedure
- CTMUHB Princess of Wales Hospital Major Incident Procedure
- Mass Casualty Arrangements for Wales

The full suite of CTMUHB Emergency Response Procedures are held on the Emergency Preparedness Resilience and Response SharePoint site

Other Health Board policies and procedures and statutory regulations are to be referenced as appropriate e.g.:

- Infection, Prevention & Control (IPC)
- Health & Safety (H&S)
- Workforce and Organisational Development
- Welsh Language Act
- Quality statements, e.g. care of the critically ill
- Charter for Bereaved Families
- WAST Escalation Guidance
- UEC Escalation Framework Dec'24
- CTMUHB Emergency Pressures Escalation Policy

Action Cards referred to in this Procedural Guidance should be read in conjunction with the whole Procedure.

The Major Incident Procedures may be invoked alongside other appropriate, Health Board Procedures, other Emergency Response Procedures, CTMUHB Business Continuity Procedures and / or strategic multiagency procedures.

All Emergency Response Procedures are flexible and adaptable, this allows for a tailored response to all emergencies and any additional threats and risks that may arise at the time.

It is the responsibility of the strategic incident manager to decide on a specific and flexible incident management structure that will effectively address the needs of managing/controlling a specific and often varied incident type. The strategic incident manager should be cognisant with what represents a major/critical incident or a business continuity incident/event and invoke a suitable structure to ensure effective response. Consideration will need to be afforded as to the effect on business as usual that the set-up of a major incident structure will inevitably incur.

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1.0 Introduction

Welsh Government (WG) has a responsibility to ensure that health services are fully prepared to make an effective contribution to the combined response of all emergency services in the event of a major incident. This is co-ordinated through the Emergency Planning Advisory Group of the NHS Executive.

Health Boards have overall responsibility for the population within their geographical area and thus to ensure that plans provide a single framework of operational and management response, ensuring that co-ordination and liaison is in place for all major incidents.

The Cwm Taf Morgannwg University Health Board (CTMUHB) is defined as a category 1 responder within the Civil Contingencies Act 2004 (the Act). The Act places a number of responsibilities on the Health Board in this regard.

These include that CTMUHB **must**:

- Assess local risks and use this to inform emergency planning;
- Put in place emergency Procedures;
- Put in place Business Continuity Management arrangements;
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- Share information with other local responders to enhance co-ordination;
- Co-operate with other local responders to enhance co-ordination and efficiency

The Civil Contingencies Act 2004 requires Category 1 Response Organisations to co-operate and plan with partners in Local Resilience Forums based on Police Force areas. The Police Force in whose area an incident occurs has responsibility for the overall strategic management and co-ordination of the responding Agencies. CTMUHB is represented at the South Wales Local Resilience Forum within the South Wales Police Force area along with SBUHB and C&VUHB.

Major incidents are by their very nature unpredictable. Although often the same lessons are repeatedly identified, each and every incident is unique both in terms of type, causation, circumstances, and consequences. They can range from transport to terrorist type incidents, but unfortunately common lessons are identified and re-identified.

Contingency plans are aimed to be simple and flexible, adopting an '*all hazards*' approach, allowing for adaptation if and when required. They link with the other emergency services likely to be involved, and take account of any specific local hazards. A major incident for one service may not necessarily be so for another service. This overarching procedural guidance document is designed in that way and should be read as mentioned in conjunction with other health board specific pans/procedures.

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All Health Boards are required to have plans and procedures that interlink, and form part of the overall Emergency plans. These should take into account, and reflect the relevant guidance and requirements: -

- NHS Wales Emergency Planning Guidance *(Welsh Government)*
- Draft Wales Pandemic Preparedness & Response Guidance *(Welsh Government)*
- Wales Building Partnerships Staying Safe: Guidance for Healthcare Organisations *(Welsh Government)*
- PROTECT – Guidance on Activation of CBRN Health Countermeasures *(Welsh Government)*
- Ambulance Service Guidance on Dealing with Radiological Incidents and Emergencies *(Welsh Government)*
- Planning for the Psychological and Mental Health Care of People Affected by Emergencies *(Welsh Government)*
- Planning for Lockdown of NHS Facilities *(Welsh Government)*
- Medical Care at the Scene of Major Incidents *(Welsh Government)*
- Planning for the Management of Blast Injured Patients *(Welsh Government)*
- 'How to' Guide on Local Arrangements for Antiviral Collection Points *(Welsh Government)*
- Wales Framework for Managing Major Infectious Disease Emergencies *(Welsh Government)*
- Welsh De-contamination Protocol *(Welsh Government)*
- Mass Casualties Incidents – A Framework for Planning *(Welsh Government)*
- NHS Wales Healthcare Standards 2023 *(Welsh Government)*
- Charter for Bereaved Families

The Health Board Executive lead for Emergency Preparedness is the Executive Director of Strategy and Transformation.

The CTMUHB Emergency Preparedness Resilience and Response (EPRR) Strategy Group supports the Executive lead and Operational leads. This multi-disciplinary Group has wide representation from the Health Board Care Groups, Corporate and some external agencies.

Other guidance is offered in the following documents: -

- NHS Wales Resilience and Business Continuity Management Guidance *(Welsh Government)*
- Pan-Wales Response Plan *(Wales Resilience)*
- The Needs of Faith Communities in Major Emergencies: Some Guidelines *(Cabinet Office)*
- Data Protection and Sharing – Guidance for Emergency Planners and Responders *(Cabinet Office)*
- Civil Contingencies Act 2004 – Emergency Preparedness *(Cabinet Office)*
- Emergency Response and Recovery
- Wales Heat Wave Guidance *(Welsh Government)*
- Counter Terrorism Protective Security Advice *(NaCTSO)*

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- Scientific and Technical Advice Cell (STAC) *(Wales Resilience)*
- Hospital Emergency Checklist *(WHO)*
- The Coroners Justice Act 2009
- Preventable Future Death Reports via Chief Coroners Newsletter
- Charter for Bereaved Families
- WAST Escalation Guidance
- Communicable Disease Outbreak Plan for Wales *(PHW)*
- UEC System Escalation Framework
- CTM Emergency Pressures Escalation Policy
- **In the event of a declared mass casualty incident and in addition to invoking the Health Board's major incident procedures, Mass Casualty Incident Arrangements for NHS Wales will be invoked and will need to be referred to and associated pre-agreed first 2-hour casualty dispersal plan.**

2.0 Aims

This aim of this document is to provide overarching procedural guidance and describe in detail how CTMUHB will respond as an organisation to Major Incidents; Critical Incidents or Business Continuity Incident events at Operational, Tactical and Strategic Levels.

The document identifies established Communication and Co-ordination Arrangements that align to the principles of the Joint Emergency Services Interoperability Programme (JESIP) and the NHS Wales Emergency Planning Core Guidance across the Health Board.

Whilst this document details best practice it is termed procedural guidance as there may be alternative approaches more suited for a particular event.

It is the responsibility of the strategic incident manager to decide on a specific and flexible incident management structure that will effectively address the needs of managing/controlling a specific and often varied incident type. The strategic incident manager should be cognisant with what represents a major/critical incident or a business continuity incident/event and invoke a suitable structure to ensure effective response. Consideration will need to be afforded as to the effect on business as usual that the set-up of a major incident structure will inevitably incur.

This document should also be read in conjunction with the Site Specific Major Incident Procedures and action cards that will provide specific action requirements to mobilise our sites.

Adherence to the principles within this document will provide staff with a recognised emergency responder structure and prove alignment to accepted practices.

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3.0 Objectives

The objectives of this plan are to:

- Define what constitutes a business continuity, critical or major incident and who can declare such incidents for CTMUHB and the defined escalation arrangements.
- Describe the command and communication structures and responsibilities in a business continuity, critical or major incident.
- Provide guidance for roles of CTMUHB staff in a business continuity, critical or major incident.
- Describe the roles of response partners in a business continuity, critical or major incident.
- Identify key elements of a business continuity, critical or major incident response, including specialist resources that may be required.
- Provide examples of aid arrangements to support a business continuity, critical or major incident response.
- State the process in place to capture lessons learnt from a business continuity, critical or major incident and incorporate into future arrangements.
- Identify the recovery process by which the return to normal operations is managed following a major incident.

4.0 Statement on Health and Safety

During a business continuity, critical or major incident event, it is very easy to become absorbed by the events unfolding around you and to forget that the usual rules and regulations regarding health and safety still apply. It is essential that these regulations, procedures and processes are maintained with regard to risk assessment and risk management. Appropriate personal protection equipment (PPE) and procedures must be implemented, as must the CTMUHB Policies and Procedures for issues such as infection prevention and control, manual handling and the safe use of hazardous substances. If you are unsure of anything during a major incident seek advice from the nearest appropriate person.

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5.0 Statement on the preservation of evidence

All major, critical and business continuity incidents will be subject to some form of investigation. Dependent upon incident type, this may be in the form of a Criminal, Judicial or Coroners/Public Inquiry. It is essential that all staff are aware of the absolute need for "All" paperwork, managers notes, loggist notes, recordings of Teams or other electronic meetings, patients notes, property and clothing to be preserved. It is also essential that any Dry wipe boards used be preserved until they can be recorded using cameras for submission to the relevant investigating agencies. It should also be noted that the preservation of electronic messaging systems utilised in the act of critical decision making will also be required.

6.0 Scope

6.1 Internal Scope

Care Groups will hold operational management plans covering the localised management of an incident and the delivery of the strategic intent of this Guidance Document.

Incident response and business continuity plans must include all care groups and support services that will link into each other at an Operational Level, Tactical and Strategic levels.

6.2 External Scope

This document provides the framework for incident management within CTMUHB at an organisational level and is designed to dovetail with site specific major incident procedures and specific care group plans/procedures.

As such, this document outlines the response mechanisms; communication channels; roles and responsibilities and reporting arrangements for a response to both internal and a non-Health Board External Major Incident and links with other partners, in particular the Local Resilience Multi Agency Forum.

This document is designed to provide a flexible and scalable framework, but due to the extensive nature of possible incident types does not cover the detailed response to a HAZMAT, Mass Casualty or Chemical, Biological, Radiological and Nuclear (CBRNe), Baby Abduction, Fire, Flooding Incidents etc. Separate specific and business continuity plans exist within the Health Board to respond to these types of incidents. This plan must be activated in conjunction with these and other Regional or National plans (some of which are mentioned above) when it is appropriate to do so.

6.3 Plan Review

This plan is written on behalf of CTMUHB by the Emergency Preparedness, Resilience and Response (EPRR) Manager under the Executive Director of Strategy and

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Transformation in direct and detailed consultation with the Care Group Directors, Assistant Directors and their management Teams.

The plan is subject to an annual review to ensure it remains fit for purpose and that any changes in guidance or legislation are reflected in the plan. The plan may be reviewed following a de-brief after a live major incident or exercise, where lessons have been identified which would warrant an interim review and change to the plan.

It is the responsibility of the EPRR Manager to ensure that the annual review is completed and if significant changes are made, the reviewed plan should be submitted through due process for approval. Minor changes need only be noted, in the Minor Changes section of the document.

6.4 Training and Exercising

Care Group Directors are responsible for nominating appropriate persons to oversee the training and exercising of this and other plans that underpin effective care group service delivery.

Each Care Group must have a training and exercising procedure to ensure that an appropriate schedule of training and exercising provides opportunities to an appropriate cross section of staff groups that underpin the overall response to major incidents.

The Health Board is required to carry out a communication cascade exercise every six months, a desk top exercise once a year and a live major incident exercise every three years.

The Communication exercise will be conducted by the CTMUHB switchboard manager.

The delivery of desk top exercises and the live major incident exercises are the responsibility of the Care Group Directors or their nominated person.

Care Group Directors or their nominated person must co-ordinate and agree a cycle of training and exercising that ensures each Care Group achieves the minimum requirement above.

The EPRR Manager should be utilised to *support* the facilitation of training and exercising in liaison with the Care Group Directors and/or nominated persons.

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7.0 Definition of a Major Incident

Under Section 1 of the CCA 2004 an “emergency” can be defined as:

- *an event or situation which threatens serious damage to human welfare in a place in the United Kingdom;*
- *an event or situation which threatens serious damage to the environment of a place in the United Kingdom;*
- *war, or terrorism, which threatens serious damage to the security of the United Kingdom*.

For the NHS, incidents are classed as either:

- Business Continuity Incident
- Critical Incident
- Major Incident

Each will impact upon service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented. NHS organisations should be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.

Business Continuity Incident
A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation’s normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.

Critical Incident
A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.

Major Incident
A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an ‘emergency’ as in section 1 of the CCA 2004 Act

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7.1 Declaration of a Major Incident

A major incident may be declared by any Ambulance, Police or Fire Officer, if the information reaching them indicates that a Major Incident is occurring or is likely to occur.

This definition purposely makes no reference to the number of patients that may be needed in order to invoke a major incident. It reflects the complexity of utilising such an approach.

Where casualties are involved, CTMUHB and other required NHS Wales organisations will be alerted via WAST utilising the automated *'Everbridge'* alerting system. A major incident may also be declared due to other factors that require an emergency response and there may not be casualties. The Health Board may be alerted in these circumstances to attend a Strategic Coordination or Tactical Coordination Group as part of a coordinated partnership response and there may still be requests or implications for CTMUHB. This form of alert will be received at switchboard via the South Wales Police automated notification service utilising the '*UK Gov.Notify'* platform. This is a nationally recognised multi-agency notification process and CTMUHB Switchboards are fully conversant with the receipt of calls via both systems.

Where there is a serious incident, which does not result in such a declaration of a Major Incident at the scene, but where there are many casualties and the Emergency Department is under severe pressure, the Senior Doctor and/or Nurse in charge of the Emergency Department may activate the Major Incident Procedure by informing the Hospital Switchboard. In this event, Ambulance Control should be informed (by Switchboard), and will act as a conduit to alert other neighbouring Health Boards and Public Health Wales and will assist in directing Ambulance cases to other appropriate Receiving Hospitals, if agreed and authorised.

It is important to appreciate that the Health Board may need to declare a Major Incident even though the Emergency Services are able to manage the incident on-site.

On occasions, Emergency Departments at CTMUHB acute sites may be informed by WAST of actual or potential serious incidents in the area. These are incidents which fall outside an unconfirmed or confirmed situation; examples include large-scale evacuation, firearm incidents, explosion risks, large fires, etc. These incidents may have not resulted in any or very few patients at that time, but nevertheless the potential exists for an escalation of the incident.

In these circumstances, the Nurse in Charge of the Emergency Department at the time will inform the Senior Nurse in the Emergency Department/ED Consultant on call **immediately**. Site Management/Strategic Leads should be informed, they will make a valid judgement (based on the information available at the time) whether to take no further action and await further information; for information; or request that the Stand-by Procedure be implemented.

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7.2 Notification of a Major Incident

As previously identified, notification of a major incident with casualties within Wales will be provided to all Health Boards simultaneously identifying the affected Health Board area. The communication will be received by the Hospital Switchboard (via pre-determined emergency telephone number).

Switchboard will receive notification via WAST utilising the '*Everbridge*' automated call cascade system. The notification will be received via Automated Telephone Message; Text Message; Teams Message and Email to ensure receipt.

The Major Incident notification will be received in the nationally recognised METHANE format:

M	Major Incident declared or standby
E	Exact location / geographical area of incident / Health Board area
T	Type of incident, flooding / fire / utility failure / HazMat etc
H	Hazards present or potential
A	Access and egress – effective routes
N	Number and types of casualties (P1, P2, P3) and dead
E	Emergency Services required / on scene

Switchboard will cascade the message via their Major Incident Notification Action Card to designated staff.

The MI notification process may follow a defined sequence as follows:

- Major Incident Standby
- Major Incident Declared
- Major Incident Stand-down

It should be noted that it may be necessary to move directly to a major incident declaration dependent upon information received.

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7.3 Major Incident Stand-By Procedure

In the event of a possible Major Incident situation or where another HB is dealing with a Major Incident, CTMUHB Hospitals have been asked to be prepared to assist if required, the Hospital will initiate the **'Major Incident Stand-by Procedure'**. The health board should initiate preparatory actions as deemed necessary to facilitate a possible major incident declaration.

Note: A major incident Stand-by notification may subsequently be cancelled, or become a declared major incident.

A major incident may be declared following further assessment at the scene, where the Welsh Ambulance Service will initiate. However, there may be some circumstances where, following a discussion of the situational awareness report from the scene, that the Health Board may wish to declare a major incident, but WAST have not proceeded to declare. This will require further discussion with senior management at the time of the stand by procedure.

7.3 Major Incident Declared

To initiate the **"Major Incident Procedure**", the alerting message will be:-

"
"This is an important message from the Welsh Ambulance Service

Please click here to acknowledge receipt of this message

This is the Welsh Ambulance Service. The Trust has declared a Major Incident in the following Health Board area - Cardiff and Vale University Health Board. The incident location is: Bay Chambers - Cardiff Bay CF10 5EU.

The information is as follows:

Major Incident Declared
Exact Location: Bay Chambers - Cardiff Bay CF10 5EU
Type of Incident: Potential Gas Leak - Full Evacuation of Building
Hazards: Potential Gas Leak - Unknown Source
Access: off A4119
Number of Patients: 16 patients, 4 P3s, 5 p3s already conveyed, 1 P1 (under 1yrs) 6 asymptomatic
Emergency Services Required or Present: Fire, LA, Police, HART, WAST - 4 x EA, 2 x DOM/Ops commanders

All Health Boards and partner Health agencies in Wales have been sent this notification.

Do not contact the Welsh Ambulance Service, refer to your organisation's major incident plan. Please await further information.
."

Supporting hospitals will receive the same information, but will be told that Royal Glamorgan, Prince Charles and or Princess of Wales' Hospitals are the 'Receiving Hospitals'.

7.4 Stand Down Procedure

On receiving the message from the Ambulance Incident Commander at scene, WAST will notify the following message to the Emergency Department who will inform the Hospital Co-ordination Centre:-

"This is an important message from the Welsh Ambulance Service

Please click here to acknowledge receipt of this message

This is the Welsh Ambulance Service Major Incident Notification. The Trust has Stood Down a Major Incident in the following Health Board area - Cardiff and Vale University Health Board. The incident location is: Bay Chambers - Cardiff Bay CF10 5EU.

The information is as follows:

Major Incident Stand Down
Exact Location: Bay Chambers - Cardiff Bay CF10 5EU
Type of Incident: .
Hazards: .
Access: .
Number of Patients: .
Emergency Services Required or Present: .

All Health Boards and partner Health agencies in Wales have been sent this notification.

Do not contact the Welsh Ambulance Service, refer to your organisation's major incident plan. Please await further information. ."

The Hospital will be informed of any casualties already en-route when this message is given.

N.B. It is likely that the hospital stand-down will not be given for some time after the scene stand-down, and will be issued from the Hospital Co-ordination Centre, which will in turn be cascaded to relevant staff through the Hospital Switchboard.

8.0 Potential High Risk Categories within the CTMUHB Area

It is recognised that there are general and specific risks that prevail within the Health Board area. The CTMUHB major incident arrangements aim to deal with an incident which may occur in the community which results in large numbers of casualties and any internal major emergency which threatens the welfare of patients/staff, or significantly compromises the Health Board's ability to deliver key services.

For example, the Control of Major Accident Hazards (COMAH) Regulations 2015 require emergency services, Local Authorities, site operators and other key response partners to jointly plan the response to incidents at sites of heightened risk, in accordance with the regulations.

Through engagement with key partners under the auspices of the Civil Contingencies Act 2004, Community Risk Registers are developed and revised, highlighting specific areas of risk within the South Wales Local Resilience Forum area. This is a continuing and evolving work stream and is subject to regular review.

This joint approach to risk assessment drives the requirement to develop single service and joint arrangements for response to specific scenarios. A prime example of this is the plan for a Pandemic response.

Where no specific plan exists to deal with a particular risk scenario, this Major Incident Plan provides the generic command, control and coordination framework to support the response.

These are examples only; further detailed Risk Assessments to potential hazards in the vicinity is undertaken by the Local Resilience Forums and these risks are linked to the Health Board EPRR risk register.

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AIR / SEA	POTENTIAL HAZARDS
Military Aircraft	Aircraft Accident; Terrorist Incident
Airways Over Area	Aircraft Accident; Terrorist Incident
Shipping Channels	Chemical / Radiation / Biological Incidents
ROAD NETWORK	**POTENTIAL HAZARDS**
M4 Motorway	Major Road Traffic Collisions
Local Road Networks	Passenger Carrying Vehicles
Dual Carriageways	Chemical / Radiation Incidents
RAIL NETWORK	**POTENTIAL HAZARDS**
Main Inter-City Line	Rail incidents
Local Lines	Chemical Incidents
Movement of Hazardous Material	Chemical / Radiation Incidents
INDUSTRIAL INSTALLATIONS	**POTENTIAL HAZARDS**
Heavy Industries	Fires, Explosions
Chemical Plants	Release of Toxic Substances
COMAH Sites	Explosions; Chemical Incidents; Terrorist Incident
Pipelines	Gas Incidents / Explosions
PUBLIC AREAS/ PUBLIC ENTERTAINMENT	**POTENTIAL HAZARDS**
Public Buildings, Shopping Centres/shopping malls, Theatres, Cinemas, Large Bars, Restaurants	Fires & Crowd Incidents, Crushing, Fire, Public Disorder, Terrorist Incidents
SPORTS GROUNDS	**POTENTIAL HAZARDS**
Sports Stadia	Crowd Incidents, Crushing, Fire
OTHER EXAMPLES	**POTENTIAL HAZARDS**
Firearm & Terrorist Incidents	Explosions, multiple shootings, CBRN
Theatres & similar Venues	Crowd Incidents, crushing, Fire
Building Collapses	Crush injuries
Places of public entertainment / large bars	Fire, Public Disorder situations
Multiple occupation premises requiring Fire Certification, e.g. Apartment Blocks, Hostels, Hotels, Nursing Homes, Residential Homes, Student accommodation and Hospitals	Fire, Public Health outbreaks, Contaminated food and liquid
Inclement Weather, e.g. flooding	Hypothermia, Transport incidents
Mountains	Exposure,
Landslides/Coal & Spoil Tips	Crush, Building Collapses, Mass Evacuation
Disruption of national infrastructure	Loss of Gas, Electricity, Telephone and Water networks and/or disruption of supply chains.

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Public Demonstrations & Civil Disorder	Crowd Incidents, Missiles
Pop Concerts	Crowd Incidents, Public Health Outbreaks
Foreign Travellers	Public Health/Infectious Disease Outbreaks
Food Preparation Premises, Restaurants	Contaminated food and liquid

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9.0 Command, Control and Coordination

The Police will co-ordinate the initial response to most major incidents. They will establish a joint-agency command and control structure known as Integrated Emergency Management. WAST, as an emergency service, will be part of that structure. The Health Board will liaise with other NHS Hospitals and primary health care staff involved to ensure that health services are appropriately represented dependent upon incident type and impact.

A nationally recognised three tiered command and control structure known as Strategic (Gold), Tactical (Silver) and Operational (Bronze) has been adopted by the emergency services and most responding agencies.

The Health Board command and control arrangements are based upon this system and a precis of the Silver command and control is articulated in Section 2, where further detail are included in the PCH/RGH/POW Hospital Major Incident Procedure.

Health Board Gold command is also detailed in section 2. However, the level of command required will be determined by the nature of the incident and decision made by the CTMUHB Executive on Call in partnership with the cadre of Senior Managers providing the on call function (SMOCs).

Strategic Co-ordination Centre (Multi-agency Gold Command)

This level determines the co-ordinated strategy and policy for overall management of the incident. It is normally led by the Chief Constable or nominated officer and will include senior representatives from emergency services, Local Authorities, Health and all other agencies responding to the incident, e.g. Natural Resource Wales, Health & Safety Executive as required. The Control Centre for South Wales Local Resilience Forum will normally be located at South Wales Police Headquarters, Bridgend, however, this will be decided at the time of the incident. It is likely that TEAMS meetings will be convened as the incident develops and coordination is required.

The representative Strategic commander/team leader has overall control of the resources of their own organisation and should also consider the longer term resourcing implications and any specialist skill that may be required. CTMUHB on call Exec/SMOC rotas should be in place to effectively respond to all incident types and provide for representation of key decision makers at both organisational and multi-agency commend functions. Consideration should be given to the need for strategic coordination within CTMUHB and the need for strategic representation at multi-agency command/coordination group and any enhanced/recall to duty arrangements should be made to address this issue.

This level of management also formulates media handling and public communication strategies, in consultation with any partner organisations involved. The Strategic Lead of each organisation will then delegate actions to the respective Tactical (Silver)

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control level for them to implement a tactical plan to achieve the Strategic aim and objectives.

If the incident affects more than one Health Board, one Chief Executive/nominated Director *may* attend on behalf of the others, but it is likely that representation is required by each. However, if the incident is specific to one Health Board the Chief Executive or nominated Director/Executive on call will attend. The HB representative must ensure that appropriate Health Boards are kept informed and also the Health Board internal Gold Command.

Health Board Gold, (Strategic) Command Structure

Dependent upon the nature of the incident and in addition to a Strategic Gold multi-agency command (SCG), an internal Gold Command Team may be convened. The decision to convene a Health Board Gold Command will be made by the Executive on Call at the time of the incident and following a review of the incident details. A decision will be made on whether this is a virtual function or whether physical attendance is required. The Hub facility at RGH should be a consideration if a physical response is deemed appropriate.

Tactical (Silver Control)

If a major incident, multi-agency response team is convened within the HB area, this will be known as a Tactical Coordinating Group (TCG). This level implements the strategy and agreed policy for management of the incident and co-ordinates the response of all the services and organisations involved at the scene. The Health Board may be required to have representation at multi-agency TCG.

The Police Incident Officer co-ordinates services at a multi-agency TCG with representatives of appropriate services asked to attend at a location determined by the Police, usually a police station near to the scene. Health representation will depend upon circumstances but will often include a representative from Public Health Wales.

Silver Control within the Health Board will be convened within the on-site Hospital Co-ordination Centres. They will be responsible for developing and implementing a tactical plan to achieve the strategic direction set by Gold command. Health Board Silver will oversee the operational response and will be the link between strategic and operational. The CTMUHB response should include hospital coordination centres at each acute site with a single dedicated Silver Control at the most appropriate HCC to effectively deal with the incident. **This structure should be decided by the exec on call in consultation with all SMOCs and clearly communicated to all involved in the incident**.

Dedicated locations and contacts for HCCs – include Telephone/Email connections and defined locations to be added here

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Operational (Bronze Controls)

These are locations where resources are deployed to carry out the tasks required in responding to the incident. The police will establish a multi-agency bronze control (Forward Control Point) near the scene where all responding agencies will liaise to co-ordinate work undertaken at this level.

Within the Health Board, the operational teams will manage the physical response to achieve the tactical plan. There are a number of Health Board operational teams included as part of the response and organised into groups such as the Emergency Department, Medical Teams, Management and Support Teams and a Relatives Care Team. The operational response to a major incident is articulated in the PCH/RGH/POW Site Specific Hospital plans.

10.0 Role of the Health Board

10.1 Prior to a Major Incident

The Health Board has direct responsibility for:

- Identifying local risks, in accordance with the Civil Contingency Act requirements.
- Developing and maintaining a HB major incident plan together with other emergency response plans to respond to emergencies and maintain business continuity.
- General emergency planning/preparedness.
- Establishing and maintaining out of hours/on-call arrangements for effective emergency response.
- Ensuring appropriate representation on the South Wales Local Resilience Forum.
- Identifying training and exercising requirements and producing plans to deliver relevant training for HB staff.
- Co-operate with local responders
- Sharing of information.
- Warning and informing.

10.2 During a Major Incident

Health Boards are responsible for:

- Ensuring the provision of health care for those affected by the incident including psychological support.
- Ensuring provision of prescription medicines to reception centres.
- Assisting release of patients from hospitals.
- Ensuring the timely release of WAST vehicles being held at sites for response to incident

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- Supporting the Public Health response to the incident where appropriate.
- Working with other relevant agencies to assess the impact on health and health services.
- Co-ordinating the Health Service response to the media unless PHW are involved and take leading role.

Although individual organisations will have specific responsibilities, 'the combined response' should seek to achieve the following generic objectives;

- To save life, prevent harm and relieve suffering
- To prevent escalation to the incident/disaster
- To safeguard the environment and protect property
- To continue to maintain normal services at a pre agreed level
- To warn and inform the public in order to promote self-help and recovery and restore normality as soon as possible
- To facilitate criminal investigation and judicial, public technical or other inquiries
- To promote recovery and consequence management
- To evaluate the response and identify lessons to be learned

It is important that the Major Incident Clinical Guidelines are referenced and used as part of the operational response:

https://www.england.nhs.uk/ourwork/eprr/major-incidents/

10.3 Support for Primary Care and Community Services

General Practitioners and their teams along with community services will be the natural focus of healthcare in the community in the aftermath of a major incident.

10.4 Supporting Provision of Healthcare at Reception Centres

Reception centres will be set up by the Local Authorities and the Police, either to accommodate those who have survived major incidents without obvious injury or to shelter people evacuated from their homes because of direct risks, for example, buildings collapsing or exposure to dangerous chemicals. People evacuated may need some first aid, comforting, emotional or practical support, or some form of screening before they leave the centre.

The HB will support the provision of healthcare at reception centres.

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11.0 South Wales Local Resilience Forum

The HB is represented on the South Wales Local Resilience Forum Executive, Training and Co-ordination Group and respective sub groups. These groups meet on a regular basis to discuss emergency planning issues within the South Wales Police area and has a live community risk register and arranges multi-agency training and exercises based on the risks identified.

12.0 South Wales Major Trauma Network

Major trauma refers to multiple and serious injuries. It is the leading cause of death in people under the age of 45 and a significant cause of disability or poor health.

Patients with these type of injuries will have a better chance of survival if they are treated within a major trauma network. As well as saving lives, the network will improve patient outcomes by preventing avoidable disability, returning more patients to their families, to work and to education.

The South Wales Trauma Network covers South Wales, West Wales and South Powys and consists of 1 major trauma centre at UHW in Cardiff, a trauma unit with specialist services in Morriston hospital, Swansea, along with 4 other trauma units, 2 rural trauma facilities and 1 local emergency hospital. The network works closely with pre hospital providers to ensure patients are cared for in the most appropriate facility to meet their needs.

The major incident response articulated within this plan includes the provision of the South Wales Major Trauma Network.

The Duty Consultant in the Emergency Department in consultation with the other acute site ED leads will, at the time of the incident determine the maximum number of seriously injured patients that can be dealt with at each acute site. If a large number of seriously injured casualties have arrived, in coordination with other senior staff, it will be considered whether further serious casualties should be directed to other receiving Hospitals or neighbouring HBs; this will be in conjunction with the Major Trauma Network Plans and the associated Trauma desk. A mass casualty response may have to be activated in such circumstances.

In the event of a declared mass casualty incident and in addition to invoking the Health Board's major incident procedures, Mass Casualty Incident Arrangements for NHS Wales will be invoked and will need to be referred to.

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13.0 Neighbouring Hospitals: Main Switchboard Telephone Numbers

Public Health Wales		Morriston Hospital	01792 702222
West Wales General Hospital	01267 235151	University Hospital of Wales	02920 747747
Withybush General Hospital	01437 764545	The Grange University Hospital	01633 865054
Welsh Blood Service	01443 622118		

14.0 Medical Advisor

The new Welsh Guidance makes the securing and organising (a rota) of medical advisors a responsibility of the Welsh Ambulance Service Trust, (WAST). Ambulance Control is also responsible for notifying the Medical Advisor on call and activating their role. The Emergency Medical Retrieval and Transfer Service, (EMRTS) Wales will be deployed together with BASIC Doctors for this purpose.

15.0 Information Links

- Overall co-ordination at the scene of the incident will be by the Police.
- The Police, Ambulance and Fire Services will establish Control vehicles and radio links at the scene of the incident.
- Radio links will be established to the hospital via Ambulance Control to the Emergency Department. Information from the scene will be conveyed to the ED and Hospital Co-ordination Centre.
- METHANE reports will be updated via WAST and passed through the Everbridge automated system to CTMUHB switchboard.

The Police will establish a Casualty Enquiry Bureau at a convenient Police premises and will answer queries from relatives. The Police Media Relations Officer will deal with enquiries from the press and media via a Gold Media Cell (please see section on communications for further information).

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The Casualty Enquiry Bureau will normally be at a remote Police Headquarters. The ambulance Triage card which, will be attached to each patient at the scene of the incident will be retained with the patient in the Emergency Department. Details on casualties, numbers, condition, etc. will be relayed to the Hospital Co-ordination Centre and Police Liaison Officer **only** from the Administration Manager in the Emergency Department, who will establish a register of casualties.

16.0 Communications

Press and Media

At the start of a major incident, the Communications Lead for the Police force involved will take the lead for managing communication with the press and media, and general public. During this initial phase a 'Gold media cell' will be established, led by the Police Communications Lead, but supported as necessary by the CTMUHB Head of Communications (or nominated OOH comms manager) and any other communication leads from partner Gold Command organisations e.g. Fire or Ambulance etc.

As the major incident moves into the recovery phase, the CTMUHB Head of Communications (or nominated OOH comms manager) will be responsible for managing the press and media in connection with press interest around the Health/NHS issues linked to the major incident. There should be liaison with neighbouring HB colleagues and NHS Wales Exec comms leads to ensure consistent messaging.

Responsibilities will include managing press and media on hospital or other Health Board sites, arranging press releases and information updates, dealing with media queries, and organising press conferences and interviews. In addition, the Head of Communications (or nominated OOH comms manager) will be responsible for social media updating, including the Health Board's Face book and Twitter sites as appropriate.

The CTMUHB Facebook page will be used to ensure accurate and timely information is available via social networking. A bespoke Facebook page can be considered, but it is likely to be more beneficial to access the existing audience of the established CTMUHB Facebook page. In addition, a hash-tag named in accordance with the incident will be produced for Twitter updates, or if a hash-tag has already been established by another party, that will be used.

The Head of Communications (or nominated OOH comms manager) will also update information on the CTMUHB website as needed.

During this recovery phase, the Head of Communications (or nominated OOH comms manager) will continue to work with Communications Leads from the Police and other organisations as necessary.

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Communications: Internal

The Head of Communications (or nominated OOH comms manager) will be responsible for updating the CTMUHB intranet as necessary to keep staff informed in general about the incident. In addition, the Head of Communications (or nominated OOH comms manager) will be responsible for preparing general staff email messages.

Note: specific operational information to groups of staff will be the responsibility of their line manager, and not the Head of Communications (or nominated OOH comms manager)**.**

Communications: External (Non-Press and Media)

The Head of Communications (or nominated OOH comms manager) will also ensure other important parties are kept aware of key messages:

- Non-Executive Health Board Members
- Community Health Councils
- Welsh Government/NHS Wales Executive
- Partner Organisations as appropriate
- Members Community Health Councils
- Stakeholder members

Additional Communications Support

The Head of Communications (or nominated OOH comms manager) will also assist in general Communications support, e.g. preparing ad hoc patient information leaflets, posters, etc.

17.0 Community Incident

Community staff in CTMUHB may be involved in a Major Incident situation when the rest of the Health Board Major Incident Plan has not been invoked. A request may be received from the Local Authority Emergency Planning Officer for health service support at uninjured Survivor Reception Centres and Evacuation Centres, an example could be a large fire with no casualties, but local residents have been evacuated from their homes; or an evacuation of a Nursing / Residential Home.

In any community there are likely to be groups of vulnerable individuals. Information may be sought in relation to chronically ill patients and frail/disabled persons within a given community, where evacuation may be considered by the Police.

In particular, Community Nursing Services may be called upon to provide: -

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- Nursing support at Survivor Reception Centres and Rest Centre.
- Nursing support for patients discharged early.
- Nursing service in Health Centres / Clinics.
- Assistance in the administration of vaccines and/or emergency antidotes.

Where the CTMUHB Major Incident Plan has not been activated, activation of Community Services will be from the Local Authority Emergency Planning Officer to the Primary and Community Care Service Delivery Unit.

18.0 Primary Care and Community Health and Therapies Services

The HB will provide appropriate co-ordination of Primary Care and Community Health Services involvement at major incidents. The services likely to face increased demand for emergency health care as a result of a major incident will include:

- GPs
- Community Nurses
- Health visitors
- Mental health services
- Pharmacists
- Practice Nurses
- Out of hours' services

Primary Care and Community Health Services may be required to:

- To assist in the management of patient discharges from Hospitals.
- Establish close liaison with Social Services, other Local Authority departments and other agencies to meet the needs of people affected.
- Assist in providing arrangements for social and psychological support.
- Ensure that the health needs of people at survivor reception centres and rest centres have effective access to health care and support.
- To recognise signs and symptoms of patients referring to surgeries who have been exposed to chemical/biological agents.
- Deal with a large influx of patients who need healthcare advice or re-assurance following exposure to hazardous materials.
- Provide support to overwhelmed acute secondary care hospital units.
- Provide healthcare support for people who have been evacuated from their homes into reception centres.
- Provide support to mass vaccination and treatment programmes.

General Practitioner Services

GP services will be the natural focus of health care in the community in the aftermath of a major incident. They will be expected to maintain accurate records of patient/doctor contacts relating to a major incident and may be called upon to:

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- Provide routine medical services (including at rest centres if requested to do so).
- Deal with minor consequences, such as eye irritations, in their surgery/health centre, if requested to do so.
- Be alert to the signs of post-traumatic stress in casualties and their families ensuring access to counselling/mental health services.
- Assist PH in the identification of patients who have or may have been exposed in a chemical/biological incident and facilitate appropriate sampling;
- Provide additional medical support to acute secondary care hospital units. in an escalating major incident necessitating the drafting of extra medical help (the HB will arrange for GP support after liaison with the Medical Director of the receiving hospital, which can be accessed through the Welsh Ambulance Services NHS Trust, Control)

The Royal College of GPs believes that GPs have a professional responsibility to take what action they can in contributing to the emergency response whilst continuing to provide general medical care to the community within the limited conditions imposed by the incident. Where GP services are utilised as a result of a major incident, HB's will compensate GP services in accordance with the conditions specified in the General Medical Services contract, or as directed by the Welsh Government.

Out of Hours Services and Urgent Primary Care Centres

Out of hours' primary care services may be called upon to support a major incident. They will be expected to maintain accurate records of patient/doctor contacts and calls and may be called upon to: -

- Mobilise General Practitioners to support the incident
- Provide advice and increase capacity to primary care services.

19.0 Medical Major Incident [Chemical, Biological, Radiation and Nuclear (CBRNe/Infectious Disease]

A Medical Major Incident could occur from either conventional causes, or terrorist activities; for example, as a result of a severe outbreak of poor weather resulting in hypothermia; an environmental disaster, such as flooding, or a boating incident where large numbers of casualties have to be admitted with hypothermia and other medical problems; or a toxic chemical incident. Additionally, a major outbreak of severe infectious diseases could cause similar difficulties.

In a Medical Major Incident, the medical services would need to be mobilised to provide assistance in the ED. Following discussions with the Hospital Co-ordination Team and Clinical Lead for Medicine, the Medical Teams may need to cancel routine clinics for that particular day, and clear beds to allow for medical major incident admissions. It may be necessary to change Junior Doctors' on-call rotas to provide additional support for the acute emergencies.

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If the nature of the Medical Major Incident is of a prolonged nature, for example in a chemical leak, severe infectious disease outbreak, the Medical Teams may additionally need to provide on-going review for patients requiring longer-term treatment. It is well documented that in the case of chemical incidents it can be difficult to predict the type of on-going medical problems that can evolve. It may be necessary to establish additional Out Patient Clinics to monitor patient's health in the event of such an incident. The required emergency response plans include Contaminated Casualties, Distribution of Countermeasures and Pandemic Framework and Tactical Plan.

As a result of recent terrorist related events, the threat of Chemical, Biological, Radiation, and Nuclear (CBRN) terrorist attack on the UK has become more predominant;

Chemical

These devices will contain some form of chemical agent, the effects of which range from causing watery eyes, blistering to the skin through, in the worst case scenario, to instantaneous death. Examples are CS, Sarin, and Mustard Gas.

Biological

These devices contain some form of biological agent, the effects of this type of device are not immediately apparent as the biological agent may take a number of days or even weeks to incubate in an infected victim. However, the result of exposure and subsequent infection can range from flu like symptoms through to, in extreme cases, death. Examples are Anthrax, Cholera, and Ebola

Radiological and Nuclear Incidents

This type of incident may result from a Chemical, Biological, Radiation, and Nuclear (CBRN) terrorist attack such as a "dirty bomb" or result from a non-terrorist incident such as an accident involving transport of radioactive materials.

Radioactive material can harm individuals if: -

- contaminated material is inhaled;
- there is direct contact with a radiation source;
- material is ingested;
- material is allowed to ingress through cuts and open wounds.

Unlike chemical or biological hazards, radiation resulting from such events is easily measurable and quantifiable.

Radioactively ***contaminated*** casualties are those that have been exposed to contaminated radioactive material. Although such casualties should be decontaminated in the same manner used for chemical incidents, they are highly

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unlikely to emit radiation that is harmful to rescuers and staff and lifesaving treatment must always take priority over decontamination.

Radioactively irradiated casualties are those that have been exposed to a radioactive source and radiation has passed through them. The irradiated casualty does not re-emit harmful radiation and does not pose a hazard to staff.

Many non-terrorist Chemical Incidents will not result in the Major Incident Plan being invoked. It may, however, be necessary to implement appropriate response measures based on Emergency Plans, whether or not a Major Incident has been declared.

A Chemical Incident is considered to be “an event leading to acute exposure of two or more individuals to any non-radioactive substance resulting in illness or potential toxic threat to health; or where there are two or more individuals suffering from a similar illness which might be due to such an event”. The key issue in dealing with these types of casualties is to avoid secondary injury to treating staff.

It is envisaged that casualties will usually have been decontaminated by the Emergency Services prior to arrival at the ED. The Welsh Ambulance Service NHS Trust is equipped with mobile decontamination facilities, and specially trained personnel, to operate at the scene of a Chemical incident. Receiving Hospitals are also equipped with decontamination facilities, should casualties present without having being decontaminated at scene. In this event, the Health Board is required to notify Natural Resource Wales if decontamination procedures are instigated.

In the event that large scale mass casualty decontamination is required, assistance from the Fire Service should be sought, as outlined in the All Wales Protocol for Decontamination.

Note: Should a patient present to the Hospital following a chemical/radiation incident they should **not** be allowed access until decontamination has been undertaken, early inter-agency support should be considered. CTMUHB Contaminated Casualty Procedure should be followed.

Patients should not be afforded access to the hospital and should remain outside of the ED area pending decontamination to prevent spread of the contamination. Similarly, a patient suspected of having an infectious disease, such as VHF/SARS/Measles, must first be donned in appropriate protective equipment. These measures will help minimise the risk of contamination or disease spread to other vulnerable hospital patients. The only exception will be those with life threatening injuries who may need to decontaminated and treated at the same time. All treating staff must use appropriate protection measures and PPE.

The Welsh Government has a stockpile of health countermeasures for use in the event of a deliberate attack resulting in release of chemical, biological, radioactive or nuclear materials and the CTMUHB Countermeasures Distribution Plan should be utilised as required for incidents of this nature.

In the event of a major emergency, all countermeasures can be accessed by contacting:

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WAST Emergency Control Room – Telephone 01633 – 294866. More specific information is available in each of the Emergency Departments.

20.0 Response Plans and Groups

Communicable Disease Outbreak Plan for Wales

The Communicable Disease Outbreak Plan for Wales should be used as the template for managing all communicable disease outbreaks with public health implications across Wales when an outbreak has been formally declared. CTMUHB incident management structures (Gold/Silver/Bronze) should be implemented to manage the command, control and coordination and assist in plan delivery.

The Health Board has the public health legal responsibility to protect the health of its resident population. Public Health Wales (PHW) has the responsibility for advising the Health Board, providing specialist leadership and management of outbreaks – including those that may require mass vaccination of the population, but should work in partnership with the Strategic Health Protection teams within CTMUHB.

The Communicable Disease Outbreak Plan for Wales is divided into seven parts. Parts 1 and 2 contain details pertinent to all outbreaks. Parts 3-7 contain the technical operational detail needed for managing specific issues. In the case of cross-border outbreaks, all those led by Wales will be managed in accordance with this plan.

For outbreaks occurring in hospitals the plan for outbreak management in hospital settings could be followed. However, if a hospital outbreak has any potentially serious public health implications, then this plan takes precedence in control of the outbreak.

For outbreaks occurring in prisons, the multi-agency contingency plan for the management of communicable diseases or other health protection incidents in prisons in Wales should normally be followed. The prison plan contains the same principles as the Wales Outbreak plan but includes more specific details in the prison setting.

Following the activation of the Communicable Disease Outbreak Plan for Wales an Outbreak Control Team (OCT) will be established. Core members of the OCT are:

- Local Authorities (Director of Public Protection and Lead officer for Communicable Disease)
- Public Health Wales (Consultant in Communicable Disease Control / Consultant in Health Protection and Clinical Lead for Microbiology if PHW provided)
- Health Board (Executive Director of Public Health of the Health Board [or their nominated officer of sufficient seniority] and Clinical Lead for Microbiology if Health Board provided)

Other members may be co-opted as necessary.

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The tasks of the Outbreak Control Team – to be implemented by OCT members on behalf of their employer - are as follows (not exhaustive):

- Confirmation
    - Assess if the outbreak is real
    - Initiate interviewing of cases
    - Collect relevant clinical / environmental samples
    - Identify population at risk
    - Notify hospital pharmacies and Immunisation Coordinators
    - Form preliminary hypothesis of the cause

- Initial investigation and control
    - Identify cases
    - Identify and investigate the routes of transmission
    - Collect data

- Collation of information
    - Calculate attack rates
    - Test hypotheses using analytical epidemiology
    - Agree source and route of transmission

- Implementing control measures
    - Implement appropriate control measures, including mass vaccination where necessary
    - Monitor effectiveness of control measures through continued surveillance

- Communication
    - Agree lead agency for communication
    - Liaise with partners not actively involved in the OCT
    - Develop and share key public messages to manage risk

There will be rare occasions where an outbreak may necessitate the activation of civil contingency arrangements. This is likely to be where the nature and scale of the communicable disease overwhelms services, or where it creates wider strategic issues or risks that may have a serious impact on the public. In such a scenario, the Wales Resilience Emergency Civil Contingency structures will be employed or invoked.

Whilst disease outbreaks are usually managed at the local level in accordance with the Communicable Outbreak Plan for Wales, the Wales Framework for Managing Major Infectious Disease Emergencies sets out additional measures needed to manage a major infectious disease emergency, integrates planning and response arrangements with existing emergency planning structures for dealing with major emergencies and clarifies organisational responsibilities for an effective health response.

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Environmental Incidents

The *Managing public health risks from environmental incidents. Guidance for use in Wales*. sets out arrangements for the management of incidents that are minor or localised using an Incident Management Team (IMT) approach, through to the early stages of potentially major incidents when existing command and control arrangements may apply.

Following the declaration of an Environmental Incident as per definition, an Incident Management Team will be established. Membership of the IMT will include Public Health Wales, UKHSA CRCE-Wales, Health Board, Local Authority and Natural Resources Wales. Other non-core members will be invited as necessary.

CTMUHB have a statutory responsibility to protect and improve local population health and wellbeing. In most incidents CTMUHB strategic health protection teams are supported by Public Health Wales. The main link with CTMUHB will be through the Director of Public health (DPH).

In the event of a significant or 'major' incident occurring or where local existing incident plans prevail and the situation escalates beyond an IMT and this guidance, formal Civil Contingencies incident response structures will be implemented as agreed by the Local Resilience Forum (LRF).

Scientific and Technical Advisory Cell (STAC)

A STAC brings together scientific and technical experts operating under the strategic direction of the SCG during the response phase or once the transition to recovery has been taken, the Recovery Co-ordinating Group (RCG). The SCG Chair is responsible for, and will set the overall direction of, the multi-agency response including the high-level objectives and priorities

STAC should only be activated when there is a collective belief that it can "add value" over the level and type of information or advice that can already be provided by SCG or RCG members. STAC may be activated in response to many different types of significant event (including industrial chemical or nuclear accidents, CBRN attacks and severe environmental incidents), but activation and operation are always the same, regardless of incident type. When making a decision about whether to activate a STAC, SCG or RCG members should consider the nature and expected timescale of the incident, and complexity of the response/recovery as well as the type and level of specialist advice required. It is often more efficient and timely for experts to advise the SCG/RCG directly than to establish a STAC.

In most instances the immediate concern is likely to be the risk to human health in the majority of cases the role of STAC Chair will be filled by Public Health Wales where there is no clear alternative. However, depending on the nature of the incident the Chair can be any relevant person appointed by the SCG Chair

Health Boards may be requested to provide to representation on the STAC to provide scientific and technical advice to SCGs / RCGs

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21.0 Roles and Responsibilities of Other Organisations

Welsh Government Civil Contingencies Committee

This group will normally be based at Welsh Government Emergency Co-ordination Centre, Cathays Park, usually convened when a major incident or significant emergency has been declared.

The role of the centre is to co-ordinate information from across Wales on the developing situation. It also provides the strategic coordinating group with information from central government and the Welsh national picture.

Public Health Wales

Public Health Wales' vision for civil contingencies is:

"To ensure that Public Health Wales and its entire staff are aware and capable of supporting the needs of Wales' communities should they be involved in an emergency or call upon the services of the Public Health Wales Trust during a major emergency''.

Public Health Wales is responsible for providing public health emergency preparedness, resilience and response leadership, and scientific and technical advice at all organisational levels, working in partnership with other organisations to protect the health of the public within Wales.

Welsh Ambulance Services NHS Trust

The NHS, Ambulance Service providers have the responsibility for alerting, mobilising and coordinating the initial NHS response to short notice or sudden impact emergencies such as critical or major incidents, this includes:

- Initiate and maintain Ambulance Service command plans to provide appropriate support and guidance to all NHS responders and other agencies.
- Co-ordination of all NHS communications will be through the host/responding Ambulance Service provider(s).
- The management of the health, safety and welfare of all NHS responders at the scene of the incident.
- The provision of casualty triage, treatment and transport including the selection of appropriate receiving hospitals.
- Provision of specialist incident response capabilities, including hazardous area working, decontamination of casualties and response to terrorist incidents.
- Appropriately trained and competency assessed commanders with evidence of continued professional development.

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- Commander development as per the Standards for NHS Ambulance Service Command and Control.
- Ensuring all Strategic and Tactical Commanders contributing to an on-call rota should be appropriately Security cleared to attend sensitive meetings and briefings implied by their role.

Police

In the event of a major incident, the Police will deploy;

- A Hospital Documentation Team for the purpose of disaster victim identification, (DVI)
- Establish a Casualty Bureau
- Dispatch Family Liaison Officers, if appropriate
- Deploy an Incident Investigation Team. The Police will treat the cause of the incident as suspicious until proven otherwise and all staff must consider this when handling patient's property. In addition, Health Board staff may need to be interviewed if deemed as witnesses as part of their role in the response.

Local Authorities

Local Authorities have a number of key roles and responsibilities to undertake during major incidents and are defined as a category 1 responder in the Civil Contingencies Act, 2004. They will have a key function to play in assisting the release of patients from hospital to the community to provide space to receive MI casualties, particularly in a Mass Casualty incident type. In addition to Emergency Planning, Departments that may be included in the response include;

- Local Education Authority
- Social Services
- Third Sector (Voluntary)

Military Aid

Military Aid to the Civil Authorities (MACA) is the collective term used by the Ministry of Defence of the Government of the United Kingdom and refers to the operational deployment of the armed forces of the United Kingdom in support of the civilian authorities, other government departments and the community. There are 3 criteria for the provision of MACA;

- When the use of mutual aid, other agencies and the private sector is considered as insufficient or unsuitable
- When the Civil Authority lacks the required level of capability to fulfil the task or prohibitively expensive

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- When the Civil Authority has a capability but the need to act is urgent and the resources are not readily available.

22.0 Recovery

The recovery phase of an incident needs to be considered at the onset of an emergency. The recovery phase continues until disruption has been rectified, demands on services have returned to normal and the needs of the affected population have been met.

Recovery management should encompass the physical, social, psychological, political and financial consequences of an emergency.

It is the responsibility of the Executive Director for Planning and Transformation and Chief Operating Officer to anticipate consequences and appropriate recovery planning right from the beginning of any response and a recovery team should be convened to manage the recovery of an incident.

Consideration will also be required for sustainability in the event of a protracted incident. Personal resilience of those who are acting in roles designated in the major incident plans should consider handing over the role to a colleague of similar seniority and experience either at the time they have to leave the Health Board due to other commitments, or at the time when they feel that their effectiveness may become impaired. During these circumstances a rolling rota will be required.

23.0 Operational Debrief

A 'Hot-debrief' meeting should be organised by strategic/tactical and operational leads as soon as possible after the incident to ensure he capture of information and the identification of lessons whilst still at the forefront of minds. This will involve Heads of Departments, and other relevant staff involved, to discuss the events of the incident, both positive aspects and key lessons learnt which could be implemented for future planning.

A significant major incident will require a structured debrief. This is to ensure learning points are identified, analysed, acted upon and if deemed necessary incorporated into the organisations response arrangements. The sharing of good practice reduces the risk of incidents re-occurring and their impact.

A structured debrief for the Health Board will be organised by the Emergency Preparedness Resilience and Response Manager. The Health Board may also be required to participate in a multi-agency debrief.

Following a structured debrief a post incident report will be collated, internal to the Health Board. The incident report will be shared with the Emergency Preparedness

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Resilience and Response Strategy Group. Lessons to be learned will be recorded and progress monitored.

The thrust of any such debrief(s) would be to identify areas for improvement in procedures, equipment and systems. They should not be forums for criticising the performance of others.

24.0 Post Traumatic Stress / Emotional Effects: Psychological Support

Following a major incident which was exceptionally threatening or catastrophic, it is to be expected that many people will develop short-term symptoms of psychological adjustment. MH&LD Care Group staff have provided front line response staff (Chaplaincy Management, Volunteer Services Manager, Hospital Social Work Team Manager and Relatives Area) with information and support for patients (children and adults) who have been involved in a major incident. The advice outlines what to expect, coping strategies, and advice on when to seek further help.

It is not anticipated that mental health staff will become directly involved in offering responses to disaster survivors immediately following the incident.

People at high risk of developing PTSD after a major disaster should be offered a validated, brief screening instrument for PTSD at 1 month after the disaster.

Adult trauma survivors with clinically important symptoms of PTSD (re-experiencing, flashbacks, nightmares, avoidance, hyperarousal, negative alterations in mood or thinking) will be recommended to speak to their general practitioner and seek assessment from LPMHSS (Local Primary Mental Health Support Services). Survivors with significant risk because of their symptoms should be referred to Mental Health Single Point of Access (SPOA) for mental health triage assessment.

Adult trauma survivors, or their families/carers may also dial 111, then select option 2 to directly access urgent support for their mental health. This service is available 24/7 and will provide immediate support, signposting to community resources and onward referral to mental health services as appropriate.

Child trauma survivors will be assessed by school counsellors or Primary CAMHS and potentially passed onto Specialist CAMHS services if needs are complex.

Traumatic events affecting people in the workplace occur fairly infrequently. When they do occur they are usually initially accompanied by a sense of shock. However, for some people there can be a more lasting effect. Staff should be well supported following any major incident.

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25.0 Training

Training in Emergency Planning procedures is of paramount importance and a training and exercising schedule is required to include;

- Simulated incidents and communications exercises to learn lessons for future planning. Communications exercises will be held at regular intervals (at least every 6 months) without warning.
- Relevant Staff will also be expected to undertake pertinent training courses.
- Following the general induction programme for major incidents, it is the individual staff responsibility to ensure that they are familiar and updated with their role in the event of a major incident. It is the responsibility of Care Group Directors and key staff to ensure that the personnel under their management are fully conversant with this plan and are informed and trained in the implementation of their action card. An e-learning package (Introduction to Emergencies) is available to provide health major incident management overview and supplement job specific training.
- In addition to responding to live Major Incidents, there is a requirement that Major Incident Plans are exercised regularly to ensure that all staff are familiar with their role. Such exercises may take many forms, from a purely 'paper exercise' to a full reconstruction of an incident with simulated casualty victims.

26.0 Exercising/Governance

The Health Board is required to carry out a major incident communication cascade exercise every six months, a desk top exercise once a year and a live major incident exercise every three years.

Major Incident Plan exercises are valuable and often identify areas that require revision in the light of changed circumstances, personnel or facilities.

Please take the time to read and familiarise yourself with your role in the event of a major incident now, and to re-read it from time to time.

The maintenance of the document is the responsibility of the Emergency Preparedness Resilience and Response, (EPRR) Manager and it will be reviewed as required by the Health Board EPRR Strategy Group and approved by the Health Board.

Its content will be reviewed at least annually, by the EPRR Strategy Group and any major changes recommended to be formally reviewed and submitted for further approval to the Board.

This plan will also be reviewed following the declaration of a major incident or exercise and/or in light of any changes to the relevant legislation.

The CTMUHB EPRR Strategy Group will approve and sign off any amendments to this plan. Revised versions will be submitted to the Board for approval.

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27.0 Supporting Arrangements

Record Keeping

A comprehensive record should be kept of all events, decisions, reasoning behind each key decision and actions taken. The organisation is responsible for maintaining its own records.

Logging is an essential procedure which must aim to provide people with the right information at the right time in a form they can assimilate and act upon. Loggists capture information relating to decisions made and actions taken. Loggists are required to produce a contemporaneous log of the incident. Loggists will be included in the Hospital Co-ordination Centres and Health Board Gold.

All documentation will need to be saved and produced for the purposes of internal/multiagency debrief, inquiry, civil or criminal proceeding, or coroner's court. Any log produced is disc losable and as such becomes legal evidence.

Archival Process

All retained documentation (records) must be preserved through best practice archival processes. The records must be made available to the Information Governance Manager, who should preserve them in the way which makes them most accessible to any Inquiry. Records can be made available to the Information Governance Manager by either sending them a copy, or by giving them access to their digital location e.g. shared drive, SharePoint. Digital records can be transferred at any time, but physical records should only be transferred to the Archivist once they no longer provide active business use.

The Information Governance manager should apply archival processes to the records such as appraisal, arranging, describing and cataloguing, preserving, and provision of access, so that they can be adequately requested by, and provided to, the Inquiry. (Action Card included in appendices)

Business Continuity

The *Civil Contingencies Act* 2004 requires all Category 1 responders to maintain plans to ensure they are still able to exercise their functions, as far as reasonably practical, in the event of an emergency. The Health Board therefore needs to ensure that key services are maintained when faced with disruption.

Business Continuity Management systems support the delivery of key services at pre-determined levels during internal incidents and ensures the capability for an operational response during a major incident.

In summary Business Continuity Planning should have a structure that can;

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- Deliver a framework which can be used to strengthen resilience during times of disruption
- Identify and risk assess potential threats and weaknesses of the organisation
- Aid preparation, prevention and recovery of the identified risks and potential disruption
- Support the continuance and recovery of core critical services
- Promote return to business as usual
- Defend and protect stakeholder interests
- Ensure reputational integrity

CTMUHB Business Continuity arrangements are available as overarching documents and should be underpinned by Care Group tactical BCM arrangements.

Equality and Human Rights Statement

Under equality legislation, the Health Board have a legal duty to pay 'due regard' to the need to eliminate discrimination and promote equality. The Health Board is committed to ensure that we consider the needs of all members of our community. These principles are embedded as part of the core functions of the Health Board and are included within the values, policies, procedures, delivery standards and objectives.

An Equality Impact and Welsh Language Assessment has been undertaken.

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SECTION 2

Strategic Executive Response

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SECTION 2: Strategic Executive Response

2.0 Strategic Executives

The following information provides CTMUHB Executives with a summary of the CTMUHB response in the event of an emergency.

3.0 Background

Under the Civil Contingencies Act 2004, as a category one first responder the CTMUHB has a responsibility to ensure there are plans in place which demonstrate its level of preparedness.

Plans include: -

- Major Incident
- Chemical, Biological, Radiation and Nuclear [CBRN]
- Business / Service continuity Plans
- Pandemic

CTMUHB is a member of the South Wales Local Resilience Forum (SWLRF), a body set up by the Welsh Government to co-ordinate a response across all category 1 & 2 responders.

In the event of an emergency/infectious disease outbreak that requires a strategic, multi-agency response, the SWLRF will establish a strategic co-ordination group (SCG). This will most likely be located at **SWPHQ, Waterton, Bridgend**.

The strategic co-ordination group (SCG) will most likely be chaired by the Chief/Deputy Chief Constable and will provide a co-ordinated strategic response. The Chief Executive/Exec Director or Executive on call would be expected to attend these meetings in the event of an emergency.

The Chief Executive /Exec Director or Executive on call will be fully briefed by HB officers, on the current situation and any potential impact on HB services, including the need for 'mutual aid' from partner agencies.

4.0 Health Board Response

4.1 Gold Command/Executive Response

Dependent upon the nature of the incident and in addition to an SCG an internal HB Gold Command Team will be convened. The decision to convene a Health Board Gold Command will be made by the Executive on Call at the time of the incident and

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following a review of the incident details to ascertain the need. If there is an agreed declaration at the scene and it is evident that a major incident declaration is required, then Gold should be convened.

A decision will be made by the strategic lead as to whether this is a virtual function or whether physical attendance is required. The Hub facility at RGH should be a consideration if a physical response is deemed appropriate.
The objectives include;

- To ensure a safe, effective and co-ordinated response and recovery to a Major Incident. Gold Command will undertake the Health Board leadership role. They will provide strategic direction where required, supporting the Silver Command Team.
- To act as the route of communication with the Strategic Co-ordination Centre.
- To co-ordinate decision making and effective use of resources during a major incident; ensuring key supporting roles are covered.
- To liaise with other Health Boards and agencies as required.
- To provide an appropriate response to the media and other external agencies.
- Liaison with multi-agency Gold command regarding additional resources both within and outside the area.
- To protect the wellbeing of staff and patients within the Health Board.
- To ensure a strategic oversight of the incident and the Health Board as a whole.
- To decide when the internal major incident arrangements should be stood down and recovery phase implemented.
- To provide appropriate situational updates and briefs to WG/NHS Executive as appropriate.

The following Gold Command team members will be alerted by the Executive on Call (OOH) or the nominated Executive Officer (in hours) utilising Switchboard support.

- Executive on Call
- Loggist (Switchboard will have an up to date list of trained loggists)
- Medical Director or Deputy
- Chief Operating Officer or Deputy who will be in close liaison with Silver (Tactical) Command
- Director of Nursing or Deputy
- Director of Human Resources or Deputy
- Head of Communications with additional presence at Morriston where possible
- Director of Strategy (Civil Contingencies Lead)
- EPRR Manager
- Additional Administration staff

The nature and/or time of the incident may dictate that in the first instance nominated deputies or other Executive Director staff will have to undertake these roles, which is why Executive Directors/Assistant Directors must be familiar with the content of the relevant action cards.

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4.2 Silver/Senior Manager on-Call

The HB has the following senior management on-call arrangements in place for the following services:

- Place precis of on call rota here

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4.3 Silver Command/Acute Service Response

Silver Control within the Health Board will be convened within the on-site Hospital Co-ordination Centres. They will be responsible for developing and implementing a tactical plan to achieve the strategic direction set by Gold command. Health Board Silver will oversee the operational response and will be the link between strategic and operational.

The CTMUHB response should include hospital coordination centres at each acute site with a single dedicated Silver Control at the most appropriate HCC to effectively deal with the incident.

The most appropriate incident management structure should be decided by the exec on call in consultation with all SMOCs and clearly communicated to all involved.

The Hospital General manager (in hours) / Senior Manager on call (OOH) will take responsibility for ensuring these centres are functional, allocating the respective roles and supporting action cards.

The Executives should satisfy themselves that the HCCs are up and running before assuming the roles outlined for Gold Command.

Please note, immediately following activation of silver command it is imperative to ascertain early robust communication between the hospital co-ordination centres.

The Core Team will comprise of:

- Care Group Director, Nurse Director and Medical Director
- Clinical Site Management
- Additional managerial, nursing and administration staff as required
- Key stakeholders, e.g. Psychology
- Welsh Ambulance Service

Silver Command will be in close liaison with Gold and may have direct liaison with the following:

- Chief Operating Officer/Deputy
- Emergency Preparedness Resilience and Response Manager
- Communications and Engagement leads

The HCC will coordinate the hospital response and include:

- Establishment of a telephone link with the Welsh Ambulance Service.
- Creation of additional bed capacity through the reorganisation of services, which may include the cancellation of electives, curtailment of outpatient services.

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- Effective bed management arrangements providing regular updates regarding bed availability.
- The deployment of staff
- A reception area for casualties.
- Establishment of a patient information area, activating support services, overseeing the co-ordination of relatives (those attending at the Hospital and telephone enquiries), and the media/press response.
- Preparation of 'status' reports for the Gold Command Team and briefings for staff.
- Making arrangements, in conjunction with Gold Command for the possible on-going Press & Media interest, and visits from VIP's in the period shortly after the incident.
- In close liaison with Gold Command, instigating a recovery programme and debriefing reports/arrangements
- The HCC will also be responsible for standing down the Hospital from a Major Incident response following instruction by Gold Command. It should be noted that this could be sometime after the scene of the incident has been stood-down.

4.4 PCH/POW/RGH – Location and contacts of HCCs

Dedicated locations and contacts for HCCs – include Telephone/Email connections and defined locations to be added here once confirmed

4.5 Emergency Preparedness Resilience and Response Manager

The role includes;

- To provide specialist advice to the CEO/Executive in relation to the interpretation and application of the Health Board Major Incident Procedure and associated documents.
- Confirm that the relevant command and control structures have been implemented across the Health Board.
- Establish links with partners across the South Wales Local Resilience Forum. Provide advice in respect of the role, capacity and capabilities of partner responder organisations
- Identify a flow of communications (battle rhythm) and communicate accordingly, dependent on:

    - SCG meetings, (if SCG established)
    - NHS external teleconferences/meetings
    - Reporting requirement of WG/NHS Exec. and partners

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4.6 Response Principles - JESIP

Joint Emergency Services Interoperability Principles (JESIP)

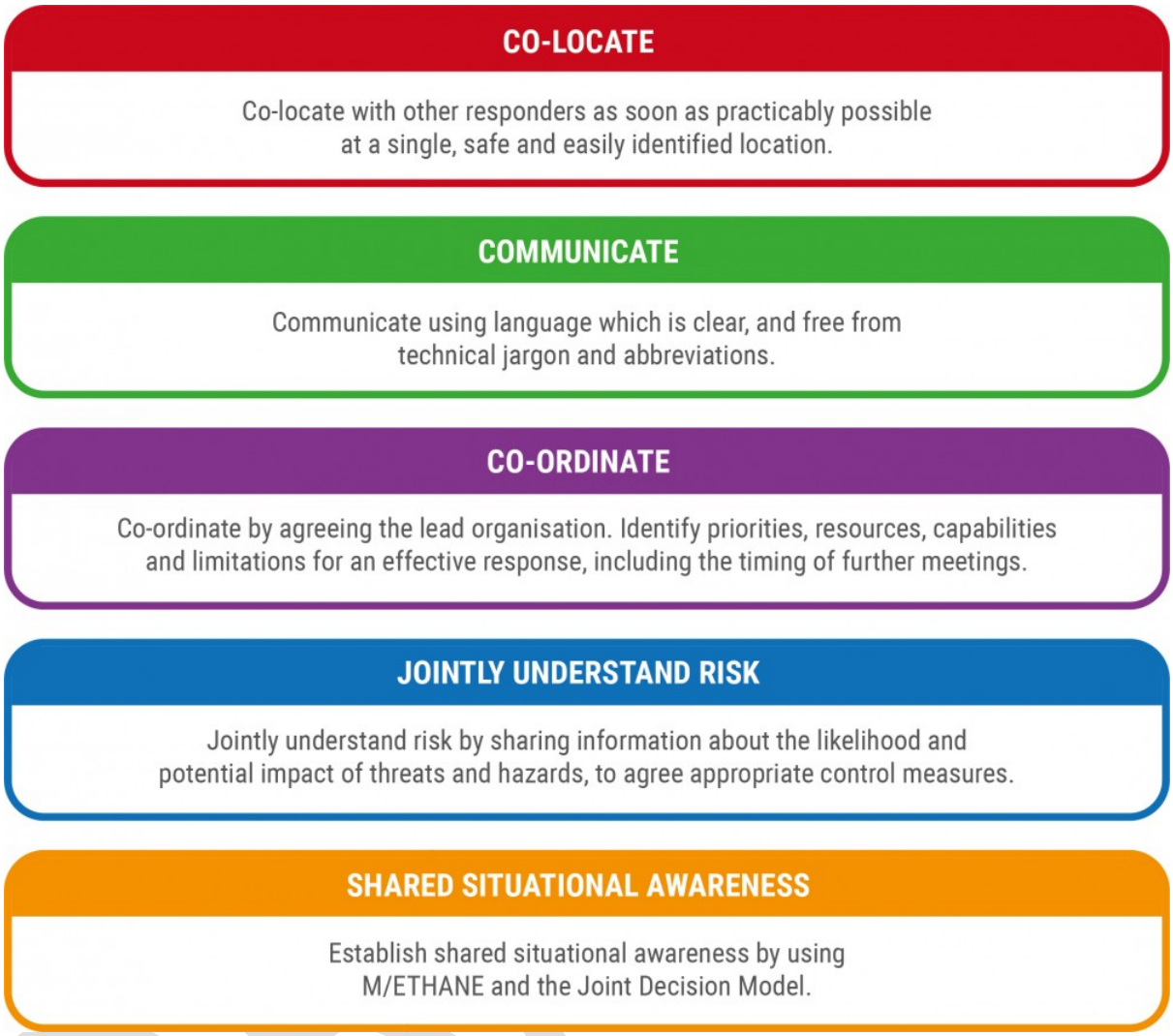
The JESIP Interoperability Principles should be used during all phases of an incident, whether spontaneous or pre-planned and regardless of scale.

They support the development of a multi-agency response and provide structure during the response to all incidents. The principles can also be applied during the recovery phase.

The agreed core principles are as follows:

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To support the 5 core principles, the Joint Decision Model, (JDM), is widely used at all levels of multi-agency meetings during the response phase of an emergency, to enable responding agencies to agree on key decisions. The JDM allows commanders to gain situational awareness of the incident by bringing together the available information, understand the risks, reconcile objectives and make decisions.

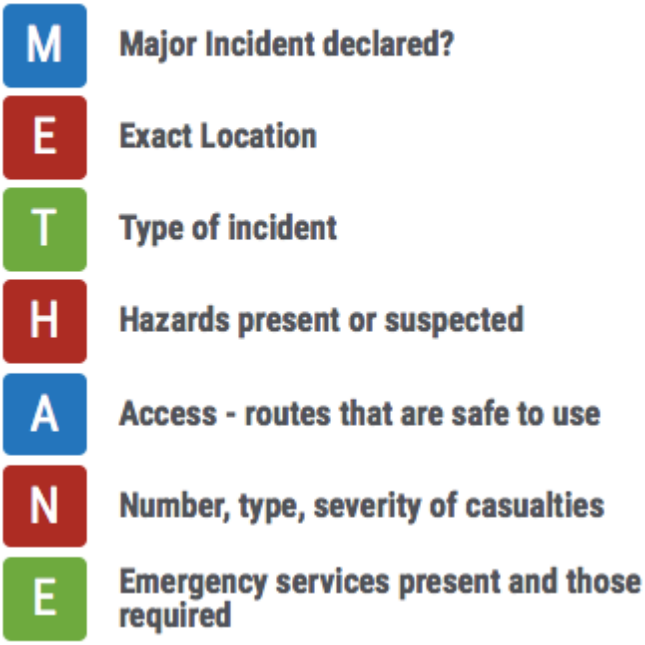
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Joint Services Interoperability Programme accessible through
http://www.jesip.org.uk/joint-decision-model *Accessed 21.04.17*

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METHANE



Joint Services Interoperability Programme accessible through ***http://www.jesip.org.uk/methane*** *Accessed 21.04.17*

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Joint Emergency Services Interoperability Principles (JESIP); Example:

Co-locate

Co-locate with commanders as soon as practically possible at a single, safe and easily identified location near to the scene

What Should happen?	
Purpose of co-locating	• To assume Strategic Command and Control – follow action cards • To share information – METHANE Report • Communicate Clearly • Establish a joint understanding of the unfolding emergency
Who?	• Executive Directors; ○ On Call ○ Medical ○ Nurse ○ HR ○ Chief Operating Officer ○ Strategy ○ Loggist ○ Head of Communications
Where?	• Gold Command at Hub - RGH • Another Executive Director may be required to attend the Strategic Coordination Group, (Multi-agency Gold Command)

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Communicate

Communicate clearly and in plain English

Gold Command Chair	• Establish Command, Control Co-ordination and communication structures
	• Receive an update of the current situation by convening a Gold meeting via video/teleconference. All email communications to be delivered via the designated major incident email address. Template documentation included in Overarching Major Incident Procedure.
	• Communicate clearly within the Health Board Command, Control and Coordination structures
	• Establish communication links with partners across the South Wales Local Resilience Forum and Welsh Government/NHS Exec.
	• Identify a flow of communications, (battle rhythm) and communicate accordingly dependent on;
	  ○ Strategic Coordination Group meetings
	  ○ NHS external teleconferences/meetings
	  ○ Reporting requirements
	• To oversee the coordination of the Press and Media response by the Health Board

Head of Communications	• Invoke Major Incident Communications Strategy and liaise with the Multi-agency Gold media cell.
Loggist	• Ensure a Loggist is appointed to log all key decisions and actions. • Explain all concepts and terminology that may be misunderstood and avoid using acronyms and abbreviations.

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Co-ordinate

Identify priorities, resources and capabilities for an effective response, including the timing of further meetings

What Should happen?	

Gold Command Chair	• Undertake actions as noted in action card
	• Chair meetings using the JDM model
	• Ensure in readiness for the meetings that the most up to date information is received in order to
	  ○ Understand the risks
	  ○ prioritise actions in accordance to the risks
	  ○ identify other plans that may need to be invoked
	  ○ formulate a response plan
	  ○ Ensure appropriate resources are deployed
	  ○ Escalate/report as required
	  ○ Confirm next meeting in accordance to the battle rhythm

Gold Team Members	• Undertake actions as noted in action card • Receive updates from tactical response colleagues • Provide updates in Gold Command • Ensure appropriate resources and capabilities are deployed
Loggist	Ensure a Loggist is appointed to log all key decisions and actions.

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Jointly understand risk

Jointly understand risk by sharing information about the likelihood and potential impact of threats and hazards to agree potential control measures

What Should happen?	
Gold Command Chair	• Share joint dynamic risk assessments with all Strategic and Tactical Commanders, (internal and external as appropriate) so that all risks, threats and hazards can be fully considered and understood • Appropriate response plans can be invoked and appropriate control measures put in place to maximise the safety of all responders and patients and to ensure a team response to minimise treatment delays.
Gold Team Members	• Share identified threats and hazards highlighted from respective services • Receive updates from tactical response colleagues • Provide updates in Gold Command
Loggist	Ensure a Loggist is appointed to log all key decisions and actions.

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Shared Situational Awareness

Shared Situational Awareness established by using METHANE and the Joint Decision model

What Should happen?	
Gold Command Chair	• Use JDM to Chair meetings • Work together to formulate the strategic response plan • Understand how the emergency is unfolding, keep up to date • Understand the threats and hazards in order to invoke the appropriate policies and procedures • Understand the resources available and required
Gold Team Members	• Provide updated information in Strategic meetings, failure to share pertinent information may result in an uncoordinated response and may lead to duplication
Loggist	Ensure a Loggist is appointed to log all key decisions and actions.

Situation	Direction	Action
What is happening?	What do you want/need to achieve in the first hour (the desired outcomes)?	What do you need to do to resolve the situation and achieve your desired outcomes?
What are the impacts?	What are the aims and objectives of the emergency response?	
What are the risks?	What overarching values and priorities will inform and guide this?	
What might happen and what is being done about it?		

Further supporting information can be found in the JESIP Joint Doctrine:

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JESIP-Joint-Doctrine
-October-2021_ACCI

4.7 Executive Response Action Cards

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4.7.1 Gold Command/Executive on Call – Action Card

GOLD COMMAND/EXECUTIVE ON-CALL ACTION CARD ROLE SUMMARY		
As the Executive on Call, (in and out of hours), notification and confirmation of either a Stand-by or Declared Major Incident situation will be received from Switchboard. You will be provided with a report of the incident in the form of the mnemonic; METHANE. **Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.** Your role is to: ▪ To ensure a safe, effective and co-ordinated response and recovery. ▪ Oversee the co-ordination of the Press and Media response by the Health Board. ▪ Provide **Strategic direction** and support, as required, for the incident and running of the Hospitals. ▪ Provide advice and guidance on the most suitable command and control arrangements to manage the incident effectively. ▪ Decide if physical Gold is required ▪ Support the Silver Command Team within the lead Hospital Co-ordination Centre ▪ Liaise with Chief Executive, Executive colleagues, and other relevant organisations. ▪ Liaison with multi-agency Gold command. ▪ Co-ordinate decision making and effective use of resources ▪ Protect the wellbeing of staff and patients within the Health Board ▪ Decide when the internal major incident arrangements should be stood down.		
ACTION :-		***Tick when completed***
1	From home, or your location at the time of receiving the notification, confirm if a major incident has been declared, if it is not immediately obvious. In some circumstances Site management may contact you to discuss if the Health Board should go to major incident declared. Inform the Chief Executive and other executive colleagues in and out of hours if a Health Board Gold Command is required, refer to the METHANE report. If a major incident is declared, Gold Command will be required. Forward a message via the Gold major incident WhatsApp group and invite to 'Virtual Gold Teams Meeting' or dictate attendance at The Hub facility if deemed appropriate.	❑

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GOLD COMMAND/EXECUTIVE ON-CALL ACTION CARD

ROLE SUMMARY

	The following Gold Command team members will be the core for the incident strategic response and should convene in the Gold Coordination Centre. Please consider that out of hours, the initial core team members may be reduced initially. A Loggist and note taker will always be required to document the key decisions and actions discussed at Gold Command. (A list of Trained Loggists is held by switchboard). **Gold Command:** • Medical Director or Deputy • Chief Operating Officer or Deputy, who will be required to be liaise with Silver (Tactical) Command directly • Director of Nursing or Deputy • Director of Workforce or Deputy • Head of Communications; deputies required at Silver • Director of Transformation & Strategy (Civil Contingencies Lead) • Director of Public Health • Director of Digital • EPRR Manager • Loggist • Administration support **Decide on the most appropriate incident management structure physical/virtual Gold.** Agree who will be in attendance at the Strategic Coordination Group if convened.	❑
2	• Proceed to Hub at RGH if not already present and if physical Gold is required. • Inform Switchboard of arrival. • Confirm with Primary Silver Command of arrival and obtain initial METHANE details. If a major incident has not been declared but a significant incident has occurred, obtain a SITREP. If access is difficult to any of the sites; early establishment of TEAMS link is vital in the first instance, (see below). (If available, the lead for Emergency Preparedness, Resilience and Response, will prepare the room for the purpose of Gold Command.	❑ ❑ ❑ ❑

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GOLD COMMAND/EXECUTIVE ON-CALL ACTION CARD ROLE SUMMARY		
	Alternatively, a guide, in the form of a flow chart is included within the Hub, major incident cupboard).	❑
3	Receive an update of the current situation from the Hospital Co-ordination Centre. All email correspondence must be **sent and received** via the email addresses below; Hub/RGH/PCH/POW contacts numbers – email addresses to be included here Establish a battle rhythm and convene a Gold Command meeting when possible to do so and in conjunction with the Lead Silver Command. Allocate a Loggist and note taker. (A list of trained loggists will be held by switchboard). Agree a way of working with the Loggist. Ensure the Log book is completed with evidence of decisions, supporting rationale and the options considered and why they were used or disregarded. The Log book should be signed off once the incident is stood down. A Gold meeting should not take longer than 45mins and the Hospital Co-ordination Centre; (Silver Command) will be waiting for the Gold aim and objectives to inform their response. (Standard agenda attached). Establish a **TEAMS conferencing meeting** with the lead Silver Co-ordination Centre, Gold members (and other key stakeholders as appropriate) at the earliest convenience and in liaison with Silver Command as to when it will be most appropriate. The dedicated **TEAMS** meeting appointment for CTMUHB emergency planning for Gold Command, please see page 64, which includes the direct link. (In addition, all Gold PA's have the appointment in their diaries to forward if required). If there is a SCG established and the HB Gold officer is physically in attendance, use the same TEAMS link to convene a meeting with the HB Gold officer at the SCG in order that regular updates are received from the SCG. They may join the SCG remotely and will therefore join from HQ. Request Digital Services to establish News channel links.	❑ ❑ ❑ ❑
4	Confirm that the Press & Media Rooms in the designated area has been established and ensure that the role of Communication Coordinator has been allocated. Agree a media holding statement with the head of Communications.	❑
5	Establish external communication channels with the following: - • Local Resilience Forum Strategic Coordination Group, (SCG), if established. The Health Board may be asked to attend the SCG by the South Wales Police or join remotely. The SCG will	❑

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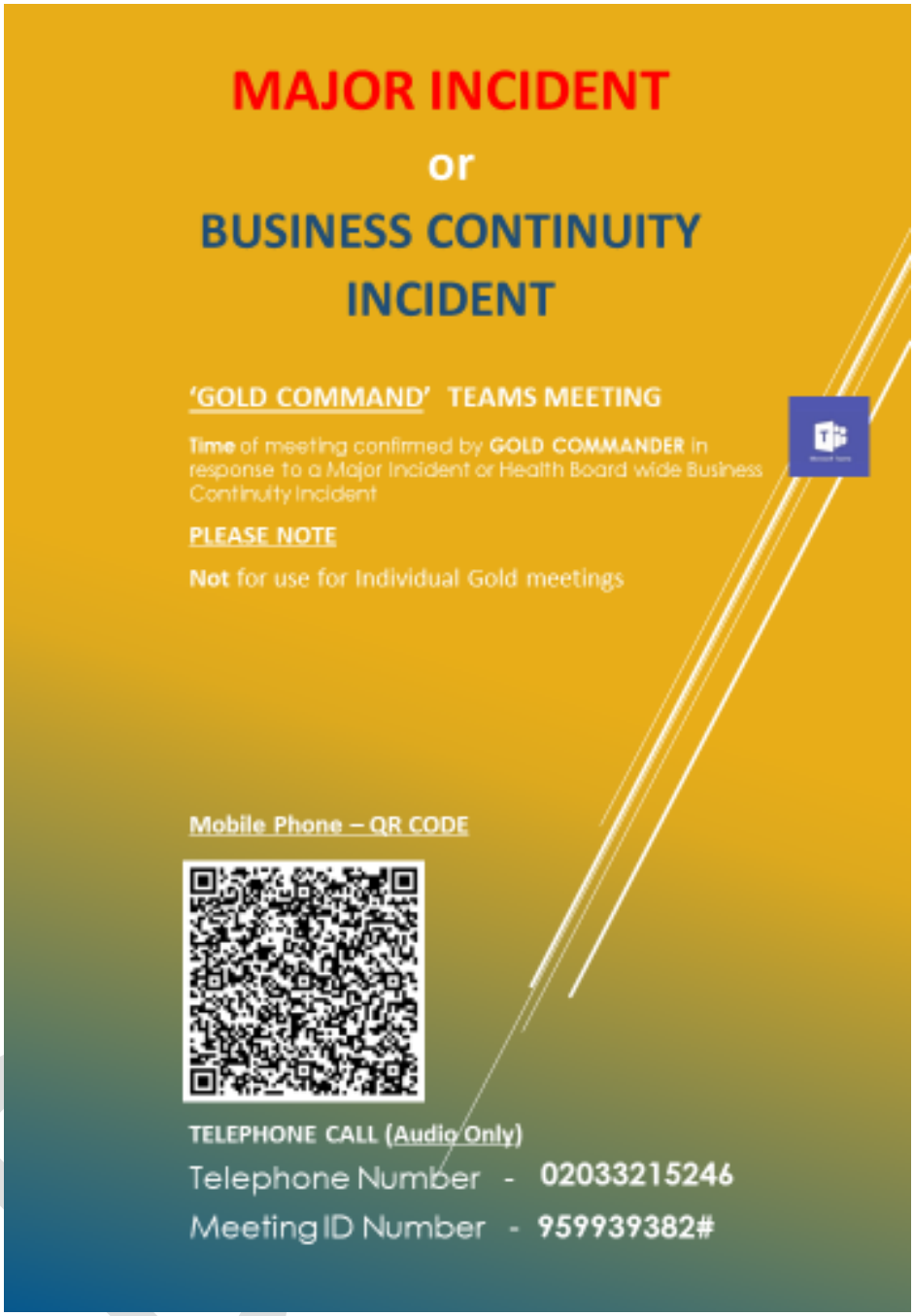
GOLD COMMAND/EXECUTIVE ON-CALL ACTION CARD ROLE SUMMARY		
	normally be located at SWPHQ. Nominate an Executive to attend the Strategic Co-ordination Group; they may require a Loggist to accompany them. • Welsh Government – see contact list • Public Health Wales on-call Consultant (via Ambulance Control), if required	
6	Regularly update the Chief Executive of the incident.	❑
7	Liaise with the Chief Operating Officer/Deputy to regularly assess the operational impact on daily business and supporting hospitals taking routine emergency admissions.	❑
8	Hold discussions with fellow senior colleagues in the Hospital Co-ordination Centre, at appropriate times, to consider the HB's on-going needs, recovery management plan and the impact the incident is having on the rest of the Health Board, this should include the following: • Diversion of emergency admissions where possible • Out Patient Clinics • Routine elective operating lists A recovery response team will be required and the Recovery Action Card will be invoked, co-ordinated by the Chief Operating Officer/Deputy.	❑ ❑
9	Confirm with Silver that a Patient Identification Team is assembled to formally identify and transfer patient identification from the Major Incident numbering system to the PAS system for each patient. The Police may wish to be involved in this process.	❑
10	Confirm with Silver on-going emotional support and counselling for patients / staff is arranged. Ensure regular staff updates are provided as part of HB communications.	❑
11	Depending on the type of incident, consider other Health Board plans as appropriate, which may help in the response.	❑
12	The decision to stand down the Health Board from a Major Incident should be made following consultation with the Health Board Gold Team and the lead Hospital Co-ordination Centre. Stand down should be communicated to all staff via Switchboard and agreement as to when staff involved in responding to the incident should return to normal duties. Partner agencies will also require notification of stand down. An appropriate recovery plan should be in place prior to standing down to ensure a return to new normality following the incident.	❑
13	Arrange to hold a Gold Command 'hot debrief'. The lead silver will undertake a hot debrief also. An organisational debrief, will be arranged by the Emergency Preparedness Resilience and Response Team at a suitable time following the incident, and a Report will be prepared.	❑

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GOLD COMMAND/EXECUTIVE ON-CALL ACTION CARD	
ROLE SUMMARY	
Ensure all documentation is collated into a major incident pack; both hard copy and digital and arrange for safe storage. A SOP has been compiled for this.	
NOTE: If you are called in from Home, it is essential that you drive safely. Please keep calls through the Hospital Switchboard to an absolute minimum. Ensure you wear a valid HB identity badge at all times. Maintain a record of key actions, this will be required for a post-incident debrief and Report. Any changes to your action card should be discussed with the Emergency Preparedness Resilience and Response Manager	

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Gold Command Team Briefing Agenda

No.		Title of Item	Item	Lead
1		**Procedural Matters / Review What has Happened.**		
	1.1	Welcome and Apologies For Absence	**Verbal**	**Chair**
	1.2	Procedural / Urgent Matters • Review any outstanding actions	**Verbal**	**Chair**
2		**Gather Information and Intelligence – BRIEF**		
	2.1	Update Summary from Silver Command(s); including delivery of objectives	**Verbal**	**Silver(s)**
3		**Assess Risks & Develop a Working Strategy**		
	3.1	Identify current & emerging threats & risks to CTMUHB core functions and service delivery	**Verbal**	**Chair**
4		**Consider Powers, Policies and Procedures**		
	4.1	Latest guidance, plans, procedures required	**Verbal**	**Chair**
5		**Identify Options & Contingencies**		
	5.1	Identify options available to mitigate any impact on the CTMUHB core functions and service delivery	**Verbal**	**Chair**
6		**Take Action**		
	6.1	Set the Strategic Objectives	**Verbal**	**Chair**
	6.2	Record the actions taken at the meeting, including responsible person and time restrains if required.	**Verbal**	**Loggist**
7		**Any Other Business (AOB)**		
	7.1		**Verbal**	**All**
8		**Time of Next Briefing in Accordance to Strategic Battle Rhythm Requirements**		

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No.		Title of Item	Item	Lead
	8.1		Verbal	Chair

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4.7.2 Medical Director – Action Card

Medical Director Action Card ROLE SUMMARY	
Notification and confirmation of either a Stand-by or Declared Major Incident situation will be received from Switchboard. You will also be notified of the incident by the Executive on Call via WhatsApp. You will be provided with a report of the incident in the form of the mnemonic; METHANE. **Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required.**	
• Support, as part of the Gold Command Team, the strategic oversight of the incident response • Ensure the medical response to the incident is co-ordinated, supported and sustainable	
ACTION :-	***Tick when completed***
1 If you are the Executive on Call, you will need to allocate a deputy to undertake this role until the Gold Commander is agreed. From home, or your location at the time of receiving the notification, confirm if a major incident has been declared.	❑
2 Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below; Silver HCC Contacts	❑
3 Ensure that the medical response to the incident is co-ordinated, supported and sustainable. Ensure the Major Incident Clinical Guidelines are being referenced https://www.england.nhs.uk/ourwork/eprr/major-incidents/	❑
4 Maintain close liaison with the clinical lead within the Silver Command: Hospital Co-ordination Centre.	❑
5 Update and discuss issues within Gold Command.	❑
6 Liaise with the Medical Director at WAST and neighbouring Health Boards as appropriate. Consider communication with the Welsh Government Chief Medical Officer if the scale of the incident requires this.	❑

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.

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- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**

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4.7.3 Nurse Director – Action Card

Nurse Director Action Card ROLE SUMMARY	
Notification and confirmation of either a Stand-by or Declared Major Incident situation will be received from Switchboard. If you are not the Executive on Call, you will be notified of the incident by the Executive on Call also via WhatsApp. You will be provided with a report of the incident in the form of the mnemonic; METHANE. **Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.**	
• Support, as part of the Gold Command Team, the strategic oversight of the incident response • To maintain strategic oversight of standards of nursing care, quality and safety • To ensure the nursing response to the incident is co-ordinated, supported and sustainable	
ACTION :-	***Tick when completed***
1. If you are the Executive on Call, you will need to allocate a deputy to undertake this role until the Gold Commander is agreed. From home, or your location at the time of receiving the notification, confirm if a major incident has been declared.	❑
2. Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below; Contacts for silver	❑
3. Ensure that the nursing response to the incident is co-ordinated, supported and sustainable.	❑
4. Maintain close liaison with the Nursing lead within the Hospital Co-ordination Centre. Ensure the Major Incident Clinical Guidelines are being referenced https://www.england.nhs.uk/ourwork/eprr/major-incidents/	❑
5. Update and discuss issues within Gold Command	❑
6. Liaise with the Nurse Directors at neighbouring Health Boards as appropriate. You may need to consider communication with Welsh Government Chief Nursing Officer if the incident requires this.	❑

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Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**

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4.7.4 Chief Operating Officer – Action Card

Chief Operating Officer Action Card ROLE SUMMARY	
Notification and confirmation of either a Stand-by or Declared Major Incident situation will be received from Switchboard. If you are not the Executive on Call, you will be notified of the incident by the Executive on Call also via WhatsApp. You will be provided with a report of the incident in the form of the mnemonic; METHANE. **Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.**	
• Maintaining service continuity • Liaise and support via Silver Command, the Gold Command Team strategic oversight of the incident response • Instigate recovery planning	
ACTION :-	***Tick when completed***
1 From home, or your location at the time of receiving the notification, confirm if a major incident has been declared. Contact Silver Command at the Hospital Co-ordination Centre of the receiving hospital to receive a SITREP.	❑
2 Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below; Contacts	❑
3 Ascertain the impact of the incident on the Health Board service continuity; consider the HB's on-going needs. Ensure Silver Command have instigated a major incident response team and also maintain an operational response team. Instigate a recovery management plan, where strategic overview, direction and monitoring will be required to ascertain progress of the recovery work programme. This, will require a separate team who should consider: • Diversion of emergency admissions • Ceasing of Out Patient Clinics • Ceasing of routine elective operating lists **(**See Recovery Action Card**)**	❑ ❑

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4	Maintain close liaison with Silver Command within the Hospital Co-ordination Centre and Gold Command.	❑
5	Update and discuss issues within Gold Command	❑

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**

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4.7.5 Recovery Team - Action Card

MAJOR INCIDENT RECOVERY TEAM	
ROLE SUMMARY	
Recovery is an integral part of the emergency management process and is a valuable process of rebuilding, restoring and rehabilitation following an emergency. During a major incident there is a need to ascertain the impact of the emergency on the Health Board service continuity and consideration is required of the HB's on-going needs and recovery management plan. **This Action Card should be referenced by the Command and Control Team, (Chief Operating Officer) during a Major Incident or Business Continuity Incident and the Recovery Team will be established for the whole of the Health Board.**	
• Provide operational management support in the recovery phase of an emergency. This will begin at an early stage of the incident.	
• Provide a valuable source of help and specialist advice	
• Provide Health Board representation at a multi-disciplinary recovery group	
• Provide support to Public Health	
ACTION :-	***Tick when completed***
1 Establishment of a Recovery Team during the Response phase of a major incident will be required. Discuss a senior lead nomination, somebody who is not directly involved in the incident. Consideration also for the whole team to be made up from individuals **not** involved in the immediate major incident response. Once established, identify a base and communication/update routes the Team will need to consider/undertake the following;	❑
2 Compliance with the strategic direction set by Health Board Gold Command	❑
3 An impact appraisal of the disruption to services, immediate and medium term. Ascertain the period, post incident, prior to services resuming to normal operating. Management of usual business not directly associated with the major incident is imperative.	❑
4 Engage with key stakeholders, (Silver and Gold Command) to decide upon and communicate the overall recovery strategy. Establish appropriate sub groups to address key operational risks, e.g.; Ensure all areas log the movement of patients to allow ease of tracking for those patients who have either; ○ Been discharged early ○ Transferred to another ward within the hospital ○ Transferred to another hospital ○ Discharged following cancellation of their planned operation ○ Cancelled OPD appointment Assess the risk of impact on normal business; ensure a plan is devised for those patients, where scheduled activity has been cancelled.	❑

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5	Identify problems/specific issues and vulnerabilities within the acute and community care setting that may require priority attention.	❑
6	Liaise with and support Public Health Wales in the health care response.	❑
7	Provide support to multi-agency recovery teams as required; ○ Liaise with the Director/Deputy of Primary Care and Community in order to co-ordinate and mobilise primary, community health care as requested ○ Advise and mobilise the support requirements ○ Provide advice and leadership on health aspects of an incident. ○ Continued liaison with L/A agencies to meet the needs of people affected ○ Liaison with GP services to increase capacity to Primary Care Services where necessary	❑
8	Ensure community teams build in additional home visits as deemed necessary to support, provide reassurance and for the process of rehabilitation of discharged major incident patients and those people who have remained within the community but may be affected by the incident	❑
9	Liaise with Hospital Transport and WAST to discuss the transport of patients, either for those in patients awaiting transfer, in patients that have been discharged early and also major incident patients who have been assessed as fit for discharge.	❑
10	In liaison with hospital co-ordination team monitor and support staff welfare issues and co-ordination with wellbeing and psychological services	❑
11	Identify the key recovery issues for services, staff, premises, utilities and supplies following notification of 'stand down', in terms of the impact from the following perspectives; • Financial • Physical • Psychological • Social • Political	❑
12	Ascertain the requirements for a replenishment/cleaning/maintenance programme	❑
13	Ensure the collation of all decision and incident logs and any other relevant documentation. Safe storage is required of all documents.	❑
14	Assist with VIP visits and other elected representative visits	❑
15	Consideration and implementation of an incident de-brief	❑
16	**Welsh Government Community Advice and Listening Line** A Community Advice and Listening line, (C.A.L.L) is offered which provides emotional support and information/literature on mental health and related matters to the people of Wales. Free phone 0800 132 737 or text call 60062:- http://www.callhelpline.org.uk/. Consider issuing in readiness for Debrief.	❑

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Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**

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4.7.6 Gold Command Loggist – Action Card

Gold Command Loggist Action Card		
ROLE SUMMARY		
The Gold Command Loggist will be assigned at the time of the major incident and will be contacted in accordance to availability of trained Loggist staff. (A list of trained loggists is held at switchboard See page 61 for TEAMS link if asked to establish a TEAMS meeting. **The Role of the Loggist is to:** To record all key decisions and actions taken or not taken by the Gold Commander. The Loggist is not a minute taker or there to provide any other administration functions. The role will be undertaken by trained staff only. The Health Board will be asked to account for their actions and decisions during an incident. Notes, records and reports may be scrutinised as evidence.		
ACTION :-		***Tick when completed***
1	All email correspondence must be sent and received via the email addresses below; Contacts	❑
2	On receipt of a Major Incident declared a trained Loggist will be contacted to undertake the role of Gold Loggist.	❑
3	When requested attend the Hub, RGH as the Gold Coordination Centre	❑
4	Ensure you receive a briefing of the incident so far. Log using the METHANE format. (Number the METHANE reports).	❑
5	Commence the Incident Log book, ensuring the incident name and date is documented.	❑
6	Introduce yourself to the Gold Commander and outline your role as above.	❑
7	Remain by the side of the Gold Commander and attend all meetings/briefings unless directed by the Gold Commander not to.	❑
8	Enter the current time and date in the Log Book, log handover time and any other relevant details.	❑
9	Ensure blank spaces are ruled through with a single line.	❑
10	Any mistakes should be ruled though with a single line and initialled.	❑
11	Record all decisions made including the time each decision is made, (use 24 hour clock)	❑
12	Decisions recorded in a meeting must be read out at the end of the meeting and signed by the decision maker.	❑
13	Once Major Incident stand down is declared, the Log Book should be signed and retained in a safe place as a record of the incident. The Log Book should be stored with the MI cupboard in the Hub.	❑

Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**

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4.7.7 Emergency Preparedness Resilience and Response Manager- Action Card

MAJOR INCIDENT RECOVERY TEAM		
ROLE SUMMARY		
Notification and confirmation of either a stand-by or declared major incident situation will be received from Switchboard. You will be provided with a report of the incident in the form of the mnemonic; METHANE. **Please note, if a mass casualty incident is declared, in addition to the Health Board Major Incident response, please also refer to the Mass Casualties Arrangements for Wales NHS, where additional actions will be required, see Section 3.** Your role is to: • Provide specialist advice to the Gold Team in relation to the interpretation and application of the Health Board Major Incident Procedure and associated documents		
ACTION :-		***Tick when completed***
1	From home, or your location at the time of receiving the notification, confirm if a major incident has been declared, if it is not immediately obvious. The EPRRM is a core member of the Gold Team.	❑
2	Prepare the room for Gold Command, referring to the establishment of Gold flow chart. Ensure there is a dedicated lap top for email correspondence and that the video conferencing facility is ready for use.	❑
3	Contact a Loggist, referring to the list of Gold Loggists for contact details.	❑
4	Receive an update of the current situation. All email correspondence must be sent and received via the email addresses below: All email correspondence must be sent and received via the email addresses below; 1 Confirm that the command and control structure has been established across the Health Board.	❑
5	Liaise with multi-agency partners as required.	❑
6	Discuss with the Chair the required battle rhythm in accordance with the external communications that will be required, e.g. SCC, Welsh Government	❑
7	Refer to appropriate guidance and provide advice as required	❑
8	Liaise with Gold and Silver Teams and in conjunction with the Recovery team collate all documentation, both hard copies and digital and allow for safe storage.	❑

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Note:

- Please keep calls through the Hospital Switchboard to an absolute minimum
- Ensure you wear a valid HB identity badge at all times
- Maintain a record of key actions, this will be required for a post-incident debrief and Report.
- Any changes to your action card should be discussed with the Emergency Preparedness, Resilience and Response Lead
- **Be aware that initial information reports will change regularly**

Action Card for Director of Digital; Director of Comms&Eng/; Director of Finance to be added

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4.8 Emergency Contact List

EMERGENCY CONTACT LIST	
Organisation	**Telephone Number**
Cwm Taf Morgannwg Health Board	(01443) 744800
HEALTH BOARDS	
Hywel Dda University Health Board	(01267) 235151
Cardiff and Vale University Health Board	(02920) 747747
Aneurin Bevan University Health Board	(01633) 865054
Powys Teaching Health Board	(01874) 711661
Betsi Cadwaladr University Health Board	(01248) 384384
Swansea Bay University Health Board	(01792) 702222
PUBLIC HEALTH WALES	(01267) 225225
EMERGENCY SERVICES	
WELSH AMBULANCE TRUST	
Central and West Ambulance Control	(01267) 229476
South East Ambulance Control	(01633) 294866
SWFRS	
Control Room (Joint Public Service Centre) Bridgend	(01443) 232000
POLICE	
South Wales Police Bridgend	(01656) 655555 or 101
South Wales Police Swansea	101
Dyfed–Powys Police	(01267) 222020 or 101
WELSH GOVERNMENT	(02920) 20343396

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4.9 Welsh Government Major Emergencies: Health Contacts List

Welsh Government	Health & SS Group Public Health Division	Major Incident Contacts 1st Call **David Goulding (Health Emergency Planning Advisor) -** M 07792 611309 H 01633 213588 O 03000 255392 **Peter Jones (Deputy Director, Public Health) -** M 07792 656391 Work M 07964 178392 Personal O 03000 256489
	WG Emergency corporate 24 hour number for all departments	**Welsh Government out of hours' number –** 03000 253551 (24 hours)

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4.10 Welsh Health Board Major Incident Hospital Co-Ordination Centre

Contact Telephone Numbers

Health Board	Hospital	HCC Telephone Number
CTMUHB	**Royal Glamorgan Hospital**	01443 443160
	Prince Charles Hospital	01685 375962
	Princess of Wales Hospital Bridgend	Switchboard (01656) 752752 ED (01656) 752393
SBUHB	**Morriston**	Extension: 33479, 32904, 32905, 33778
	Morriston - Burns	01792 703805 / 703814 / 703293
Hywel Dda UHB	**Bronglais Hospital**	01970 617006
	Withybush Hospital	01437 763547
	Glangwili Hospital	01267 438743
Aneurin Bevan UHB	**Royal Gwent Hospital**	01633 865054
Powys Teaching HB	Central Coordination for Primary and Community Care Services in Health Board	01874 712007 – (This number is only available when the HECC is activated)
Cardiff and Vale UHB	**University Hospital of Wales**	02921 8441836
Betsi Cadwalader UHB		 Aide Memoire.pdf

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WAST	**For Major Incident or security issues use only**	WAST National Interagency Liaison Officer, (NILO) is 0300 123 2312 (24/7) amb_wast-nilo@wales.nhs.uk

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4.11 METHANE

Person receiving call	
Name & signature	
Date	
Exact time of call	

Person making call	
Name	
Title/Organisation	
Phone number	

M	Major Incident declared or standby?	
E	Exact location	
T	Type of incident e.g. RTC, explosion, fire, building collapse, rail, air/plane, sea, multiple burns	
H	Hazards, present and potential e.g. any decontamination issues – chemicals, radioactivity, explosion risk, other risks	
A	Access and egress e.g. any roads to the hospital obstructed	
N	Numbers and types of casualties expected e.g. severity and type of injuries expected, any children expected?	
E	Emergency Services present and required E.g. any speciality teams required, e.g. MERIT?	

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RECALL TO CONFIRM & VERIFY INFORMATION (Switchboard): -

WELSH AMBULANCE ❑	POLICE ❑	MID & WEST FIRE ❑
Central & West Ambulance Control – (Carmarthen) (01267) 229476 ❑	South Wales Police – Swansea - 101 Critical Incident - 01656 869238 ❑	Carmarthen Control Room –(01267) 237195 / 222044 ❑
South East Ambulance. Control – (Newport) (01633) 294866 ❑	South Wales Police – Bridgend (01656) 655555 or 101 ❑	**H.M. COASTGUARD** ❑
❑	Dyfed - Powys Police – Carmarthen (01267) 222020 or 101 ❑	Coastguard Emergency Control- Swansea(01792)366534 ❑

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4.12 Executive Briefing Proforma

EXECUTIVE BRIEFING PRO-FORMA	
DATE:	TIME:
ISSUE:	REPORT:
Information from the scene – incident location, type, estimated number of casualties, severity and any hazards?	M – Major Incident declared or stand-by E – Exact Location T – Type of Incident H – Hazards A – Access and egress N – Numbers and types of casualties E – Emergency Services Present
Casualties expected / still at scene	
Casualties arrived – numbers and condition	
Has a MERIT been deployed	
What is the ED Capacity?	
How many available beds?	
What is the capacity in critical care and specialist areas?	

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Any special issues, e.g. burns / plastics etc. patients?	
What is the situation in the supporting Hospitals?	
Any staffing issues/Support?	
Media – is there a prepared statement?	
Number of dead and Mortuary spaces?	
Any issues with Relatives & Friends?	
Any Police or Ambulances issues?	
Any equipment /IT issues?	
Any Refreshments / catering issues?	
Resources required?	
Time of next briefing [unless there is a change]	

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4.13 Emergency Log

[Photocopy as required]

EMERGENCY LOG	
DATE:	
TIME:	
KEY DECISIONS / ACTIONS	

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5.0 Glossary

For further information, please refer to the UK Civil Protection Lexicon: www.cabinetoffice.gov.uk/cplexicon

TERM		DEFINITION
A.C.A.O.	-	Assistant Chief Ambulance Officer
A.C.C.	-	Assistant Chief Constable
A.C.F.O.	-	Assistant Chief Fire Officer
A.C.P	-	Access Control Point
A.E.S.	-	Arms & Explosives Search
A.F.O.	-	Authorised Firearms Officer
AirCO	-	Person who supervises the involvement of multiple aircraft in search and rescue operations
Airwave	-	The common, secure digital radio system used by the emergency services and others in the resilience and security community. The system is based on the TETRA standards set.
Ambulance Incident Commander [A.I.C.]	-	The Senior Ambulance Officer who manages and co-ordinates the Ambulance resources at the scene of the Incident, in close liaison with the MA.
Ante Mortem	-	Before death (Latin)
A.R.V.	-	Armed Response Vehicle
A.S.A.R.	-	Airborne Search and Rescue
A.S.O.	-	Ambulance Safety Officer
BASICS	-	British Association of Immediate Care Schemes. Professional association whose members are volunteer medical practitioners trained and equipped for the pre-hospital care of casualties at the scene of an accident or emergency.
BC	-	Business Continuity – Strategic and tactical capability of an organisation to plan for a respond to incidents and business disruptions in order to continue business operations at an acceptable predefined level.
BCM	-	Business Continuity Management – Holistic management process that identifies potential threats to an organisation and the impacts to business operations that those threats, if realised, might cause, and which provides a framework for building organisational resilience with the capability for an effective response.
BIA	-	Business Impact Analysis – A method of assessing the impacts that might result from an incident and the levels of resources and time required for recovery.
BRC	-	British Red Cross
Bronze	-	The tier of command and control within a single agency (below gold level and silver level) at which the

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TERM		DEFINITION
		management of “hands on” work is undertaken at the incident site (s) or associated areas.
BSAT	-	Burn Specialist Advice Team.
Body Holding Area	-	A point close to the scene where the dead can be temporarily kept until transfer to the mortuary.
CasB	-	Casualty Bureau. Initial point of contact and information.
Casualty	-	A person directly involved in, or affected by, the incident (injured, uninjured, deceased, or evacuee).
Casualty Bureau	-	Central contact and information point for all records and data relating to casualties.
Casualty Clearing Station [C.C.S.]	-	An area established at a major incident by the Ambulance service in liaison with medical/nursing staff to assess, treat, and triage casualties, and direct their evacuation.
Catastrophic Emergency	-	An emergency which has an exceptionally high and potentially widespread impact and requires immediate central government direction and support
Category 1 Responder	-	A person or body listed in Part 1 of Schedule 1 to the Civil Contingencies Act. These bodies are likely to be at the core of the response to most emergencies. As such, they are subject to the full range of civil protection duties in the Act.
Category 2 Responder	-	A person or body listed in Part 3 of Schedule 1 to the Civil Contingencies Act. These are co-operating responders who are less likely to be involved in preparing for incidents affecting their sectors. The Act requires them to co-operate and share information with other Category 1 and 2 responder.
CBRN (Incident)	-	Chemical, biological, radiological, nuclear – material that has the potential to be adapted for use in a terrorist incident.
CBRNE	-	Chemical Biological Radiological Nuclear Explosives. A term used to describe Chemical, Biological, Radiological, Nuclear and Explosive material. CBRNE terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives), with deliberate criminal, malicious or murderous intent.
CCA	-	Act of 2004, which established a single framework for Civil Protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for Local Responders; Part 2 of the Act establishes emergency powers.
CEO	-	Chief Executive Officer. United Kingdom Government’s principal medical adviser who additionally acts as the professional head of all medial staff in England. Each of the devolved

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TERM		DEFINITION
		administrations also has a CMO who acts as the principal medical adviser in Northern Ireland, Scotland and Wales respectively.
CFO/CO	-	Chief Fire Officer/Chief Officer
CHEMET	-	Chemical Meteorology. Met Office forecasting response service in the event of an emergency atmospheric release of hazardous material anywhere in the UK Numerical Atmospheric Modelling Environment.
Civil Contingencies	-	Risks to civilian health, safety and property from emergencies as defined in the Civil Contingencies Act (2004)
CNC	-	Civil Nuclear Constabulary National specialised armed police service whose role is the protection of civil nuclear sites and nuclear materials.
CNI	-	Critical National Infrastructure A sub-set of critical infrastructure, and describes those elements of critical infrastructure, which have been identified by Government as being of strategic national importance to essential service delivery. The loss or compromise of these assets would have a severe, widespread effect, impacting on a national scale.
CMO	-	Chief Medical Officer. United Kingdom Go
CO	-	Cabinet Office. Department of the United Kingdom Government responsible for supporting the Prime Minister and Cabinet.
COBR	-	Cabinet Office Briefing Rooms. UK Government's dedicated crisis management facilities, which are activated in the event of an emergency requiring support and co-ordination at the national strategic level.
COMAH	-	Control of major accident hazards regulations 2015. Regulations applying to the chemical industry and to some storage sites where threshold quantities of dangerous substances, as identified in the Regulations, are kept or used.
COMAH Site	-	Industrial site covered by the Control of Major Accident Hazard Regulations.
CONOPS	-	Concept of Operations – The statement of UK Central Government arrangements for responding to an Emergency. A high level description of how a defined system will operate to achieve defined strategic objectives. COMOPS will establish the higher level framework within which more specific, operational-level plans, protocols and procedures will be developed and implemented.
COP	-	Common Operating Picture. Single display of information collected from and shared by more than

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TERM		DEFINITION
		one agency or organisation that contributes to a common understanding of a situation and its associated hazards and risks along with the position of resources and other overlays of information that support individual and collective decision making.
Cordon	-	The perimeter of an area, for example the rescue zone or a sector. May be physical or improvised.
Cordon – Inner	-	Surrounds and protects the immediate scene of an incident.
Cordon – Outer	-	Seals off a controlled area around an incident to which unauthorised persons are not allowed access.
Decontamination	-	Procedure employed to remove hazardous materials from people and equipment.
Decontamination – Clinical	-	Medical procedure to treat patients affected by, or contaminated with, hazardous material.
Decontamination – Emergency	-	Procedure carried out when time does not allow for the deployment of specialist NHS resources, and is judged as imperative that decontamination of people is performed as soon as possible. Improvised equipment may be used in lieu of dedicated facilities. Implementation of emergency decontamination may carry risks to certain groups, e.g. elderly, infirm, and injured.
Decontamination – Mass	-	Procedure used to decontaminate people when the number requiring decontamination has overwhelmed, or threatens to overwhelm the NHS capacity.
DIM	-	Detection, Identification and Monitoring (equipment). Hazardous materials/substances equipment operated by the fire and rescue service. Supplied by the Government as part of the New Dimensions programme.
DRA	-	Dynamic Risk Assessment. Continuing assessment appraisal, made during an incident or emergency, of the hazards involved in, and the impact of, the response.
DVI	-	Disaster Victim Identification. The process of gathering evidence relating to bodies or body parts and the cause of death resulting from an emergency or disaster, in order to enable the Identification Commission to identify the deceased.
ECC(W)	-	Emergency Co-ordination Centre (Wales). Welsh Government centre co-ordinating a multi-agency response to an emergency and acting as a link between the local level and the Cabinet Office Briefing Rooms.
E.P.O.	-	Emergency Planning Officer.
Emergency Planning Cycle	-	A continuous process of assessing the risk of an preparing for emergencies, supported by procedures

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TERM		DEFINITION
		to keep staff in readiness and to review and validate plans and training, revising them if necessary following emergency exercises or response operations.
FFRC	-	Family and Friends Reception Centre. Assistance centre established by the police to cater for the family and friends of people affected by an emergency.
FIM		Force Incident Manager. Tactical role within a Police service when responding to a major or critical incident.
FLO	-	Family Liaison Officer. Police officer designated to facilitate an investigation into people believed to be missing and to assist identification by collecting ante-mortem date.
GIS	-	Geographical Information System. Computer based system that supports the capture, management, analysis and modelling of geographically referenced data.
GOLD	-	The strategic level of command and control (above Silver level and Bronze level) at which policy, strategy and the overall response framework are established and managed for individual responder agencies. Note: the Strategic Co-ordinating Group, the multi-agency strategic co-ordinating body, may colloquially be referred to as the Gold Group or Gold Command, but not simply as Gold.
HART	-	Hazardous Area Response Team Specially recruited and trained personnel who provide the ambulance response to major incidents involving hazardous materials, or which present hazardous environments, that have occurred as a result of an accident or have been caused deliberately.
HAZMAT	-	Hazardous material Abbreviation for hazardous materials although it is commonly used in relation to procedures, equipment and incidents involving hazardous materials.
HEMS	-	Helicopter Emergency Medical Service. National network of air ambulances.
Hospital Ambulance Liaison Officer (HALO)	-	The Hospital Ambulance Liaison Officer at the Receiving Hospital will liaise with the ED and Hospital Co-ordination Centre, and supervise Ambulance activity at that Hospital.
Hospital Co-ordination Team	-	The Team which manages the Health Board/Hospital response to a Major Incident.
Hospital – Designated / Receiving	-	The Hospital(s) alerted by the Ambulance Service to receive casualties in the event of a major incident. Receiving Hospitals must be adequately equipped to

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TERM		DEFINITION
		receive casualties on a 24-hour basis and be able to provide, when requested, the MA and a MMT.
Hospital – Listed	-	Hospital(s) listed as equipped and staffed to receive casualties on a 24-hour basis.
Hospital – Supporting	-	A Hospital which is activated to support the Designated Hospital(s) by taking non-incident patients and in-patients decanted from the Designated Hospital(s).
Hot Zone	-	Zone of the highest level of contamination. Note: only personnel in appropriate PPE may enter this zone (following a dynamic risk assessment).
HSE	-	Health and Safety Executive – The Health and Safety Commission (HSE) and the HSE are responsible for the regulation of almost all the risks to health and safety arising from work activity in Great Britain.
IED	-	Improvised Explosive Device – A device placed or fabricated in an improvised manner incorporating destructive, lethal, noxious, pyrotechnic or incendiary chemicals and designed to destroy, incapacitate, harass or distract. It may incorporate military stores, but is normally devised from non-military components.
IEM	-	Integrated Emergency Management – Multi-agency approach to emergency management entailing six key activities – anticipation, assessment, prevention, preparation, response and recovery.
I.E.P.	-	Integrated Emergency Plan.
Inner Cordon	-	Cordon established to secure the immediate scene and provide a measure of protection for personnel working within the area.
Interoperability	-	The extent to which organisations can work together coherently as a matter of routine.
IOR	-	Initial Operational Response (CBRNe)
JDM	-	Joint Decision Model (as defined in the JESIP Joint Doctrine: the interoperability framework)
JESIP	-	Joint Emergency Services Interoperability programme Two year programme aiming to improve the way in which the three blue light services work together at major and complex incidents.
Joint Health Advisory Cell [J.H.A.C.]	-	The group that meets under the direction of the Regional Director of Public Health, or other senior Clinical Manager in the NPHS to advise the Police Incident Commander on the management of the public health aspects of a criminal/terrorist CBRN incident.
JRLO	-	Joint Regional Liaison Officer – Officer of the Ministry of Defence (MOD) providing liaison between local or regional civil Emergency Control Centres and the MOD's United Kingdom command structure.

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TERM		DEFINITION
JTAC	-	Joint Terrorism Analysis Centre
Health Board [H.B.]	-	A statutory NHS body. HB's have responsibility in relation to the health services in their area.
LRF	-	Local Resilience Forum
MA	-	Medical Advisor
M.A.C.A.	-	Military Aid to the Civil Authority.
M.A.C.C.	-	Military Aid to the Civil Community.
M.C.A.	-	Marine Coastguard Agency.
MCI	-	Mass Casualty Incident – An incident (or series of incidents) causing casualties on a scale that is beyond the normal resources of the emergency services. Note: the term mass casualty denotes a major incident potentially involving hundreds of casualties, or more.
Media Centre	-	Central contact point for media enquiries, providing communications and conference facilities and staffed by Press Officers from all organisations. Usually established by the Police.
Medical Advisor (M.A)	-	Medical Officer with the overall responsibility (in close liaison with the AIC) for the management of medical resources at the scene of a major incident. The MA will not be a member of the MMT, and does not engage in clinical activity of casualties.
METHANE	-	Major emergency. Exact location. Type of incident. Hazards Access. Number of casualties. Emergency services specified by JESIP as consistent method of sharing incident information.
Mobile Medical Team (M.M.T.)	-	A team of specialist medical and nursing personnel provided from a Listed Hospital to assist in the clinical management of casualties at the site of an incident.
MTFA	-	Marauding Terrorist firearms Attack
MTPAS	-	Mobile Telecommunications privileged Access Scheme – Scheme that provides call preference for key emergency management organisations if public network access is restricted.
NaCTSO	-	National Counter Terrorism Security Office
NARU	-	National Ambulance Resilience Unit
NEMA	-	National Emergency Mortuary Arrangements Private sector capability (under contract to the Home Office) that can be deployed anywhere within the UK to establish an emergency mortuary with the capacity to deal with large numbers of fatalities.
NILO	-	National Inter-agency liaison Officer – A Fire and Rescue Service Officer who can advise and support Incident commanders, Police, Medical Military and other Government Agencies on the organisation's operational capacity and capability to reduce risk and safely resolve incidents at where an attendance may

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TERM		DEFINITION
		be required. This will include major incidents, public order, domestic or any other situation that would benefit from the attendance of the ILO.
NRA	-	National Risk Assessment – the full and classified assessment of the likelihood and potential impact of a range of different risks that might directly affect the UK
NRE	-	National Resilience Extranet Secure web based infrastructure to enable multi-agency information sharing and which has a specific information function during emergency response and recovery.
N.R.P.B.	-	National Radiological Protection Board (part of the Health Protection Agency).
NRR	-	National Risk Register – A publically available statement of the assessment of the likelihood and potential impact of a range of different risks that might directly affect the UK.
Outer Cordon	-	Cordon established around the vicinity of an incident , and encompassing the inner cordon, to control access to a wider area around the scene, to allow the emergency services and other agencies to work unhindered and in privacy.
PBIED	-	Person Borne Improvised Explosive Devices
P.H.W	-	Public Health Wales
Place of Reasonable Safety	-	Place within a building or structure where for a limited period of time, people have some protection from the effects of fire and smoke.
Police Documentation Team	-	A team of Police Officer at the Receiving Hospital(s) to gather and relay information on casualties to the Police Casualty Bureau.
Police Incident Officer / Commander	-	Silver or ground commander, responsible for decisions at a tactical level.
RCG	-	Recovery Co-ordinating Group Strategic decision making body for the recovery phase once handover has taken place from the police.
Rescue Zone	-	The area within the inner cordon.
Rest Centre	-	Premises designated for the temporary accommodation of evacuees.
R.N.L.I.	-	Royal National Lifeboat Institution.
Rendezvous Point [R.V.P.]	-	A point selected by the emergency services as the location for all personnel and vehicles to report to before attending the major incident. It is situated within the outer cordon.
Rising tide emergency	-	Event or a situation that develops into an emergency or major incident over a period of days, weeks or even months (such as health pandemic, flooding, industrial action), the final impacts of which may not

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TERM		DEFINITION
		be apparent early on (in contrast to rapid onset emergency).
SA	-	Situational Awareness – The state of individual and/or collective knowledge relating to past and current events, their implications and potential future developments. Note: the process of building situational awareness involves perception, comprehension, evaluation and future projection; achieving a common position within groups necessitates transparency around, for example, the concepts, assumptions, language and frameworks used to guild individual situational awareness.
SC	-	Security Cleared
SCG	-	Strategic Coordinating Group – In Scotland Strategic Co-ordinating Groups are the principal local forum for multi-agency cooperation in civil protection. The groups have a role in both preparation and response to emergencies.
Senior Investigating Officer [S.I.O.]	-	The Police senior detective officer appointed to assume responsibility for all aspects of the Police investigation.
Silver	-	The tactical tier of command and control within a single agency (below Gold level and above Bronze level) at which the response to an emergency is managed. Note: multi-agency co-ordination at the tactical level is undertaken by the Tactical Co-ordinating Group.
Silver Command	-	Individual with responsibility of the incident at Silver (tactical) tier
SitRep	-	Situation Report – produced by an officer or body, outlining the current state and potential development of an incident and the response to it.
SMAC	-	Strategic Media Advisory Cell Multi-agency group set up within the Strategic Co-ordination Centre to ensure consistent communication is delivered by all agencies. Brings together media representatives of the key organisations involved in the response to the emergency and liaises with the main incident press office. Led by the Police Strategic Media Advisor during the acute phase, and the Local Authority Press Officer in the recovery phase.
STAC	-	Science and Technical Advice Cell. Group of technical experts from those agencies involved in an emergency response that may provide scientific and technical advice to the Strategic co-ordinating Group chair or single service gold commander.
Strategic Commander	-	The strategic level of the emergency services command and control

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TERM		DEFINITION
Survivor Reception Centre	-	A secure area, established by the Local Authority, to which uninjured survivors (not requiring acute hospital treatment) can be taken for short-term shelter, first aid, interview, and documentation.
Tactical	-	Level (below strategic level and above operational level) at which the response to an emergency is managed 1 – The terms tactical and Silver are frequently used interchangeably for ingle agency operations. Tactical and operational are inverted in military usage.
TCC	-	Technical Co-ordination Centre response centre whose role is to provide technical and scientific advice to support the response to an overseas nuclear accident. Normally chaired by DECC but this role can be delegated if appropriate, depending on the issues to be discussed.
TCG	-	Tactical Co-ordinating Group – A multi-agency group of tactical commanders that meets to determine, co-ordinate and deliver the tactical response to an emergency. Note: the TCG may also be known as the Silver Group
Temporary Mortuary	-	A pre-designated location which can be used as a mortuary if the scale of the incident renders existing facilities inappropriate. Such locations require detailed pre-planning and will be used as a centre for the examination and identification of the deceased.
Triage	-	Process of prioritising the evacuation and treatment of the injured by medical, nursing, and ambulance personnel.
V.A.S.'s	-	Voluntary Aid Societies – St. John Ambulance and British Red Cross.
Warm Zone	-	In this zone some cross contamination from the Hot Zone is to be expected. The level of PPE will need to be determined on the basis of dynamic risk assessment.
WCCC	-	Wales Civil Contingencies Committee Multi-agency group, including representatives from the Welsh Government, emergency services, local authorities and others as applicable, convened as required to co-ordinate multiple strategic co-ordinating groups across Wales, in to co-ordinate multiple strategic co-ordinating groups across wales, in order to improve the co-ordination of the response to an emergency with a particular focus on consequence management and the recovery phase.
W.G.	-	Welsh Government.
WGLO	-	Welsh Government Liaison Officer

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TERM		DEFINITION
WWIG	-	Wales Warning and Information Group – Ad-hoc group of senior media editors, government representatives, local authority emergency planners, emergency services, police and the private sector in Wales set up to consider the provision of information to the public, and other media issues, in the context of civil emergencies.

ANY SUGGESTED CHANGES TO THE MAJOR INCIDENT PROCEDURE; ADDITIONS OR AMENDMENTS TO THE CIRCULATION LISTS SHOULD BE DISCUSSED WITH THE EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE MANAGER

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SECTION 3

MASS CASUALTY ARRANGEMENTS

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SECTION 3: MASS CASUALTY INCIDENT ARRANGEMENTS

3.1. Introduction

The UK risk assessment and Local Resilience Forum risk registers identify many hazards and threats that could result in the NHS in Wales having to respond to a mass casualty situation. Recent further atrocities have exacerbated the need for organisations to re-assess their response capability, to work with partner organisations in terms of a co-ordinated response and how this may correspond in a wider national response across the UK.

The purpose of the CTMUHB Mass Casualties response process is to underpin the NHS Wales Emergency Planning Guidance 2008; Mass Casualties Incidents; A Framework for Planning and Mass Casualty Incident Arrangements for NHS Wales to ensure that it does then correspond with any pan Wales health and multi-agency plans as well as national plans. It is designed to describe the Health Board process for responding to a major incident of extremely serious proportions that results in mass numbers of casualties. It should be used as a supportive text to aid decisions and should not be used on its own, but in conjunction with the **Health Board Major Incident Procedure's and Mass Casualty Incident Arrangements for NHS Wales as well as national plans.**

This precis informs operational management of the additional requirements for consideration if a major incident is declared as a mass casualty incident. It focuses on the management of co-ordination of the incident within the Health Board. It is anticipated that 'crisis cell' arrangements will be established to co-ordinate the national response requirements and appropriate networks to cope with a large influx of people and these will need to be aligned. The detailed information to support a mass casualty response is included in the Mass Casualty Incident Arrangements for NHS Wales and **must** be referred to support the Health Board response.

Notification and confirmation of the invoking of a Mass Casualties incident, during a major incident is most likely to be triggered by WAST, but it can be declared by any health organisation. This will occur in the declaration of a major incident resulting in a large number of casualties where a generic major incident response is unlikely to cope and threatens severe disruption to health and social care and will exceed the collective local capability available.

3.2. Definition of a Mass Casualty Incident

A disastrous single of simultaneous event(s) or other circumstances where the normal major incident response of several NHS organisations must be augmented by extraordinary measures in order to maintain an effective, suitable and sustainable response'; Mass Casualties Incidents – A Framework for Planning; Welsh Government 2008.

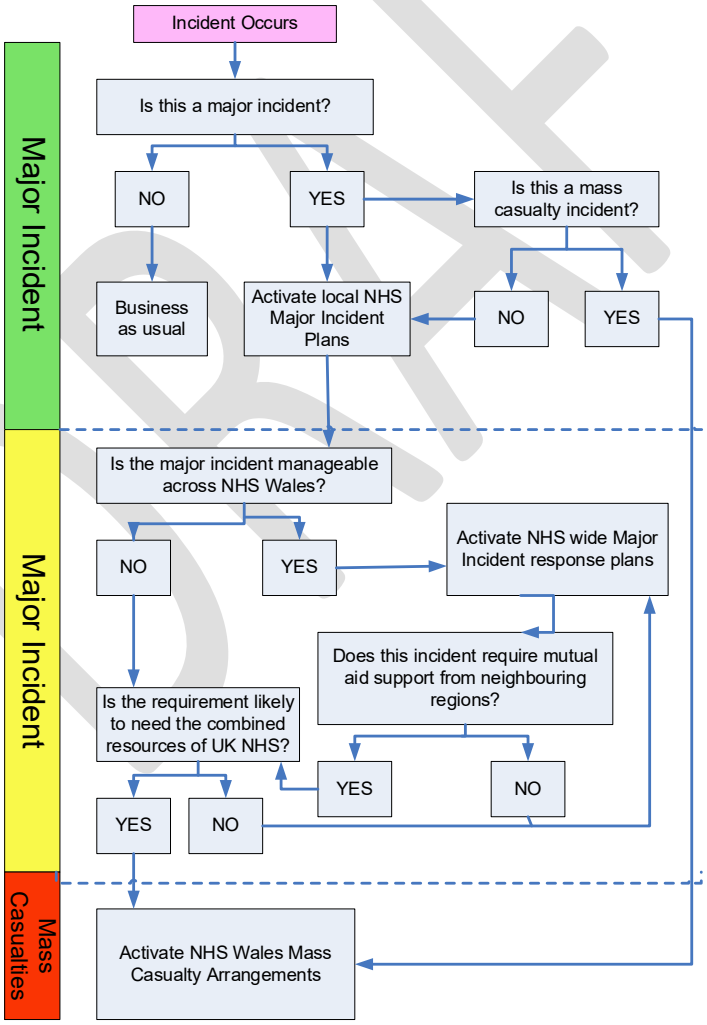
By definition, such events have the potential to rapidly overwhelm the local capacity to respond, even with the implementation of major incident procedures. Responding effectively to a mass casualty incident requires an integrated approach to service delivery by Health Boards working in partnership with other Health Boards and Category 1 and 2 responders. In planning their response to these types of incidents, all Health organisations will need to ensure

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business continuity and escalation processes, and the on-going provision of services for casualties who require urgent medical attention but not associated with the incident/s.

It is possible to estimate initial casualty volume and previous patterns of hospital use have highlighted that within 90 minutes following an event, 50-80% of the acute casualties will likely arrive at the closest medical facilities. It must be noted that less injured casualties often leave the scene and go to the nearest hospital. This could include Singleton and Neath Port Talbot Hospitals, even though these hospitals have limited access to support services. Therefore, approximately half of all casualties will arrive at the hospital within 1 hour of the incident. To predict the total expected casualties, note as follows;

Total Expected Casualties = Number of casualties arriving in one-hour x 2 (Assuming a “big bang” incident in an urban area). It is worthy of note that different interpretations and definitions are used to indicate hospital’s capacity to receive casualties from a major incident. However, it is important to identify how many critically injured victims that a hospital can receive. To calculate the capacity of hospitals to receive, diagnose and treat casualties from a large scale incident a model termed Patient Distribution Protocol has been sourced. The All Wales first hour capacity modelling is included in the Mass Casualty Incident Arrangements for NHS Wales.



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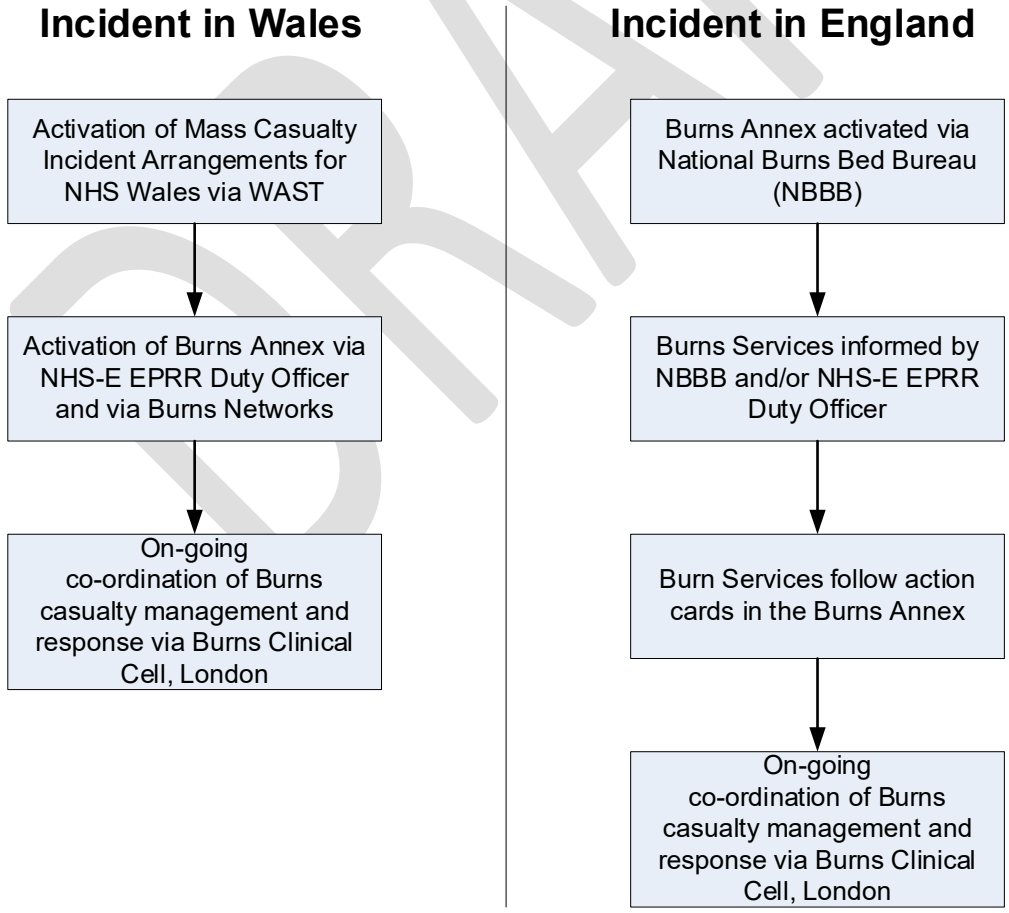
3.3. Burns Injury Incidents

An incident involving critically injured burns patients that exceeds the capacity of a local Burns Service, the Burn Care Network, or the country, can happen in any community. Burn injury incidents are unusual in that a relatively small number of critically ill burn-injured casualties may create the need for a mass casualty incident response due to the limited number of burns services and thus, burns beds across the country. It has been estimated that an incident involving more than 20 level 3 burns will be a national level 4 event, (as defined in the NHS England Concept of Operation for the management of Mass Casualties – Burns Annex). This is likely to be significantly fewer in the case of paediatric burns patients.

Wales is covered by two Burns Networks; South West UK Burn Care Operational Delivery Network, at Morriston Hospital, (covering up as far as Machynlleth) and Northern Burn Care Operational Delivery Network, which covers the North Wales area.

In addition to the activation of the Mass Casualty Arrangements for Wales, the South West UK Burns Network Plan details the local response arrangements as well as the CTMUHB Burns Major Incident Procedure. The NHS England Concept of Operation for the management of Mass Casualties (Burns Annex) details the national response.

Burns Mass Casualty Incident Declaration



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3.4. Role of the Health Board in responding to a declared Mass Casualty Incident

In addition to activating the major incident response procedure and associated emergency response plans and surge capacity plans, the Health Board will:

- Activate arrangements to care for an increased number of potentially seriously ill or injured casualties simultaneously, inclusive of cancellation of all elective activity and non-essential meetings/study days etc. and appropriate deployment of staff resource.
- Ensure representation at over-arching Mass Casualty Incident co-ordination structures including the Central Clinical Casualty Teleconference and Strategic Health Group.
- The agreed casualty dispersal plan will be utilised prior to national structures being utilised
- Consider the care of existing casualties whilst meeting the clinical needs of those affected by the mass casualty incident, as opportunities to transfer on-going day to day emergency patients will be limited.
- Consider location and availability of all trained MERIT Passport Nurses.
- In liaison with WAST, EMRTS and other Health Boards, work to ensure casualties are treated at the most appropriate location.
- Ensure implementation of the All Wales Critical Care Escalation Guidance and Plans.

3.5. Required Supportive Mechanisms for a declared Mass Casualty Incident

Each patient will present specific clinical and managerial challenges in the areas of triage/treatment, capacity, coordination and communication across a wide area. There are five typical groups of patients who are likely to make demands upon the NHS and local NHS contingency:

- Treatment of those seriously ill or injured as a direct result of the incident that requires immediate treatment and care. Dependent on the nature of the incident, but some patients may require the provision of critical care facilities and a high number of hours of primary and secondary surgery.
- Those affected by the incident who although not obviously or immediately suffering any serious illness or injury, need assessment and diagnosis, advice or treatment and who may need subsequent monitoring and ongoing support that can often be better provided in a non-acute or primary care setting.
- People who are neither ill nor injured but require information, advice and reassurance; they are often referred to as the ‘worried well’.
- Continued services for those who fall acutely ill (e.g. heart attack) or sustain severe injuries but are not part of the major incident.
- Patients in the community affected by the loss of service due to the impact of the incident and its response (i.e. dialysis patients, home oxygen patients).

However, it must be remembered that all patient types including patients who are being admitted from the wider population, will need to be treated against a backdrop of available healthcare capacity. Therefore, the Health Board will need to;

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- Maintain services for routine emergency admissions.
- Maintain on-going service continuity in a protracted incident, e.g.
  - The provision of emergency work during the incident and post incident
  - Critical care decant
  - Mental Health provision for Psychological treatment
  - Surgical elective work
  - The provision of ongoing surgical interventions and MDT meetings
  - The provision of ongoing diagnostic support during and post incident
  - Theatres
  - Provision of Blood Products
  - Procurement and potential shortage of essential supplies
  - General infrastructure instability and potential loss of services
  - Demand for increased capacity in community settings
  - Caring for accelerated discharges within the community
  - Impact on tertiary or regional services
  - Security arrangements
  - Provision for secondary transfers
  - Staffing
  - Medical equipment

- Provide consequence management
- Provide a CBRN type incident response
- Primary and Community Care response, e.g. ensuring health needs of people in survivor reception centres and rest centres and for those displaced, process for CBRN related incident self-presenters at GP surgeries, dealing with a large influx of individuals who need healthcare advice or reassurance, provision of support to secondary care, support to ongoing mass vaccination and treatment programmes, working with Social Services, identifying and giving support to vulnerable people and their families within the community being evacuated
- Consider reputational damage
- Early consideration of recovery
- Hospital evacuation procedures if required
- Psychological trauma provision including psychological first aid, on-going psychological welfare and support, reflection events and follow up arrangements.
- Managing mass fatalities

3.6. Mass Paediatric Casualties

Major incidents involving large numbers of paediatric patients are rare. There could be two types of incidents; mainly paediatrics, e.g. an incident involving a school or school bus. Children will need to be dispatched to the appropriate hospital by the incident officers at the scene. Critically ill children should ideally be transferred straight to PICU at the Children's Hospital for Wales, Cardiff, Alder Hey Hospital, Liverpool and University Hospital, Stoke.

3.6.1 Uninjured and Unaccompanied Children

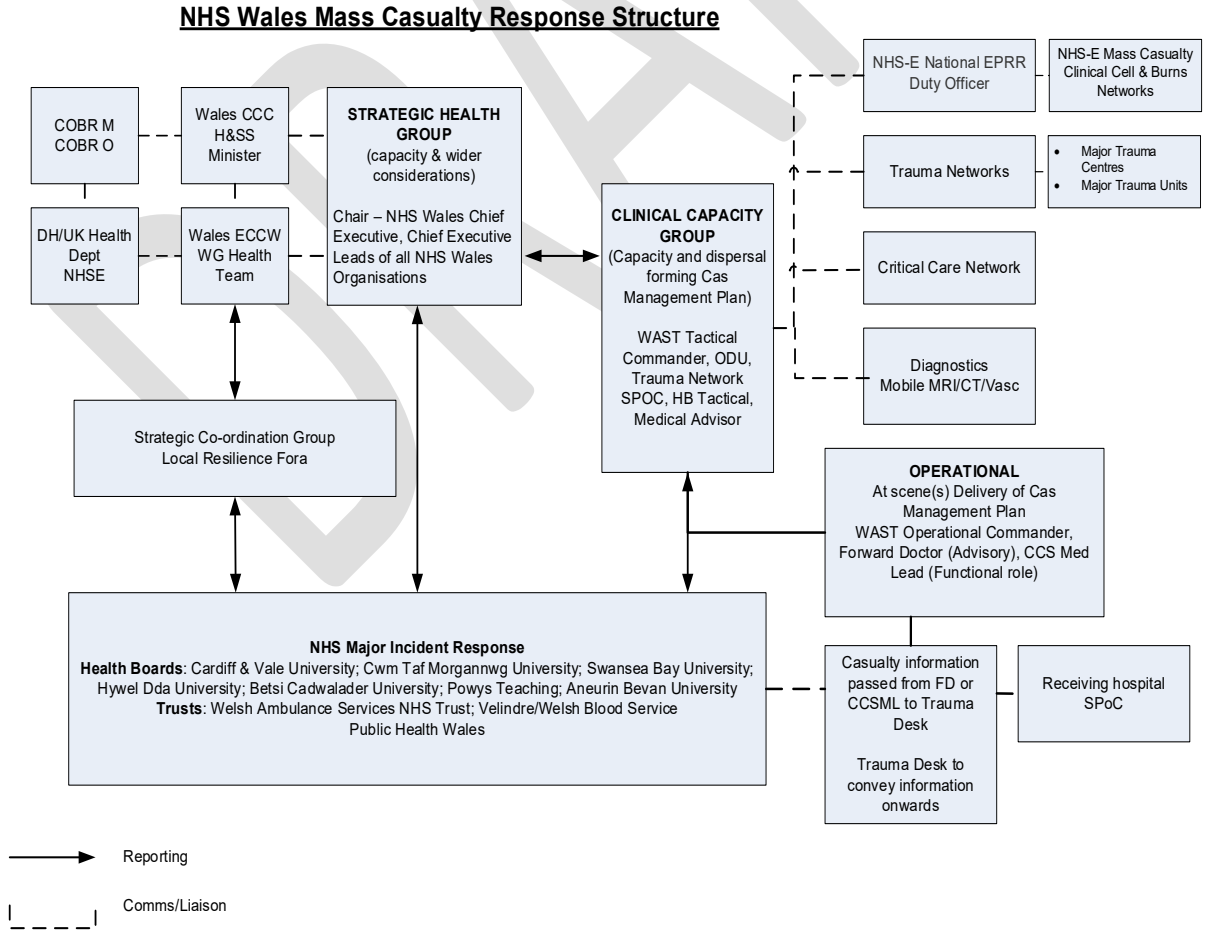
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- These children will be accommodated in the Hospital relatives care centre until Police Liaison Officers are able to reunite families if no other venue had previously been found.
- Child Safeguarding issues must be considered.
- The Health Board will identify chaperones until the next of kin are identified by the Police.
- Staff will proactively assist Police Officers in the identification of next of kin using available databases within Health.

3.7. Additional Action Cards reference: Mass Casualty Incident Arrangements for NHS Wales

- Strategic Health Group – Health Board Gold Commander
- National Clinical Teleconference – Health Board Medical Director/Deputy

3.8. NHS Wales Mass Casualty Response Structure



DRAFT

3.9. Mass Casualty Incident Arrangements for NHS Wales: Separate Document



MASS CASUALTY ARRANGEMENTS VE



Mass Casualty Dispersal Plan - 04.1

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SECTION 4

PC HOSPITAL MAJOR INCIDENT PROCEDURE

REFER TO SEPARATE DOCUMENT

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SECTION 5

RG HOSPITAL MAJOR INCIDENT PROCEDURE

REFER TO SEPARATE DOCUMENT

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SECTION 6

POW HOSPITAL MAJOR INCIDENT PROCEDURE

REFER TO SEPARATE DOCUMENT

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SECTION 6

BUSINESS CONTINUITY PROCEDURES

REFER TO CTMUHB BUSINESS CONTINUITY/ SIGNIFICANT INCIDENT OVERARCHING PROCEDURE

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Agenda Item
8.1

Operational Delivery Committee

Integrated Performance Dashboard

Dyddiad y Cyfarfod / Date of Meeting	28/01/2025
Statws Cyhoeddi / Publication Status	Open / Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Jose Roper, Senior Performance Monitoring Officer
Cyflwynydd yr Adroddiad / Report Presenter	Linda Prosser, Executive Director of Strategy & Transformation
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Linda Prosser, Executive Director of Strategy & Transformation

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Linda Prosser	14/01/2025	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
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
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
LA	Local Authority
LD	Learning Disabilities
LPMHSS	Local Primary Mental Health Support Service
MMR	Measles, Mumps, Rubella
NOUS	Non Obstetric Ultra-Sound
PAC	Pre-operative Assessment Clinic
PADR	Personal Appraisal and Development Review
PCH	Prince Charles Hospital
PIFU	Patient Initiated Follow Up
POW	Princess of Wales Hospital
PoCD	Pathway of Care Delays
PTHB	Powys Teaching Health Board
QIM	Quality Improvement Measures
RCT	Rhondda Cynon Taff
RGH	Royal Glamorgan Hospital
RTT	Referral to Treatment Times
SBUHB	Swansea Bay University Health Board
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SCP	Single Cancer Pathway
SOS	See on Symptom
SSP	Specialist Screening Practitioner
WAST	Welsh Ambulance Service NHS Trust
WG	Welsh Government
WPAS	Welsh Patient Administration System
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda

1. Situation/Background

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

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

2. Specific Matters for Consideration

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

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 9 out of the 13 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].

Population Health

As at Q2 2024/25 - 2.81% of adults who smoke made a quit attempt with predicted performance for 2024/25 being 5.62%➔

Compared to the previous year 5.65% of smokers made a quit attempt

62% of adults aged 65+ received the influenza vaccine during Nov 2024↑

Compared to the previous period the rate was 40.3%

89.2% of children aged 5 were up to date with their vaccinations➔

Compared to the previous quarter the rate was 90.2%

People

6.79% of staff have been absent due to sickness during the 12 mth period (Dec 23 to Nov 24)➔

Compared to the previous year the rate was 6.86%

The CTMUHB Nursing & Midwifery reported turnover rate for Aug 2024 is 7.4%↑

Compared to Aug 2023 the rate was 9.44%

66.3% of staff (excluding M&D) have received their PADR➔

Compared to Dec 2023 the rate was 64.8%

80.9% of staff have completed Level 1 mandatory training↑

Compared to Dec 2023 the rate was 78.1%

Operational Performance

63.7% of patients were seen within 4 hours from arrival at an Emergency Department↓

Compared to last month compliance was 69.0%

100% of GP Practices have achieved in-hours access standards during 2023/24➔

The rate the previous year was also 100%

As at end of Oct 2024; 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 3,609 patients are waiting longer than 2 years for referral to treatment➔

Compared to the previous period 3,736 patients had waited this length of time

61.2% of patients started their cancer treatment within 62 days➔

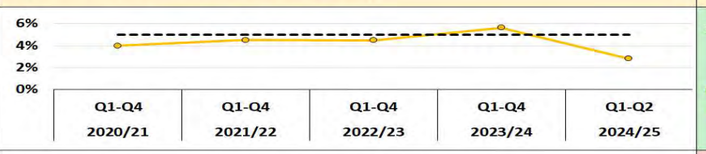
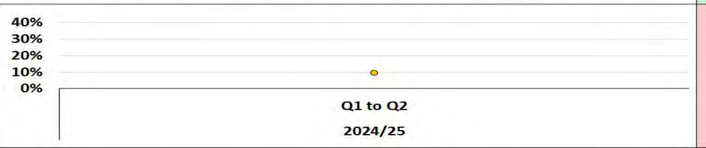
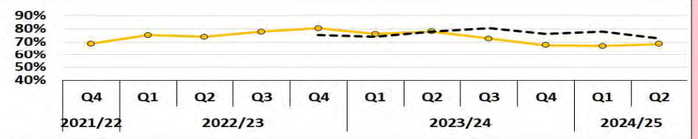
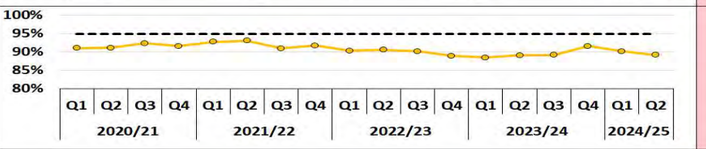
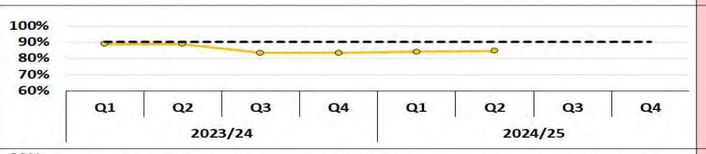
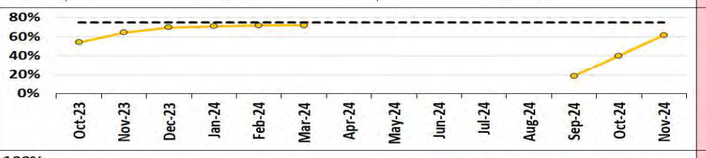
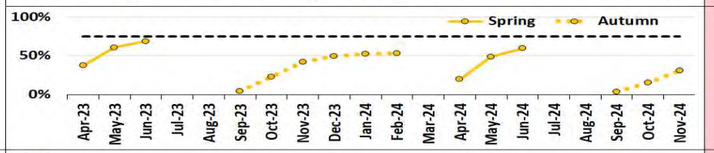
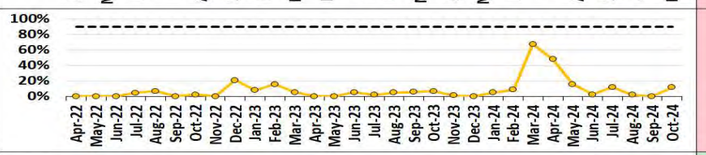
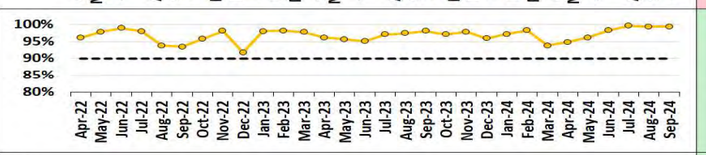
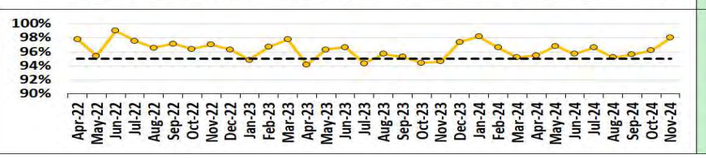
Compared to the previous month the rate was 60.7%

Finance

The Month 08 YTD financial position is £0.4m deficit. This is a decrease from the previous month of £2.8m↓

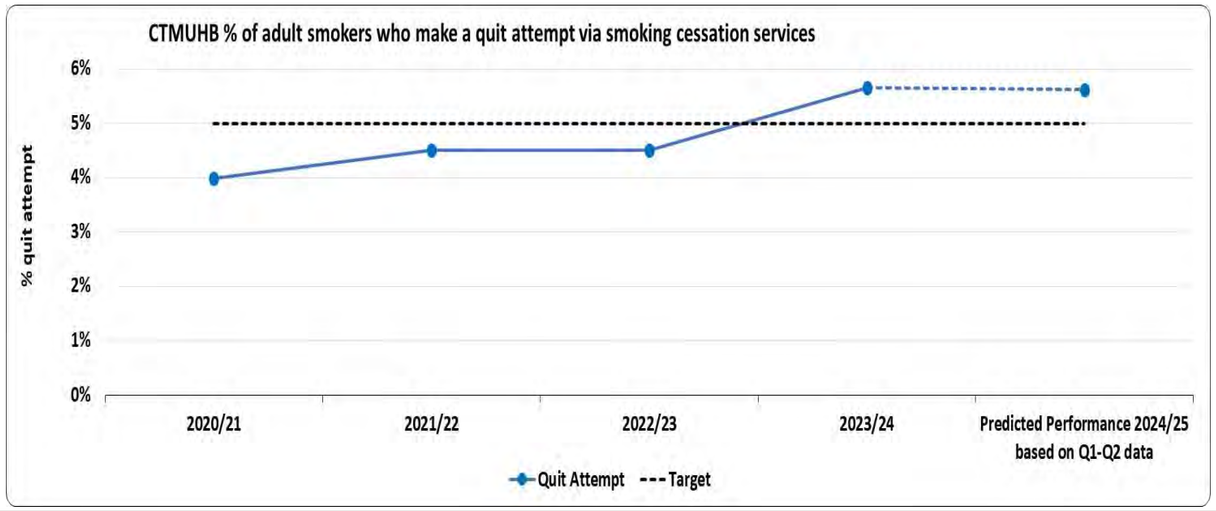
2.2 Welsh Government Performance Indicators: Quadruple Aim 1 - Improving Population Health & Wellbeing

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

	Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Target Achieved / Target Failed — Latest Position	
Prevention	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Annual Target		2.81% on the basis of this extrapolation compliance should hit 5.62% at year end	Q1-Q2 2024/25
	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% Annual Target		9.50%	
	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 Qtr Improvement Trend		68.5%	Q2 2024/25
	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' pre-school booster, the Hib/MenC booster and the second MMR dose)	95%		89.2%	Q2 2024/25
	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 *(applicable during 01.04.24-30.06.24 & 01.01-31.03.25)*	90%		84.6%	
	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over *(applicable during 01.09.24 - 31.03.25)*	75%		62.0%	Nov-24
	Percentage uptake of the COVID-19 vaccination for those eligible - Spring & Autumn booster 2024: All eligible people *(applicable 01.04.24 - 30.06.24 & 01.09.24 - 31.03.25)*			31.3%	Nov-24
	Percentage patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%		11.4%	Oct-24
	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%		99.6%	Sep-24
	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%		98.0%	Nov-24

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
To Quarter 2, 2024/25 = 2.81% (Predicted performance for 2024/25 = 5.62%)	**Quarter 1 to Quarter 2, 2024/25 = 9.50%**



CTMUHB		
Estimated number of smokers	Estimated % of CTMUHB population who are smokers	Estimated number of smokers needing to access smoking cessation to reach 5% of smokers
53,900	**14.7%**	**2,700**
Number of smokers treated by the smoking cessation service	Number of treated smokers followed up at their 4 week post quit date and who were CO-validated as successfully quitting during the quarter	
Q1 - Q2 2024/25		
1516	**144**	
2.81%	**9.50%**	

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

Challenges

Resource: Achievement of the 5% target is limited by the capacity within smoking cessation services.

During 2023/24 there was significant work and some additional investment to increase capacity and this resulted in CTM reaching the 5% target for the first time ever.

There was a successful effort to increase commissioned Community Pharmacies in actively delivering a smoking cessation service, however we are aware this is very dependent on capacity in this sector with many competing demands.

CO validation of 4 week quits: It is proving very challenging to meet this new target and it is unlikely to be met in 2024/25. This is for a number of reasons, including:

- A large proportion of clients are receiving remote support via telephone rather than face to face and it is logistically very difficult to obtain CO readings (collected in person) in this situation.
- The majority of clients prefer a remote service and find it flexible and accessible.

It is also useful to note that other Health Boards are experiencing similar challenges in achieving the target.

(It should be noted that all clients are followed up at 4 weeks to assess their quit status and this is recorded as self-reported if CO validation cannot be undertaken. Consequently, taking this into consideration the overall quit rate for Q1 & Q2 2024/25 is 47%).

Actions

A plan is being implemented to reduce smoking prevalence to 5% by 2030, including meeting the smoking cessation targets as a key outcome and this is accountable to the Creating Health Board. Presently, prevalence is c.14% with the all Wales rate being 12.8%. The plan includes actions to address the challenges as follows:

Resource:

- Continued support to increase the number of Community Pharmacies delivering smoking cessation & improve quit rates.

CO validation of 4 week quits:

- Self-reported and CO validated quit data is being collected locally to give a full picture.
- The Help Me Quit community service is piloting models of face to face and hybrid delivery in community venues, to enable CO validation.
- Input to a national review of the Community Pharmacy smoking cessation service specifications and advocate for inclusion of routine CO validation when clients collect their pharmacotherapy which would enable the target to be met.

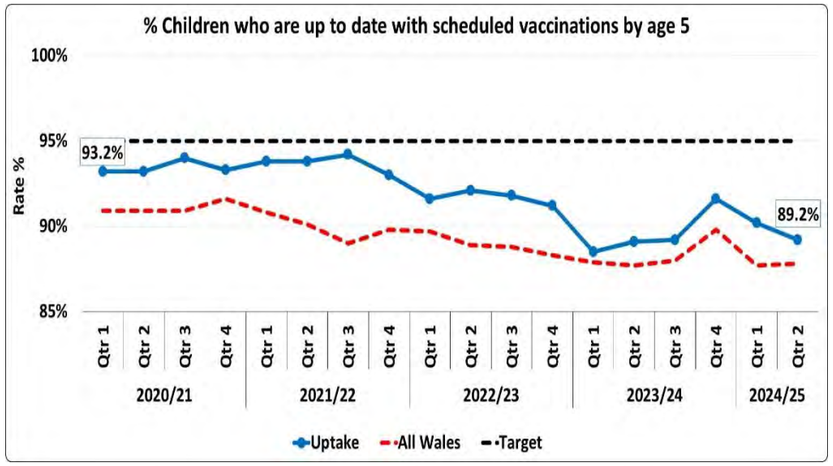
Other actions to develop and promote smoking cessation services include:

- Implementation of Help Me Quit (HMQ) in Hospital model, ensuring we support inpatients to stay smoke-free or initiate a quit attempt during their hospital stay.
- Ensuring all pregnant smokers are identified and offered support to quit with the Help Me Quit for Baby service.
- Implementing a communications plan to promote uptake of HMQ services.
- Increasing awareness and referrals from Primary Care, including a MECC pilot (Making Every Contact Count) with Optometry practices.

CTMUHB Improving Population Health & Wellbeing

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

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



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

Quarter 2 2024/25 Local Authority Uptake	
Merthyr Tydfil LA	89.2%
RCT LA	88.2%
Bridgend LA	91.0%
CTMUHB	89.2%

Quarter 2 2024/25 Welsh HB's Uptake	
ABUHB	85.7%
BCUHB	90.2%
C&VUHB	85.2%
CTMUHB	89.2%
HDUHB	86.1%
PTHB	93.0%
SBUHB	89.1%
All Wales	87.8%

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

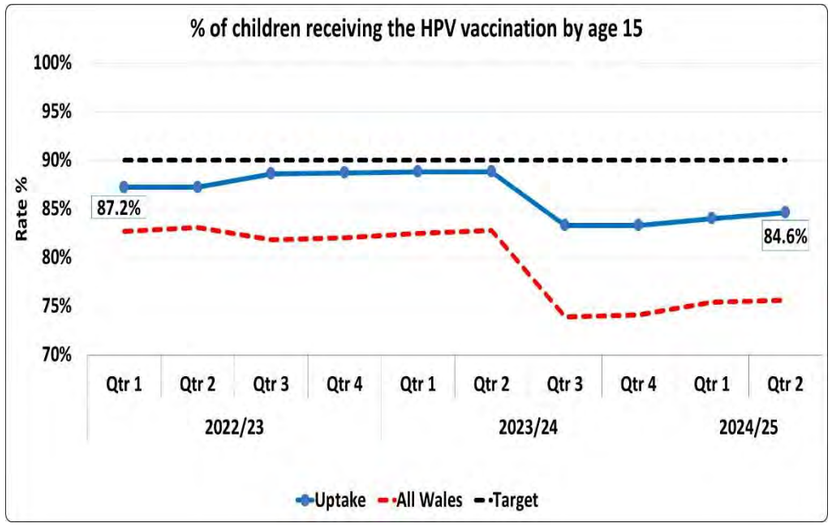
Challenges:

- Scheduled immunisations - achieving the Welsh Government uptake target (95%) for all scheduled childhood immunisation programmes and reducing inequalities - changes to ages under 5 schedule will affect delivery.
- MMR uptake – Welsh Health Circular (2024) 008, received with the action that every school in Wales with 50 pupils or more on roll, has 90% of its pupils recorded as having received two doses of MMR.
- Influenza – there have been challenges delivering to 3 year olds who attend LA nurseries in Merthyr and RCT areas, the uptake for 2 & 3 year olds is currently 29.9%, primary school is 60.0% and secondary school is 49.3% (as at 16/11/24).
- 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 – out of season training for vaccinators to support schedule changes. Practice Nurse Forum and newsletter used to disseminate relevant information. National work to provide education and resources to support the proposed changes to the childhood schedule is underway.
- MMR uptake additional work has seen an increase in uptake from this time last year 90.4% to 92.4%.
- Influenza – work is ongoing to support the uptake of fluenz for 3-year-olds who attend LA nursery setting and an all age mop-up via the CVCs is planned for January 2025
- Data systems - Work in being undertaken at a national level to resolve this.
- Transition from Health Visiting to School Nursing - The ISSAC (Immunisation Standards for School Age Children) and VISs (Vaccine Information Statements) standards are currently being reviewed by VPDP (Vaccine Preventable Disease Programme).

% 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 2 2024/25 Local Authority Uptake	
Merthyr Tydfil LA	73.8%
RCT LA	86.5%
Bridgend LA	86.0%
CTMUHB	84.6%

Quarter 2 2024/25 Welsh HB's Uptake	
ABUHB	68.0%
BCUHB	78.2%
C&VUHB	62.1%
CTMUHB	84.6%
HDUHB	78.0%
PTHB	78.6%
SBUHB	88.7%
All Wales	75.6%

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

Challenges:

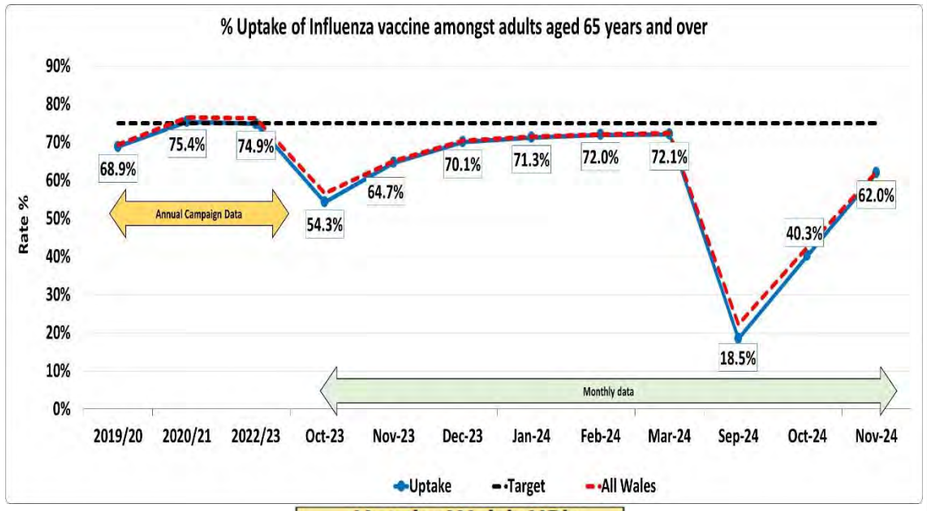
- Communication support - School Nursing Service engaged with Schools and CTM comms to utilise all social media platforms available. Staff deliver information to pupils in assemblies and are aiming to increase visibility at parents' evenings in secondary schools to raise the profile of all immunisations.
- Consent for immunisation – The School Nursing Service are still using paper consent forms, although work has been ongoing for two years to develop an E-consent system for immunisation. The need is for a system that fulfils functionality and satisfies information governance requirements at both HB, LA and at an all Wales level. E-consent remains a work in progress . A pilot is planned and it is imperative to complete prior to September 2025 Flu campaign. Paper - uptake of paper consent returns remains poor significantly in Comprehensive Flu programme.
- Personal data accuracy (address, contact number, school attended) – Recent Fluenz and MMR catch up programmes has further highlighted that a number of address and contact details are not always up to date.

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 variety of assets and comms 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 numbers 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 the CVC's, which proved successful in August.
- Consent for immunisation – paper: progress has been made by engaging with parents and promoting immunisations on school social media platforms. Verbal consents via phone calls to parent/carers to increase uptake and pupils able to self-consent to immunisations via a Frazer competency assessment in the absence of a consent form. The aim is to ensure very child has an outcome and there are no missed opportunities. E-consent: it remains a priority to replace paper consent with E-consent. Considerable work undertaken with the platform and is now in final testing.
- 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.

CTMUHB Improving Population Health & Wellbeing

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



Uptake Welsh HB's November 2024	
ABUHB	65.7%
BCUHB	65.1%
C&VUHB	61.2%
CTMUHB	62.0%
HDUHB	54.8%
PTHB	61.2%
SBUHB	62.0%
All Wales	62.2%

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

Challenges:

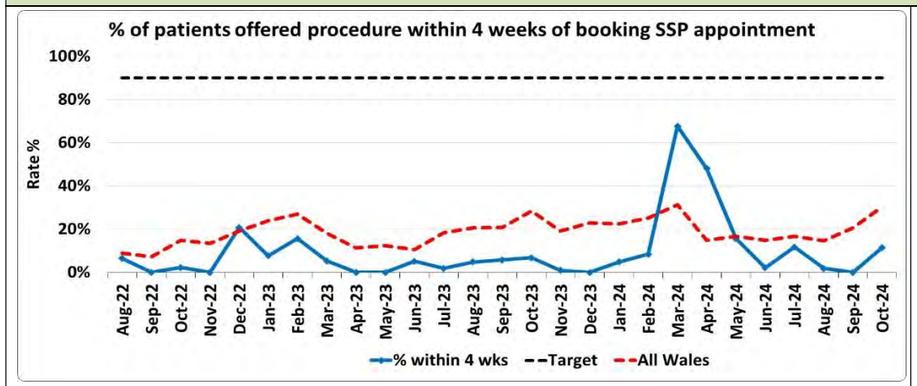
- Vaccine fatigue - in line with other HBs, CTM are experiencing a drop in vaccination uptake generally and especially since the pandemic.
- Understanding the underlying reasons and causes for this will be critical to allow any improvement in uptake.
- Joint Committee on Vaccination and Immunisation (JCVI) and Welsh Health Circulars (WHCs) instructed a change in priority to the start of the adult flu vaccination campaign, moving the required start date back to 01/10/24 several weeks later than usual.
- Demand on vaccination services – there are continued changes to programme scheduling and introduction of new vaccination programmes including RSV on 01/09/24 and the bringing forward of the Fluenz programme putting additional pressure on primary care.
- Uptake of Flu and COVID-19 – poor uptake for care home & health board staff and those who are immune-suppressed, under 65's clinically at risk in 2023/24 and is monitored for 2024/25
- Community pharmacies - limited clinical space and continuing workforce challenges will likely require some pharmacies to balance provision of vaccination services against rising demand for other clinical services. Some pharmacies with low vaccination numbers may withdraw provision now it is no longer a mandatory service.

Actions:

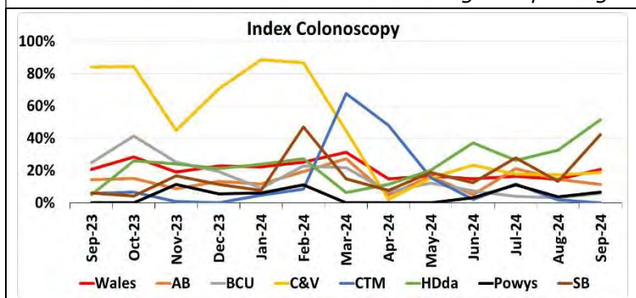
- Vaccine fatigue - ensure consideration for vaccine equity in all programme planning and increased communication.
- Joint Committee on Vaccination and Immunisation (JCVI) and Welsh Health Circulars (WHCs) – recruitment into the health protection system will add some resource but will not alleviate all the vaccination pressures in GP practices.
- Demand on vaccination services – maintain multi professional collaboration.
- Uptake of flu and COVID-19 – offer of flu champion training was taken up by several care homes but unfortunately not by primary or secondary care services.
- Collaboration and programme alignment – multi-disciplinary approach across all professions to ensure consistent and
- opportunistic messaging to support the optimisation of flu uptake, immunisation awareness sessions undertaken with multiple disciplines.
- CTM to support national work on community pharmacy premises improvement grants.
- CTM to encourage pharmacy technicians to engage with HEIW vaccinator accreditation framework and increase the number of vaccinators available within community pharmacies.

CTMUHB Planned Care Group - Index Colonoscopy

% patients offered index colonoscopy procedure within 4 weeks of booking Specialist Screening Practitioner assessment appointment - Target 90% - Oct 2024 11.4%



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



Status as at September 2024		
Health Board	Compliance	Rank
HDda	51.6%	1st
SB	42.3%	2nd
C&V	19.0%	3rd
AB	11.5%	4th
Powys	6.7%	5th
BCU	5.9%	6th
CTM	0.0%	7th

How are we doing & what actions are we taking? Low compliance in recent months is due to SSP sickness absence delaying assessments and the limited amount of BSW Endoscopists we have within CTM. We have also had sickness across the limited BSW Endoscopist Team. We have confirmed additional weekend BSW lists during January and February, with further lists potentially planned for March, but we are currently overcoming some issues regarding staffing and training, although the training for staff members from POW has been successful.

As of the 8th January there were 169 patients waiting for an index colonoscopy, of which, 144 have a booked appointment. Unfortunately, 125 patients will have waited longer than 4 weeks for their procedure and of these, 29 patients over 8 weeks. Internal additional ad hoc lists and flipping of symptomatic lists to overcome lost activity due to sickness has reduced the impact and current waits are around 10 weeks (previously 12), with further plans over the next 6 weeks to bring the service in line with '4-week compliance'.

The operational challenges that have an impact on activity are:

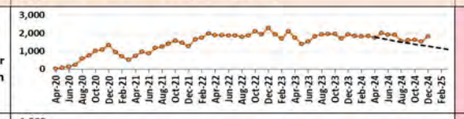
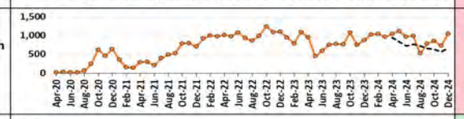
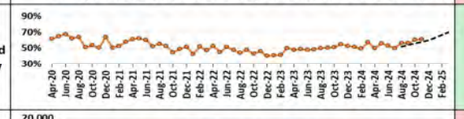
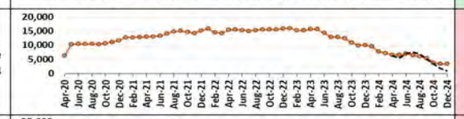
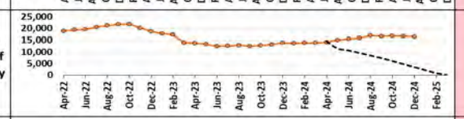
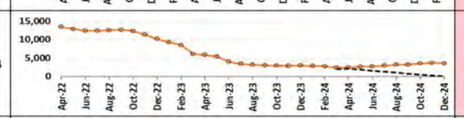
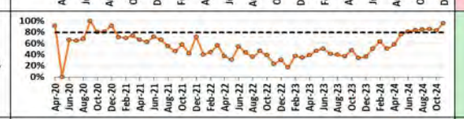
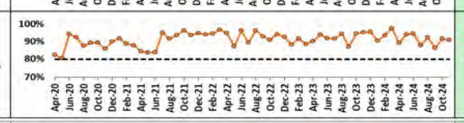
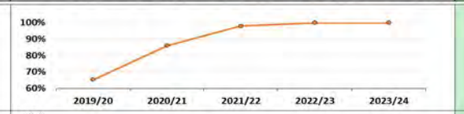
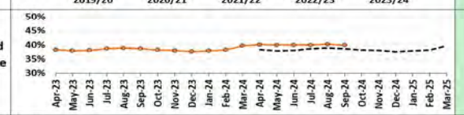
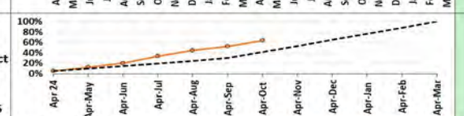
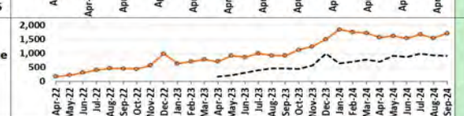
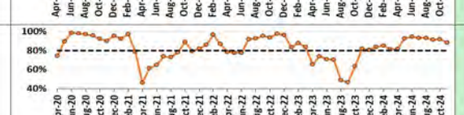
- Participant, patient choice and refusal remains an issue when booking dates across CTM.
- Providing cover for periods of leave and on-call commitments. This continues to be managed through 6/4/2-1 process which has seen an increase of adhoc cover, plus additional lists through backfilling of symptomatic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

Actions being taken:

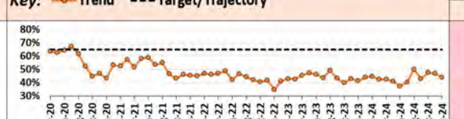
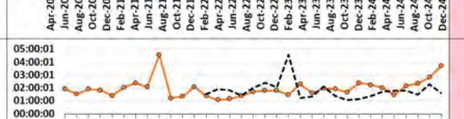
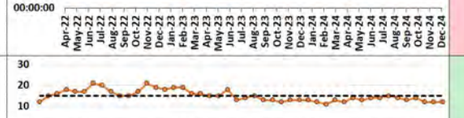
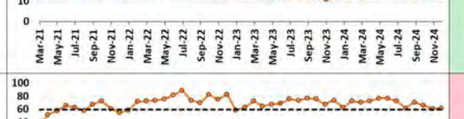
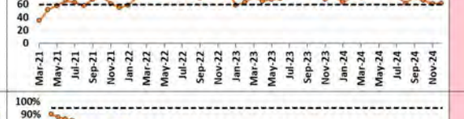
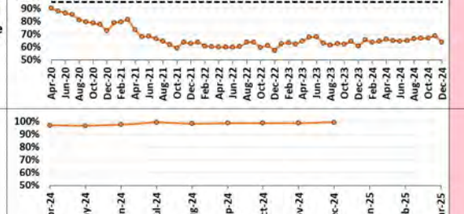
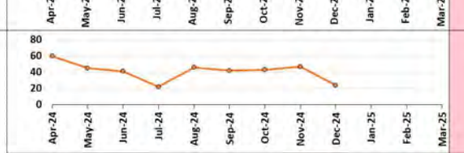
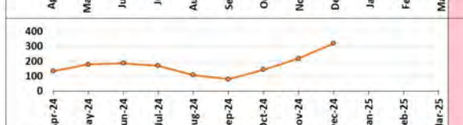
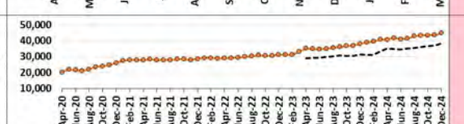
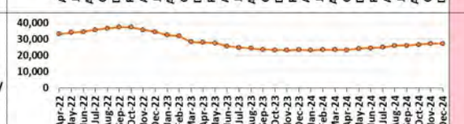
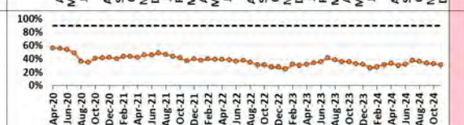
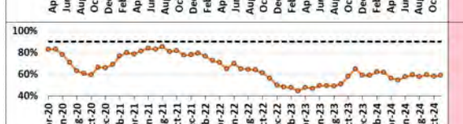
- Use of Text Remind and Broadcast Messenger to manage patient choice and reduce refusal of offer and DNA rates.
- Insourcing – completed and supported backlog clearance.
- Participants continue to be booked direct to scope at SSP assessment resulting in better patient experience.
- Sustainability plan is ongoing to increase core lists to meet optimisation steps.
- Working with theatre services to develop robust general anaesthetic provisions.

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

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

	Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Target	Target Failed Latest Position
Cabinet Secretary's Accountability Conditions	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	March 2024 baseline - 20% reduction by September 2024, further 20% reduction by March 2025		1,818	Dec-24
	Number of ambulance patient handovers over 1 hour	30% reduction on March 2024 baseline by December 2024		1,045	
	% of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	60% performance by December 2024 followed by 70% performance by March 2025		61.2%	Nov-24
	Number of patients waiting more than 8 weeks for a specified diagnostic	95% of modalities to be zero by December 2024		3,406	Dec-24
	Number of patients waiting over 52 weeks for a new outpatient appointment	March 2024 baseline - 40% reduction by end of September 2024, zero by March 2025		16,633	
	Number of patients waiting more than 104 weeks for referral to treatment	Zero by December 2024		3,609	
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years)	80% by December 2024		96.2%	Nov-24
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age 18 years and over)	80% by December 2024		90.9%	
Services Delivered Close to Home	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%		100.0%	2023/24
	Percentage of patients (aged 12 yrs and over) with diabetes who received all eight NICE recommended care processes	Improvement compared to the same month in the previous year		40.3%	Aug-24
	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025		64.1%	Apr to Oct 2024
	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Increase compared to the same month in the previous year		1,723	Sep-24
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years)	80%		96.0%	Nov-24
	% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age 18 years and over)	80%		88.5%	

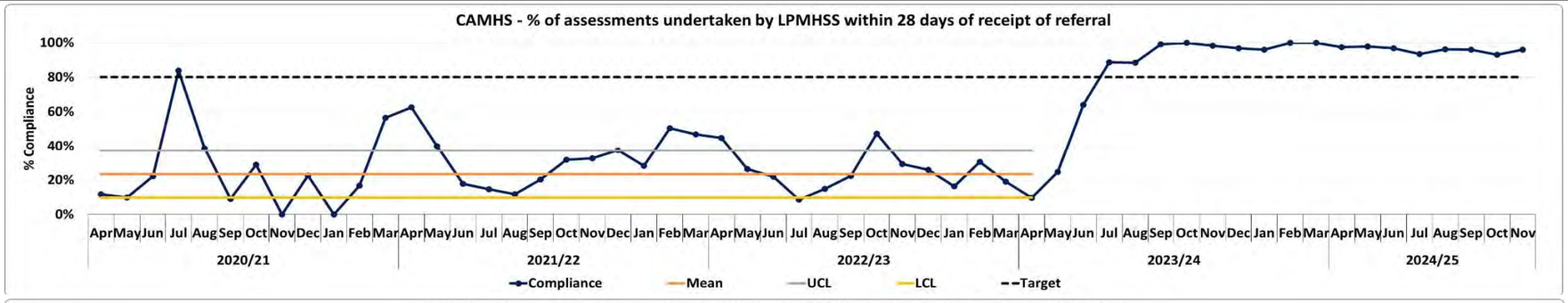
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

	Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Target	Target Failed Latest Position
Access Hospital Services Quickly	% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		44.1%	Dec-24
	Median emergency response time to amber calls	12 Month Reduction Trend		03:43:00	
	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less		12	
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	60 minutes or less		62	
	% of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Improvement compared to the same month in the previous year, towards the national target of 95%		63.7%	
	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	100%		99.4%	
	Number of patients waiting more than 14 weeks for a specified therapy (all ages)	Zero		24	
	Number of patients (all ages) waiting more than 14 weeks for audiology			320	
	Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%	Reduction compared to the same month in the previous year		44,880	
	Number of patients waiting more than 52 weeks for treatment	Month on month reduction towards the national target of zero by 30th June 2025		27,322	
	% of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%		31.2%	Nov-24
	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health			58.8%	

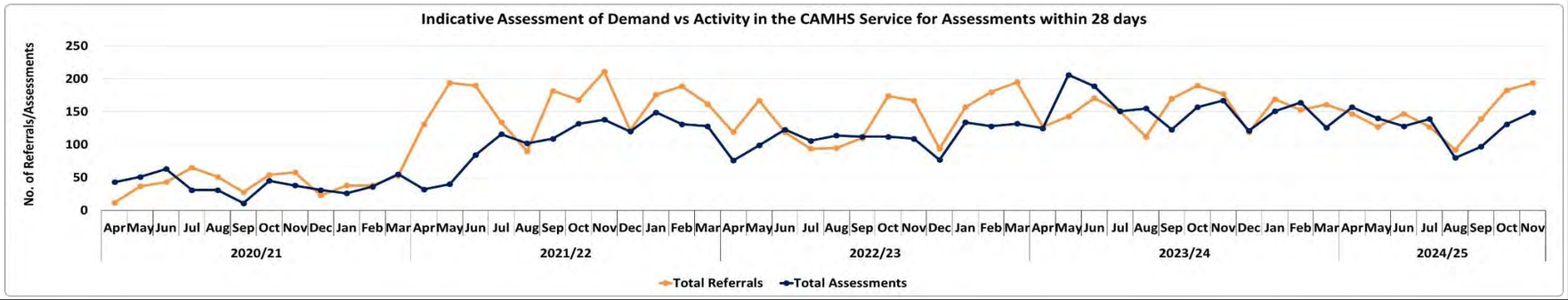
CTMUHB Mental Health & Learning Disabilities Care Group

CAMHS & Specialised Services – November 2024

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (96.0%) - Target 80%



Mental Health Measure Part 1a - the number of assessments undertaken within 28 days of referral - performance has notably improved in this area of the CAMHS service since the summer of 2023. Compliance during November 2024 was 96.0% and continues to exceed the WG target of 80%.

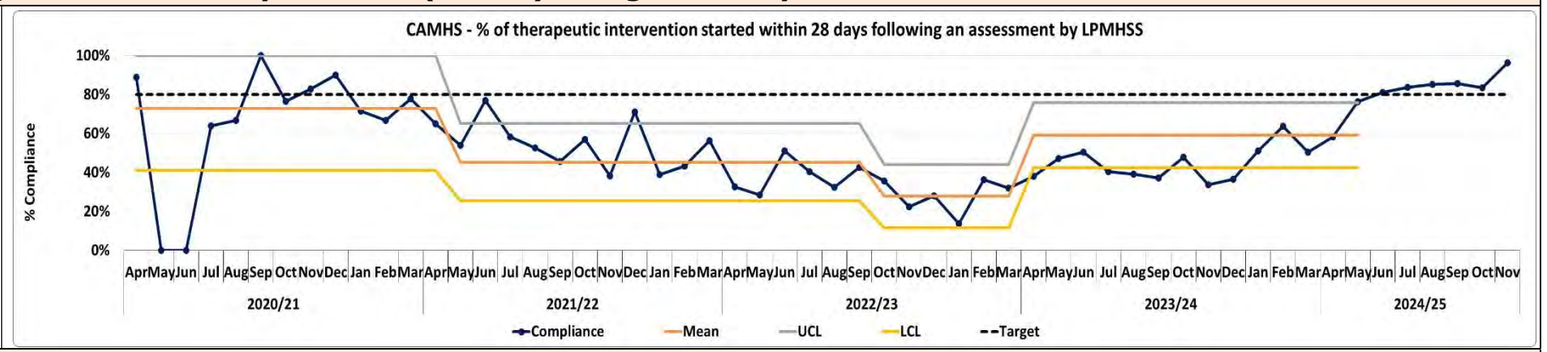


As seen in the chart to the left, the number of assessments each month is fairly stationary, given the variability in the number of working days in the month with the exception of August 2024.

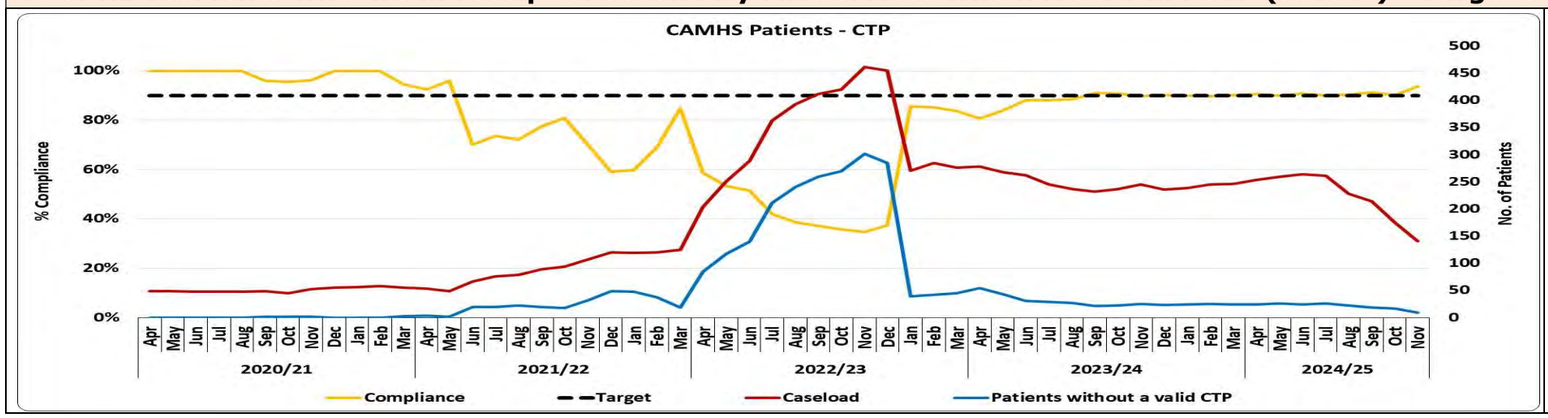
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (96.2%) - Target 80% by December 2024

Compliance for the proportion of therapeutic interventions starting within 28 days following an assessment by LPMHSS improved from the previous period to 96.2% and continues to surpass the WG set target of 80%.

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



% of HB residents who are in receipt of secondary MH services who have a valid CTP (93.6%) - Target 90%



Part 2 of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month observed a compliance rate of 93.6% during November and stands above the WG standard of 90%.

From the start of 2023, as shown in the chart to the left, we observe that caseloads have reduced by around 70% from the peak seen in November 2022. The number of patients without a valid CTP at the end of the month currently stands at 9.

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

CAMHS & Specialised Services – continued

How are we doing and what actions are we taking?

Actions being taken:

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

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

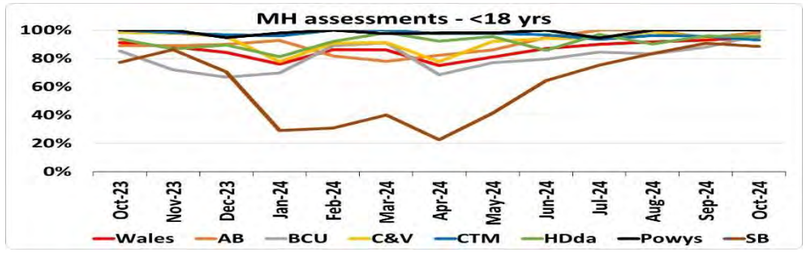
Outputs of improvements:

- **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 November we had 147 patients on the waiting list, which is a rise on the previous month with the average waiting time increasing to 3 weeks.
- **Part 1b:** We carefully monitor the demand for interventions and our capacity to deliver services. The total number of interventions delivered in November was 79, with the average waiting time being 2 weeks; lower than the previous month.
- As clinical teams have worked through the waiting list backlog our performance against the interventions target has steadily increased.
- Early in 2024 we introduced referral-based access to the online digital platform SilverCloud to further help with interventions.
- **Part 2:** The results of the caseload audit completed at the end of last year is helping us to focus on quality in relation to CTP's.

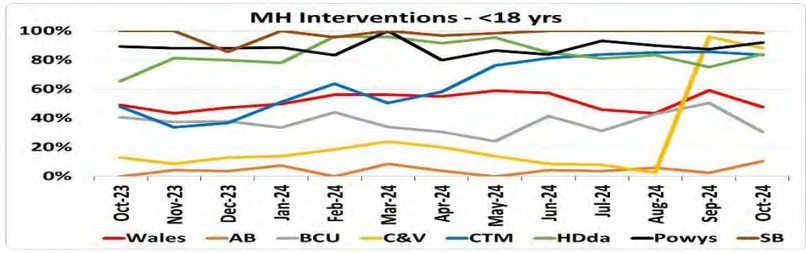
Main areas of risk:

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

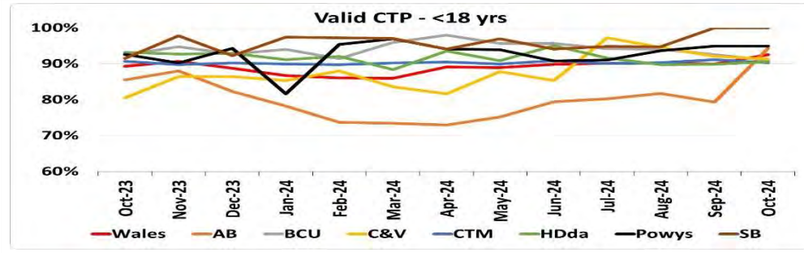
How do we compare with our peers?



Status as at October 2024		
Health Board	**Compliance**	**Rank**
Powys	100.0%	1st
AB	98.6%	2nd
BCU	96.5%	3rd
C&V	95.6%	4th
HDda	95.3%	5th
CTM	**93.1%**	**6th**
SB	88.7%	7th



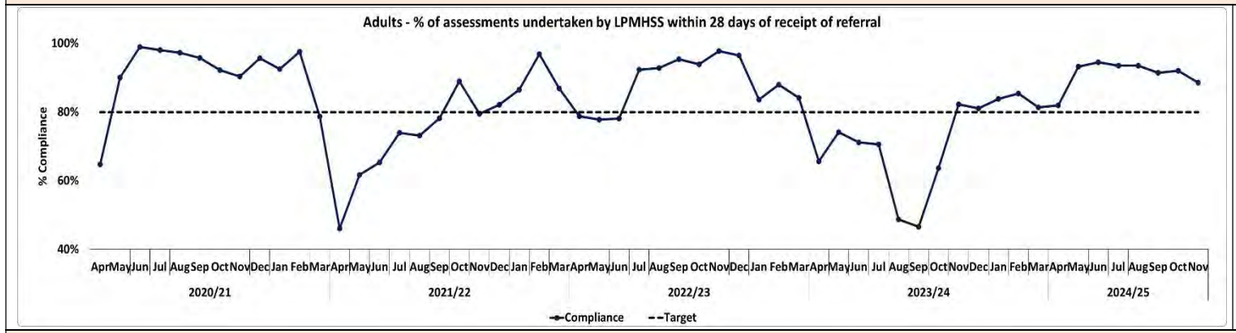
Status as at October 2024		
Health Board	**Compliance**	**Rank**
SB	98.4%	1st
Powys	92.1%	2nd
C&V	88.1%	3rd
HDda	84.1%	4th
CTM	**83.5%**	**5th**
BCU	30.4%	6th
AB	10.4%	7th



Status as at October 2024		
Health Board	**Compliance**	**Rank**
SB	100.0%	1st
Powys	94.9%	2nd
AB	94.3%	3rd
C&V	91.4%	4th
BCU	91.0%	5th
HDda	90.6%	6th
CTM	**90.3%**	**7th**

Adult Mental Health Services – November 2024

% of assessments undertaken by LPMHSS within 28 days of receipt of referral (88.5%) - Target 80%



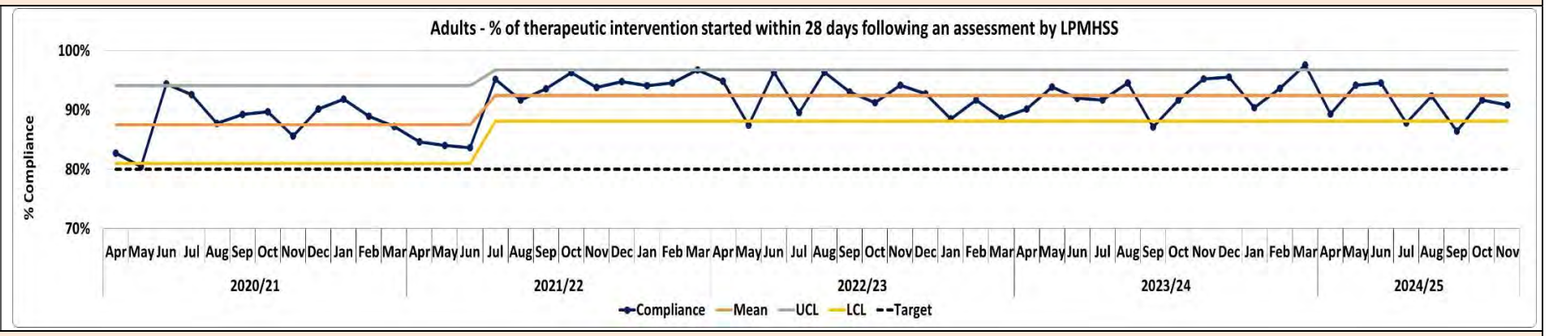
Part One of the Mental Health Measure relates to primary care assessment & treatment and has a target of 80% of referrals to be assessed within 28 days. The performance for the adult mental health services during November dipped to 88.5%, but continues to stand above the WG target of 80%.

Referrals during the month totalled 738 (just above the 12 month average of 721) although, we continue to observe that volumes remain lower than pre-Covid levels, where referrals were in the region of 1,000 to 1,100.

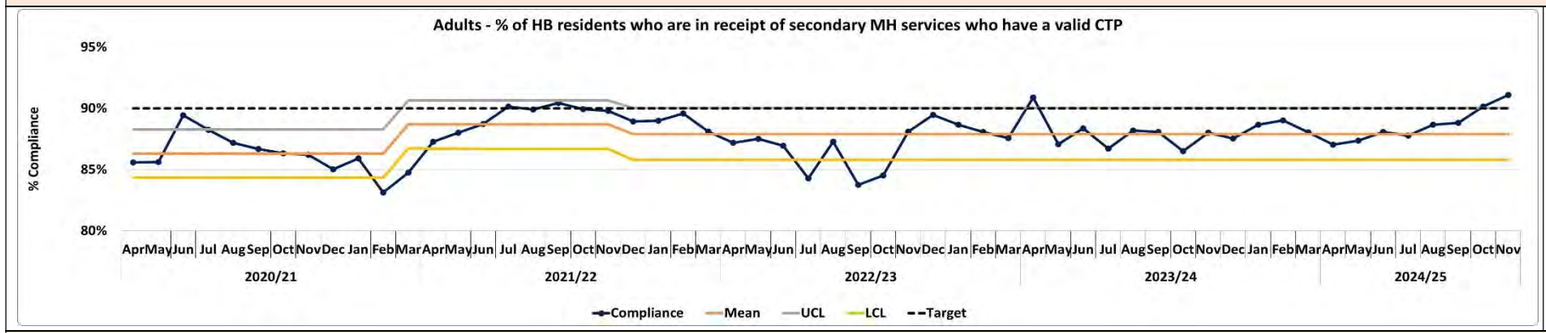
% of therapeutic intervention started within 28 days following an assessment by LPMHSS (90.9%) - Target 80% by December 2024

Overall, the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS during November was 90.9% and continues to stand above the WG target of 80%.

During the month, 329 of the 362 interventions commenced within the 28 day timeframe.



% of HB residents who are in receipt of secondary MH services who have a valid CTP (91.1%) - Target 90%



Part Two of the Mental Health Measure, i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month saw a compliance of 91.1% during November and just above the 90% WG standard for the second consecutive month.

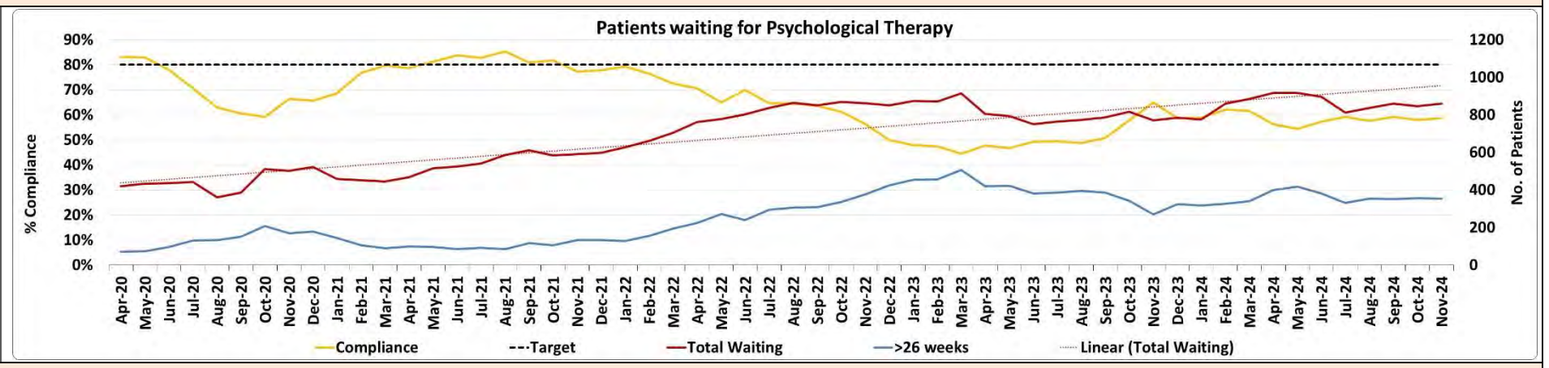
Part 3: There were no requests made for an adult assessment under Part 3 of the Mental Health Measure during November.

% of patients waiting less than 26 weeks to start a Psychological Therapy (58.8%) - Target 80%

During November, Psychological Therapies compliance was 58.8%, with performance continuing to remain below the 80% target threshold set by WG. The last time CTM achieved the target was October 2021 (81.7%) and compliance during the past 12 months has fluctuated between 54.4% and 62.1%.

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

At the end of November the waiting list stood at 861 patients; almost double the volume seen pre-Covid and during the last 12 months the list has ranged between 776 and 918 patients.



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

Adult Mental Health Services - continued

How are we doing?

Part 1a: During November, performance across all teams continued to remain above target at 88.5% and we are continually monitoring demand with plans in place for the anticipated increase during the winter months.

Part 1b: Performance continues to be above target at 90.9%.

Part 2: Overall compliance for both Adult, Older Adult and Learning Disability Services was 91.1% and compliance for the services is shown below:

- Adult Services – increased slightly to 91%
- Older Adult Services – increased slightly to 92.9%
- Learning Disability Services – improved to 84.1%.

Psychological Therapies:

- The Adult Psychological Therapies waiting list currently includes 4 service areas LPMHSS, CMHTs, DBT and Family therapies. The overall position for Adult Psychological Therapies waiting list for November stands at 805 patients. The current performance data stands at 58% of service users waiting less than 26 weeks, this is a very slight improvement from the previous month, but continues to fall well below the WG target of 80%.

- The overall position for Older Adult Psychological Therapies waiting list for November stands at 42 patients. Those service users waiting over 26 weeks equates to 17 patients, of which 13 are in Bridgend area. At November there were no patients in Older Adult services waiting longer than 52 weeks.

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

Part 1a:

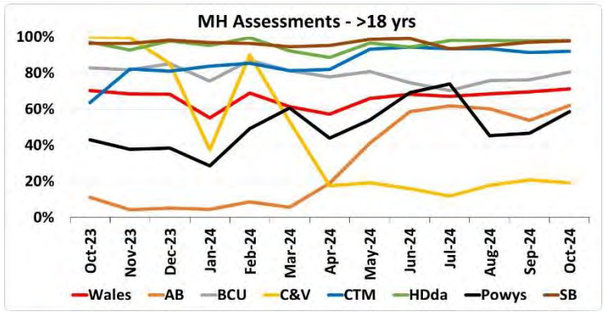
- Focus on sickness management in teams where they are currently experiencing high levels of absence and strategic review of staff with frequent or long absence.
- Review of IT systems to support proactive performance management of the service through Qlik BI tool.
- Demand and capacity work – review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

Part 2: The proportion of residents who have a valid Care Treatment Plan, varies by the lead practitioner. Those where the lead is a medical consultant are low and achieving improvement is proving challenging. The overall rate is 91.1%, reflecting a positive trend following sustained efforts across CMHTs.

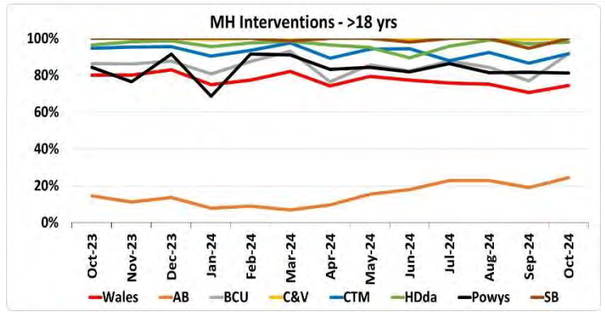
Sustaining this performance requires continued data monitoring and engagement service-wide, although with compliance currently above target, the data suggests a trajectory towards sustained improvement.

Psychological Therapies: The Bridgend area accounts for 71% of the current waiting list for Older Adult Services. This area also has the highest referral numbers with the psychologist post in Bridgend currently vacant. However, a trainee Clinical Psychologist is due to be based at Bridgend from January. A psychology group was set up in Bridgend starting the first week of January and this will support the reduction in the waiting list. Clients have been allocated appointments in priority of complexity, clinical need and urgency. In the Rhondda area a new therapist has commenced in post and going forward a reduction to the waiting list is anticipated from January 2025.

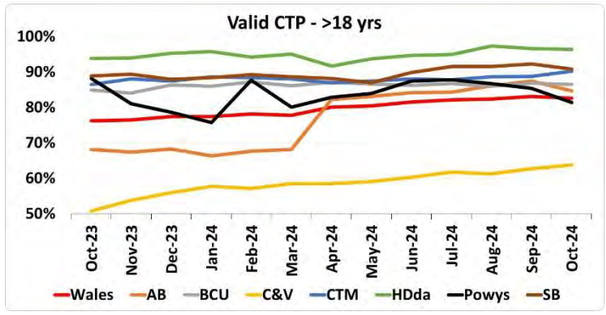
How do we compare with our peers?



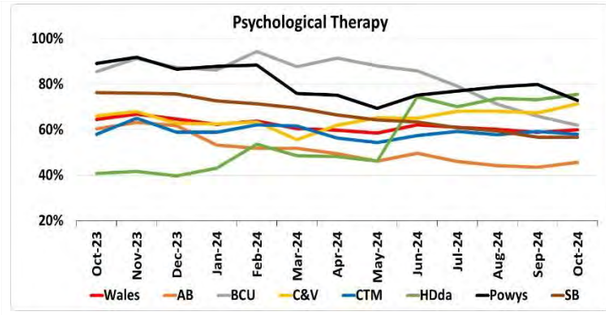
Status as at October 2024		
Health Board	Compliance	Rank
HDda	98.1%	1st
SB	97.9%	2nd
CTM	**92.0%**	**3rd**
BCU	80.6%	4th
AB	62.0%	5th
Powys	58.7%	6th
C&V	19.1%	7th



Status as at October 2024		
Health Board	Compliance	Rank
C&V	100.0%	1st
SB	100.0%	1st
HDda	98.1%	3rd
BCU	91.8%	4th
CTM	**91.7%**	**5th**
Powys	81.3%	6th
AB	24.4%	7th



Status as at October 2024		
Health Board	Compliance	Rank
HDda	96.4%	1st
SB	90.8%	2nd
CTM	**90.2%**	**3rd**
BCU	86.5%	4th
AB	84.7%	5th
Powys	81.4%	6th
C&V	63.9%	7th

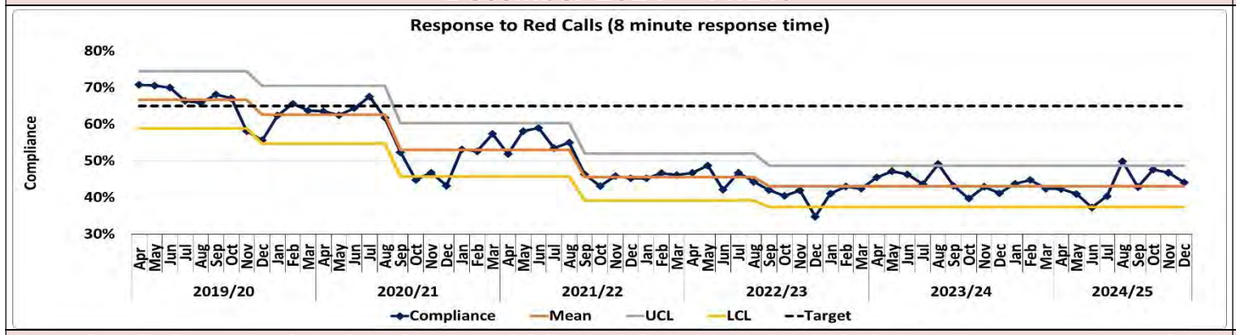


Status as at October 2024		
Health Board	Compliance	Rank
HDda	75.6%	1st
Powys	72.9%	2nd
C&V	71.3%	3rd
BCU	62.0%	4th
CTM	**58.0%**	**5th**
SB	56.7%	6th
AB	45.6%	7th

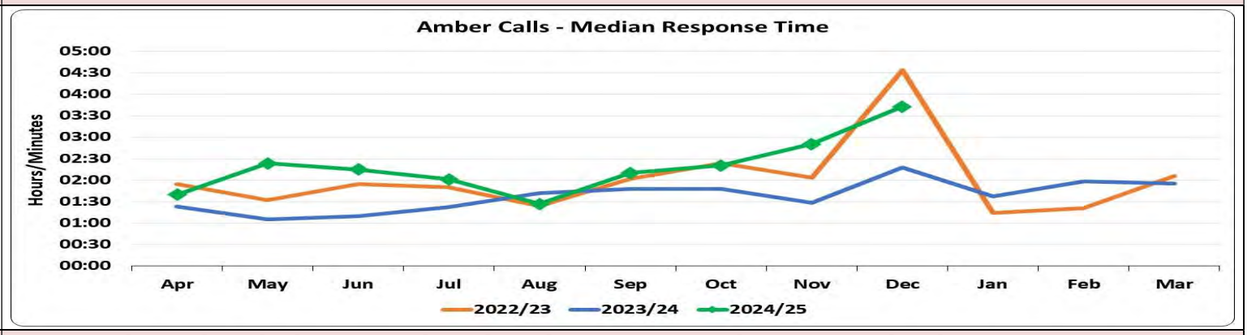
CTMUHB Unscheduled Care Group

Emergency Ambulance Services – December 2024

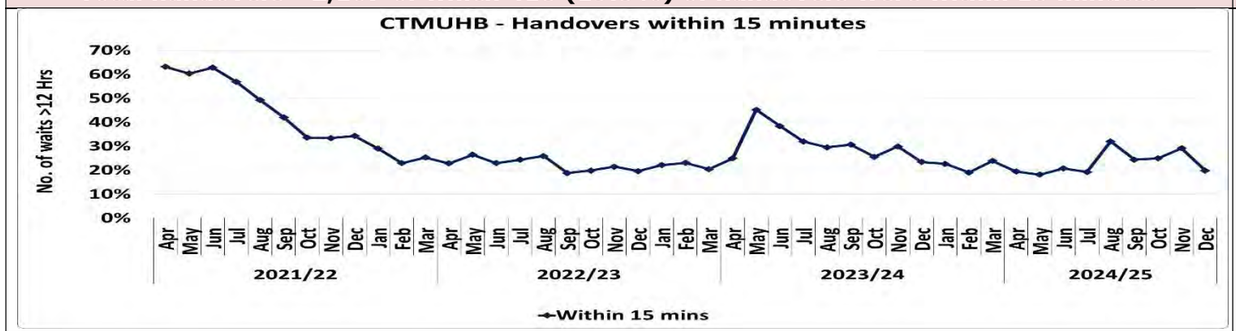
% of emergency responses to Red Calls arriving within 8 minutes (Target 65%)
December 2024 – 44.1%



Median emergency response time to Amber Calls – Target is 12 month reduction trend
December 2024 - 3 hours 43 minutes



% of ambulance patient handovers within 15 minutes – Target is improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes.
Total handovers - 2,107 of which 418 (19.8%) of handovers were within 15 minutes



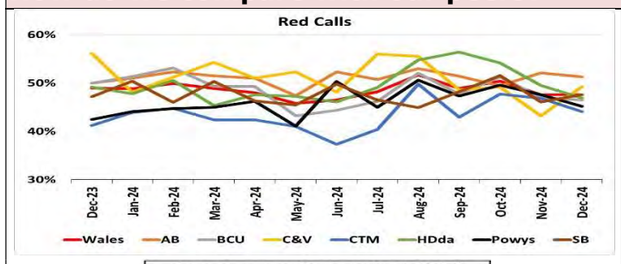
Number of ambulance patient handovers over 1 hour – Revised WG Target: 30% reduction from March 24 number by December 2024
1,045 handovers were over 1 hour (50.4% of handovers were within 1 hour)



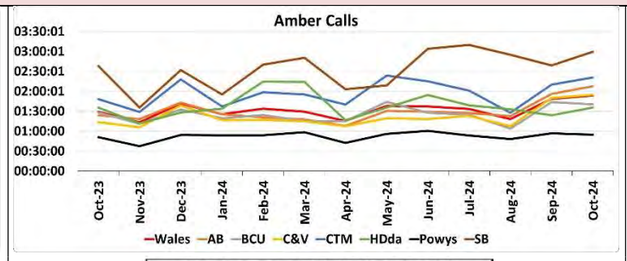


Period	PCH Handovers	PCH % <15 mins	PCH % <60 mins	RGH Handovers	RGH % <15 mins	RGH % <60 mins	POW Handovers	POW % <15 mins	POW % <60 mins	CTMUHB Total Handovers	CTMUHB % <15 mins	CTMUHB % <60 mins
Dec-23	863	22.7%	62.0%	833	24.8%	62.8%	676	22.5%	63.8%	2372	23.4%	62.8%
Jan-24	910	18.1%	55.1%	869	29.5%	66.5%	620	19.7%	47.7%	2399	22.6%	57.3%
Feb-24	805	14.3%	43.0%	783	23.5%	53.4%	525	19.6%	57.1%	2113	19.0%	50.4%
Mar-24	870	19.1%	52.6%	807	31.1%	67.0%	600	21.0%	52.3%	2277	23.8%	57.7%
Apr-24	856	14.4%	46.3%	819	26.1%	64.0%	587	17.5%	50.6%	2262	19.5%	53.8%
May-24	865	15.7%	45.9%	715	20.6%	50.9%	644	18.8%	53.9%	2224	18.2%	49.8%
Jun-24	796	14.7%	49.2%	759	30.0%	66.0%	596	16.9%	47.8%	2151	20.7%	54.8%
Jul-24	856	17.1%	53.4%	785	21.5%	60.8%	560	19.5%	49.3%	2201	19.3%	55.0%
Aug-24	756	21.6%	63.5%	667	47.8%	85.5%	567	27.3%	73.2%	1990	32.0%	73.6%
Sep-24	822	22.9%	61.4%	751	25.8%	61.0%	547	24.7%	68.2%	2120	24.4%	63.0%
Oct-24	811	17.6%	47.7%	808	30.3%	61.4%	475	28.2%	74.1%	2094	24.9%	59.0%
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%

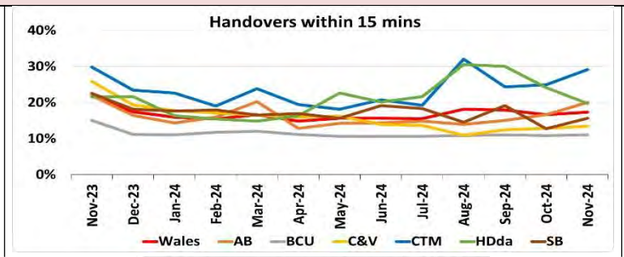
How do we compare with our peers?



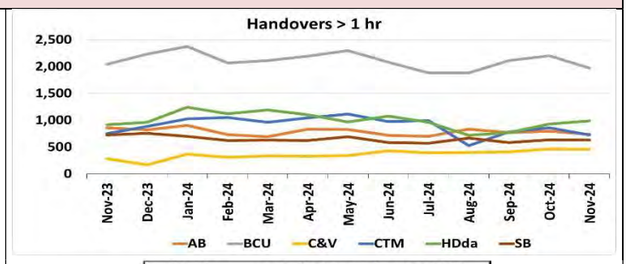
Status as at December 2024		
Health Board	Compliance	Rank
AB	51.3%	1st
C&V	49.2%	2nd
SB	47.6%	3rd
HDda	46.9%	4th
BCU	46.5%	5th
Powys	45.2%	6th
CTM	**44.1%**	**7th**



Status as at October 2024		
Health Board	Compliance	Rank
Powys	00:54	1st
HDda	01:35	2nd
BCU	01:40	3rd
C&V	01:54	4th
AB	02:07	5th
CTM	**02:20**	6th
SB	02:59	7th



Status as at November 2024		
Health Board	Compliance	Rank
CTM	**29.1%**	**1st**
AB	20.0%	2nd
HDda	19.7%	3rd
SB	15.7%	4th
C&V	13.4%	5th
BCU	11.0%	6th



Status as at November 2024		
Health Board	Compliance	Rank
C&V	456	1st
SB	631	2nd
CTM	**727**	**3rd**
AB	739	4th
HDda	986	5th
BCU	1,972	6th

Emergency Ambulance Services continued overleaf:

Emergency Ambulance Services continued – December 2024

How are we doing?

Response to Red Calls per WAST Operational Area				
Dec-24	Total Responses	Responses within 8	% within 8 mins	*12 Month Average*
Merthyr	176	108	**61.4%**	*56.7%*
RCT	437	180	**41.2%**	*39.2%*
Bridgend	298	114	**38.3%**	*43.0%*
CTM	911	402	**44.1%**	*43.6%*

Response to Red Calls: Response times to life-threatening calls for the CTM area during December was 44.1% with the 12 month average being 43.6%. Compliance continues to remain low with the volume of Red Calls during December totalling 911, 13% higher than the same comparative period of 2023; with the 12 month average at 755.

The National compliance was 47.6% and continues to remain below the minimum expected standard of 65% of Red Calls to be responded to within 8 minutes, with CTM receiving the poorest response times out of all the other health boards in Wales during December.

Median Response to Amber Calls: The median response times for serious, but not immediately life threatening calls was 3 hours and 43 minutes during December; almost an hour longer than the previous month and almost 1.5 hours longer than the equivalent period of 2023. The chart (page 14, top right) demonstrates fluctuations with response times ranging between 87 and 223 minutes during the past twelve months.

Ambulance Handover Compliance & Lost Hours: During December ambulance conveyances to ED totalled 2,107, which is 11% (265) fewer than the equivalent period of last year. Performance against the 15 minute handover remained a low 19.8%, with the number of patients and ambulance crews detained longer than an hour totaling 1,045. The 12 month average is 925 patient breaches, which is 12.8% higher than the equivalent time span of the previous year (Jan 23 to Dec 23).

During December there were a total of 3,356 hours lost to the ambulance service following notification to handover at our emergency departments, representing a 15% (449 hours) increase on the same period of 2023 *(waits longer than 15 minutes are counted)*.

Hospital Handovers in minute time groups								
Dec-24	0 - 15	15 - 30	30 - 45	45 - 60	60 - 120	120 - 180	180+	Total Handovers
PCH	120	116	90	51	172	113	120	782
RGH	222	117	86	63	151	97	173	909
POW	76	63	33	25	59	32	128	416
CTM	**418**	**296**	**209**	**139**	**382**	**242**	**421**	**2,107**

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

	PCH			RGH			POW			CTMUHB		
Period	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance	Requests	Accepted	Compliance
Nov-23	16	16	**100.0%**	16	16	**100.0%**	3	3	**100.0%**	35	35	**100.0%**
Dec-23	19	19	**100.0%**	19	16	**84.2%**	6	6	**100.0%**	44	41	**93.2%**
Jan-24	21	21	**100.0%**	12	11	**91.7%**	12	11	**91.7%**	45	43	**95.6%**
Feb-24	18	17	**94.4%**	16	16	**100.0%**	6	6	**100.0%**	40	39	**97.5%**
Mar-24	10	10	**100.0%**	14	12	**85.7%**	5	5	**100.0%**	29	27	**93.1%**
Apr-24	11	11	**100.0%**	7	7	**100.0%**	5	5	**100.0%**	23	23	**100.0%**
May-24	10	9	**90.0%**	17	17	**100.0%**	11	11	**100.0%**	38	37	**97.4%**
Jun-24	13	12	**92.3%**	10	9	**90.0%**	12	11	**91.7%**	35	32	**91.4%**
Jul-24	9	9	**100.0%**	11	11	**100.0%**	9	9	**100.0%**	29	29	**100.0%**
Aug-24	11	10	**90.9%**	4	4	**100.0%**	8	8	**100.0%**	23	22	**95.7%**
Sep-24	9	9	**100.0%**	10	10	**100.0%**	12	11	**91.7%**	31	30	**96.8%**
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%**

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

What actions are we taking & when is improvement anticipated?

- Site and USC collaborative approach to the development of the One Hour Ambulance Handover plan.
- Pre-emptive measures are already in place to create offload space by reassigning patients into bed spaces or an ambulance where patients may become fit to sit.
- Experience triage / Senior Decision Maker to maximise fit to sit decision, quick turnaround and front loading of investigations.
- Urgent Treatment Centre (UTC) at PCH went live 1st November for a 3 month trial.
- Exploring feasibility of introducing Rapid Assessment & Treatment Model (RAT) at PCH following realignment of consultant roster.
- Improved access to Non-Emergency Patient Transport Service for quick turnarounds.
- Achieve NHS framework trajectories 1 and 12 hour ED improvement plan in place across CTM with regular performance meetings held.
- 1 and 12 Hour Ambulance Handover Escalation Card developed and shared for comment prior to implementation.
- Reduce conveyance / pathway development with WAST – 8% higher than other HB's.
- Following the success of the Strategic Transformation of Acute Medicine Programme (STAMP) at PCH in July 2024, where the aim was to reset the acute medicine footprint and creating a less than 72 hours AMU, we are now exploring phases 3 and 4. This will create pathways from ED to SDEC as well as a direct pathway for WAST. This will continue to contribute to the gains in ED performance.
- The successful collaborative Test of Change between WAST and RGH ED is to be rolled out.
- Bi-weekly team meetings established with WAST.

What are the main areas of risk?

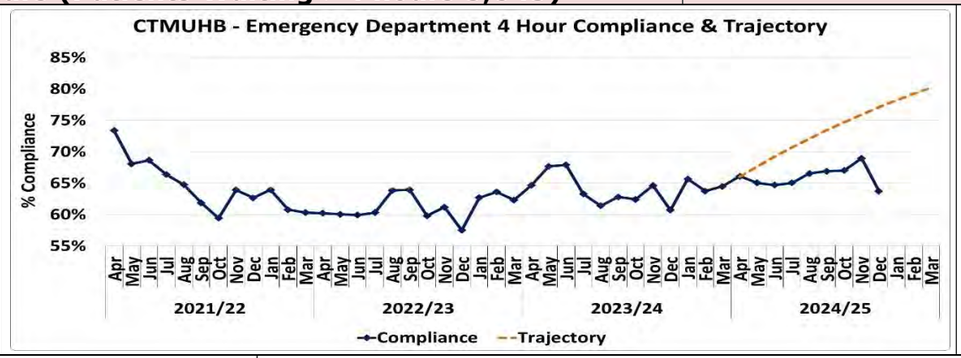
- The system changes required to safely decant the Princess of Wales site will undoubtedly require the recalibration and optimisation of numerous resource pools and ways of working.
- Although some additional uncommissioned capacity areas have closed, some areas remain open across all sites, but is under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

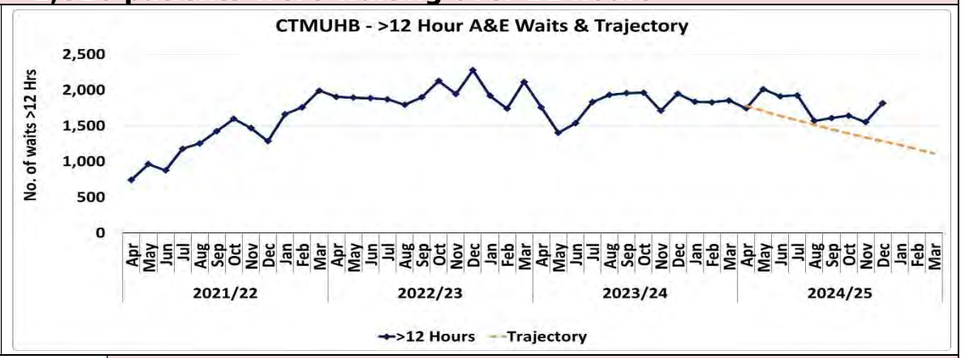
CTMUHB Unscheduled Care Group

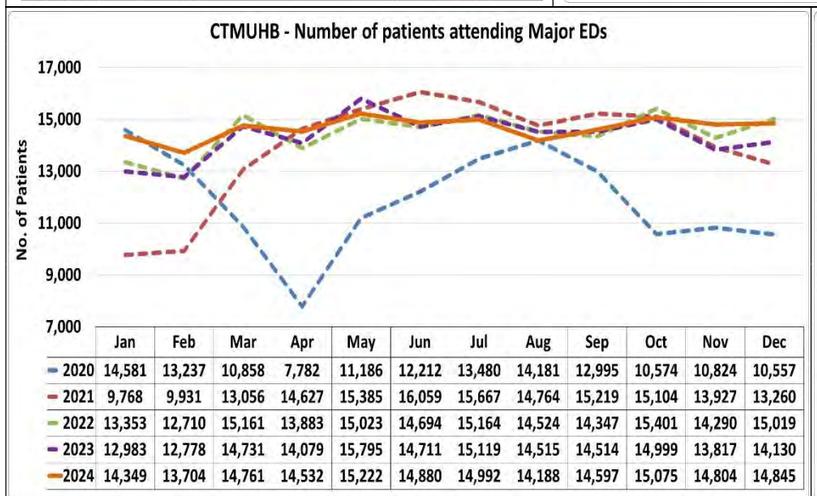
Emergency Unit Waits – December 2024 (Provisional Position) - Total Attendances = 16,114

% of patients who spend <4 hours in all major and minor emergency care facilities from arrival to admission, transfer or discharge – Target is improvement compared to the same month in the previous year, towards the national target of 95%	Number of patients who spend 12 hours or more in all hospital major & minor emergency care facilities from arrival until admission, transfer or discharge – Revised Target is a 20% reduction on March 2024 number by September 2024 and a further 20% reduction by March 2025.
63.7% were seen within 4 hours (Patients Waiting >4 hours 5,843)	**1,818 patients were waiting over 12 hours**

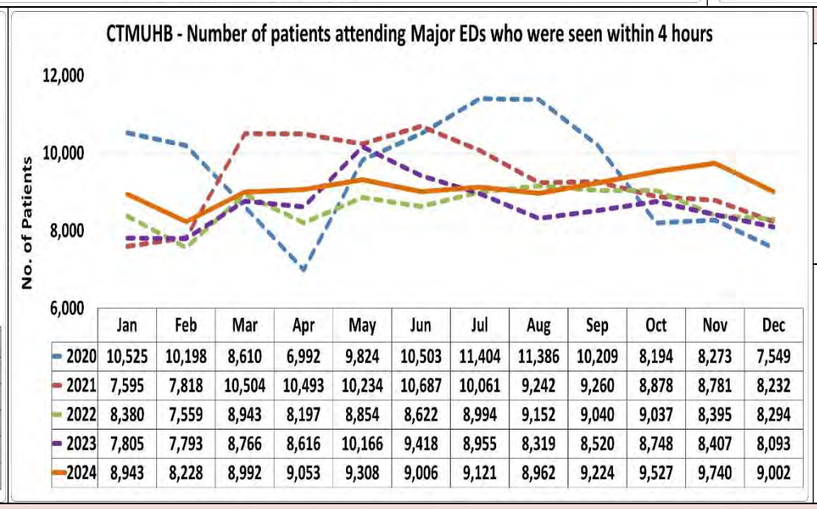
Period	CTMUHB		
	Attendances	4 Hrs %	> 12 Hrs
Dec-23	15,367	60.7%	1,949
Jan-24	15,744	65.7%	1,837
Feb-24	15,105	63.7%	1,831
Mar-24	16,251	64.5%	1,856
Apr-24	16,180	66.1%	1,745
May-24	16,947	65.1%	2,015
Jun-24	16,647	64.7%	1,913
Jul-24	16,802	65.1%	1,927
Aug-24	15,631	66.6%	1,569
Sep-24	16,233	66.9%	1,610
Oct-24	16,823	67.0%	1,642
Nov-24	16,355	69.0%	1,552
Dec-24	16,114	63.7%	1,818





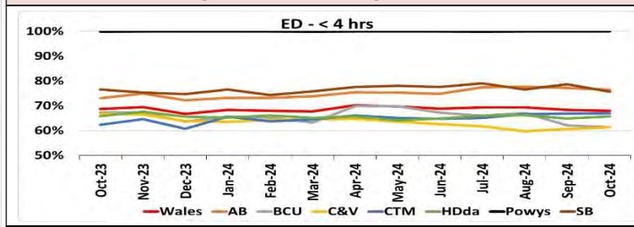


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	14,581	13,237	10,858	7,782	11,186	12,212	13,480	14,181	12,995	10,574	10,824	10,557
2021	9,768	9,931	13,056	14,627	15,385	16,059	15,667	14,764	15,219	15,104	13,927	13,260
2022	13,353	12,710	15,161	13,883	15,023	14,694	15,164	14,524	14,347	15,401	14,290	15,019
2023	12,983	12,778	14,731	14,079	15,795	14,711	15,119	14,515	14,514	14,999	13,817	14,130
2024	14,349	13,704	14,761	14,532	15,222	14,880	14,992	14,188	14,597	15,075	14,804	14,845

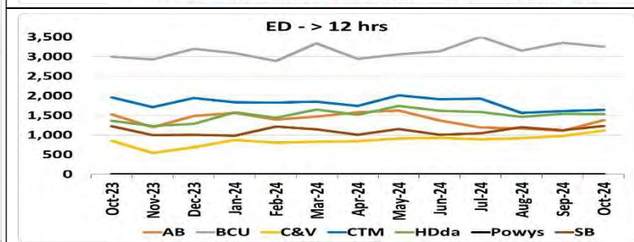


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	10,525	10,198	8,610	6,992	9,824	10,503	11,404	11,386	10,209	8,194	8,273	7,549
2021	7,595	7,818	10,504	10,493	10,234	10,687	10,061	9,242	9,260	8,878	8,781	8,232
2022	8,380	7,559	8,943	8,197	8,854	8,622	8,994	9,152	9,040	9,037	8,395	8,294
2023	7,805	7,793	8,766	8,616	10,166	9,418	8,955	8,319	8,520	8,748	8,407	8,093
2024	8,943	8,228	8,992	9,053	9,308	9,006	9,121	8,962	9,224	9,527	9,740	9,002

How do we compare with our peers?



Status as at October 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
AB	76.4%	2nd
SB	75.8%	3rd
CTM	**67.0%**	**4th**
HDda	65.8%	5th
BCU	61.4%	6th
C&V	61.3%	7th



Status as at October 2024		
Health Board	Compliance	Rank
Powys	0	1st
C&V	1,117	2nd
SB	1,235	3rd
AB	1,380	4th
HDda	1,532	5th
CTM	**1,642**	**6th**
BCU	3,253	7th

How are we doing?

The chart above shows that throughout December the total number of ED attendances at our three acute hospital sites was higher (around 5%) than those observed during December 2023, but 1% (174) lower than the same period of 2022. Overall numbers of Minor Injuries and ED attendances totalled 16,114 and is also 5% higher than those observed during the equivalent period of last year (15,367).

The proportion of patients being admitted, discharged or transferred within 4 hours of their arrival at our emergency care facilities during December is provisionally 63.7%, which as it currently stands is 3 points higher than the performance seen during December 2023, but continuing to remain well below the WG compliance target of 95%.

The twelve hours performance observed that 1,818 patients were waiting in excess of 12 hours and for the past five months the rate of 12 hour patient breaches has been just over 10% of the total attendances and we continue to sit outside of our desired trajectory.

What actions are we taking & when is improvement anticipated?

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

What are the main areas of risk?

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

CTMUHB Unscheduled Care Group

Hip Fracture – Key Steps in Recovery From Injury

Data sourced from the National Hip Fracture Database (NHFD)

Data reported Quarterly – latest period to October 2024

National Falls & Fragility Fracture Audit Programme

Annualised values based on cases averaged over 12 months to end of October 2024 (except KPI's 6 & 7 which are delayed to allow for follow up data to be included). Source National Hip Fracture Database

Key Steps		KPI - Expected WG target of 75%	Wales Average	NHFD overall performance	PCH	RGH	POW
					Average cases		
					223	283	228
Getting to the right place	0	Admission to specialist ward	14%	9%	37%	4%	32%
	1	Prompt orthogeriatric review	75%	88%	0%	0%	57%
Getting up after surgery	2	Prompt surgery	56%	58%	74%	56%	78%
	3	NICE compliant surgery	66%	70%	48%	64%	58%
	4	Prompt mobilisation	76%	82%	64%	52%	73%
	5	Not delirious post op	63%	66%	0%	4%	75%
Getting back home again	6	Return to original residence	75%	74%	75%	65%	76%
	7	Bone medication	58%	49%	0%	8%	56%

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

Improvement actions & risks

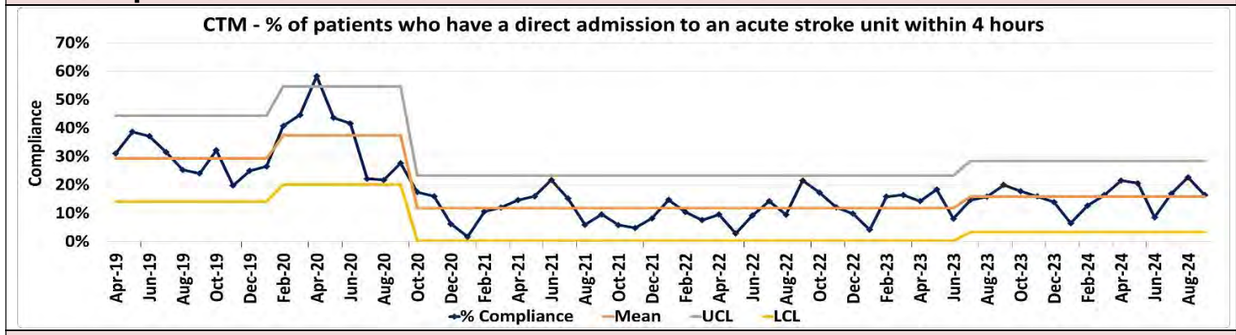
(please note that the information below is updated quarterly – next update expected March 2025)

KPI	PCH	RGH	POW
0. Admitted to specialist ward - With nerve-block within 4 hours.	We endeavour to keep a dedicated hip fracture bed on the orthopaedic ward. Once a hip fracture is diagnosed 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.	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.
1. Prompt orthogeriatric assessment - Assessed by a senior geriatrician (ST3+) within 72 hours of presentation.	Awaiting recruitment of orthogeriatrician. Business case near completion.	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. Discuss at next Strategic Frailty Fracture Group.	There has been a notable improvement since the appointment of the Orthogeriatric consultant. It will take time to reflect this on yearly rolling data. We are currently achieving the target and more than 75% of patients receiving prompt Orthogeriatric assessment in scheduled time. Only one orthogeriatrician on site so there is no other senior doctor cover when away on holidays or otherwise.
2. Prompt surgery - Surgery by the day following presentation with hip fracture.	We have an all day trauma list six days a week and most bank holidays (Saturday all day trauma lists and BHs have only happened over the last year). This has improved our efficiency in getting patients to theatre quickly.	Pt flow and bed availability an issue. No Saturday trauma list. No pre-op orthogeriatricain input. Discussed at local Audit meeting. Discuss at next Strategic Frailty Fracture Group.	We are looking into the theatre time utilisation at the moment and reasons of poor performance. Some of recurring themes are: Staff shortages in theatre, lack of junior medical staff and trauma other than fracture hip needing to be addressed. No specific T&O theatre availability on weekend.
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.	Recording and classification of fractures can be improved for more accurate data input – ongoing data review, clinician and audit facilitator education and standardised proforma implementation. These are broad guidelines for surgical implants to be used but final decision on implant is made on the individual needs of each patient.	There is some difference of opinion on preference of treatment as well as probably inconsistent classification of the fracture type account for marginally less then 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.
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.		Limited by lack of Social Services, Social workers, packages of care and Occupational Therapy Service combined with the frailty of patients on admission.	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.	Requires specialist prescribing; recently started Fracture Liaison Service - should improve this as would Orthogeriatric Service.	With an orthogeriatric team in place, improvements are being made but will take time to be reflected in the yearly rolling data.

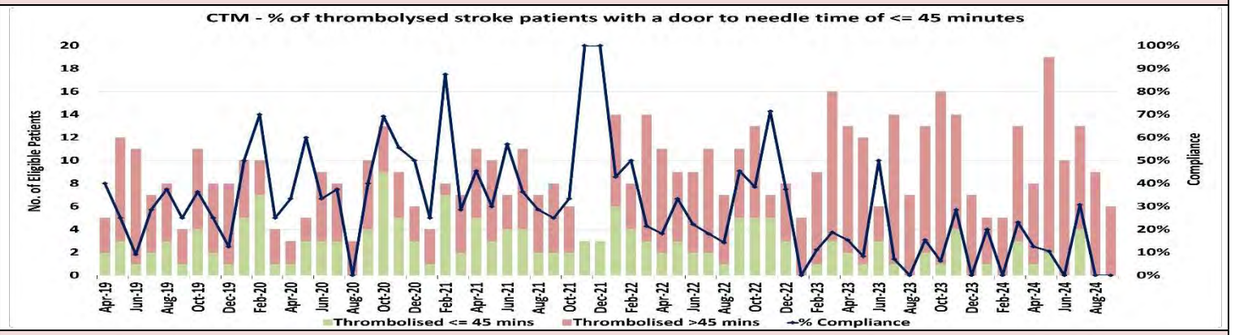
CTMUHB Unscheduled Care Group

Stroke Quality Improvement Measures (QIMs)

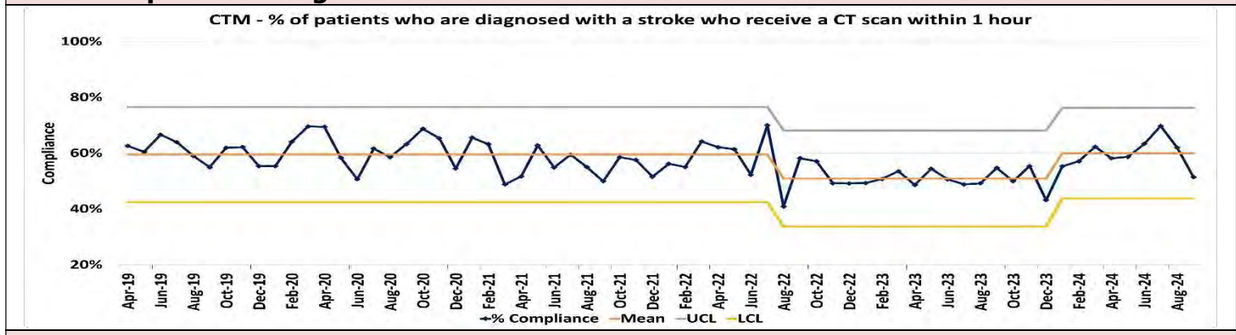
% compliance with direct admission to an acute stroke unit within 4 hours – 16.4%



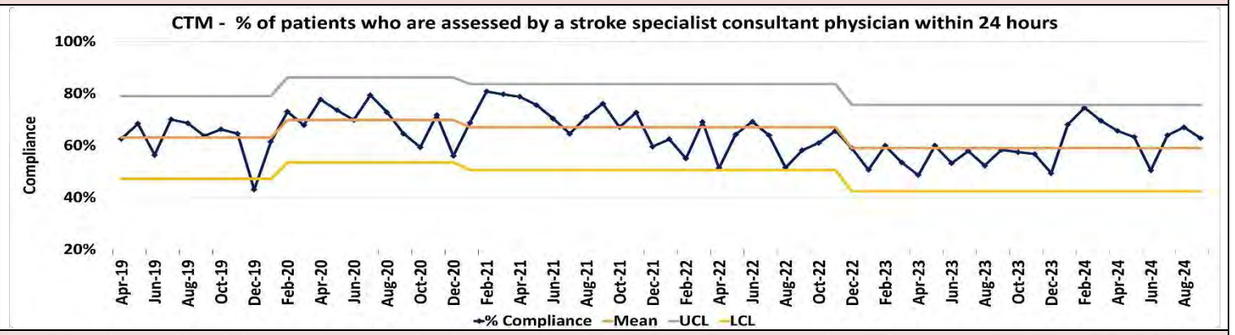
% of eligible patients thrombolysed door to needle time within 45 minutes – 0%



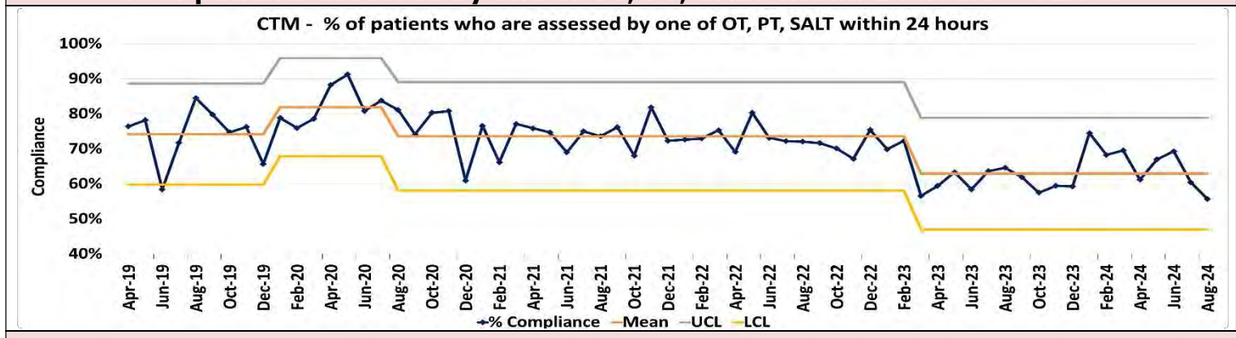
% of patients diagnosed with stroke received a CT scan within 1 hour – 51.4%



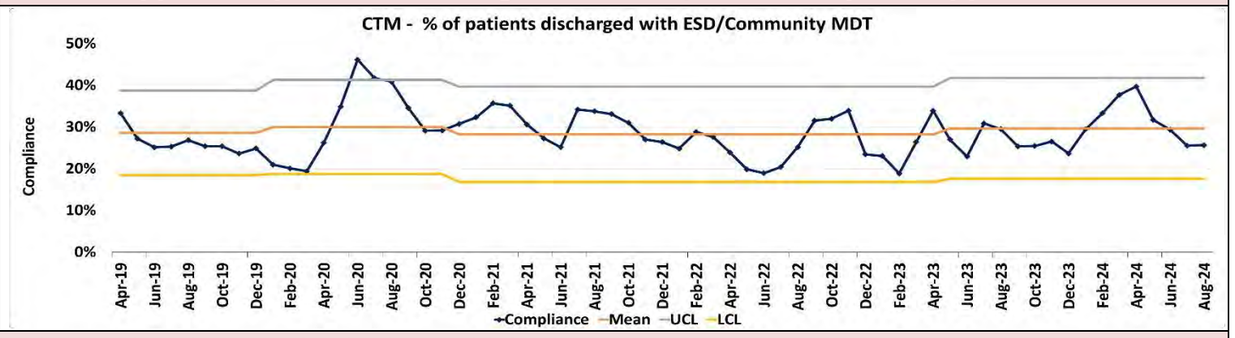
% of patients assessed by a stroke consultant within 24 hours – 62.9%



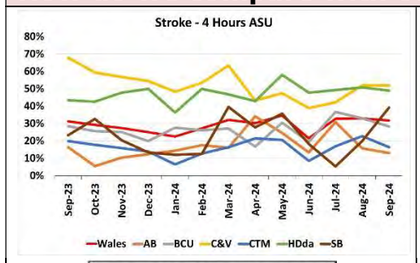
% of patients assessed by one of OT, PT, SALT within 24 hours – 82.9%



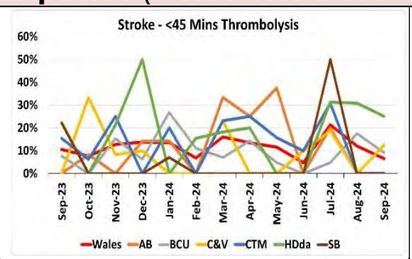
% of applicable patients discharged with ESD/Community Therapy MDT – 29.0%



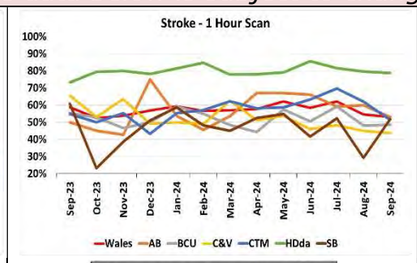
How do we compare with our peers? *(Please note that the data below is subject to change due to data being refreshed monthly)*



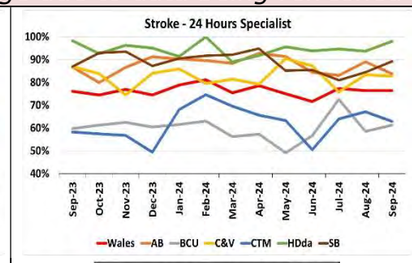
Status as at September 2024		
Health Board	Compliance	Rank
C&V	51.9%	1st
HDda	48.9%	2nd
SB	39.2%	3rd
BCU	28.3%	4th
CTM	**16.4%**	**5th**
AB	13.0%	6th



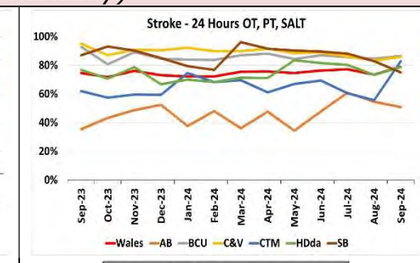
Status as at September 2024		
Health Board	Compliance	Rank
HDda	25.0%	1st
C&V	12.5%	2nd
BCU	9.1%	3rd
AB	0.0%	4th
CTM	**0.0%**	4th
SB	0.0%	4th



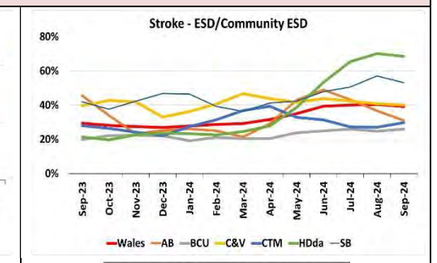
Status as at September 2024		
Health Board	Compliance	Rank
HDda	78.8%	1st
AB	53.1%	2nd
SB	51.8%	3rd
CTM	**51.4%**	**4th**
BCU	48.6%	5th
C&V	43.8%	6th



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



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



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

Stroke Quality Improvement Measures (QIMs) continued

How are we doing?

The national SSNAP data standards were amended at the end of September, which has resulted in all organisations in NHS Wales not receiving information on performance against the Welsh standards. The NHS Executive has advised Health Boards that it is negotiating with SSNAP on reporting arrangements going forward.

The ability to report, based on locally held data, has also been disrupted by a combination of the changes in how SSNAP requires data to be recorded and by the transfer of services from the Princess of Wales Hospital (POW) to the Royal Glamorgan Hospital (RGH) to mitigate the impact of the requirement to replace the roof at POW. With the recent service changes it is anticipated that an ability to report against the key stroke metrics should be possible from the 8th January and efforts will continue to acquire and report on the outstanding data for the interim period (October to early January).

What actions are we taking & when is improvement expected?

Due to severe medical staffing shortages the health board needed to make an urgent, temporary change to some of its inpatient hospital stroke services.

The acute stroke unit, which includes a range of specialist staff who treat and care for those who have experienced a stroke, moved from the Prince Charles Hospital in Merthyr Tydfil to join with the acute stroke unit at the Royal Glamorgan Hospital in Llantrisant on 8th January 2025.

This change was made because we do not currently have the number of specialist stroke doctors in CTMUHB to provide a safe service at both hospitals at this time.

This change does not affect the ability of emergency departments at any of our hospitals, including Prince Charles Hospital or Princess of Wales, Bridgend, to treat those attending with a stroke or suspected stroke. This means that any patient suffering with a stroke who attends any of our emergency departments will continue to be provided with the urgent treatment they need, swiftly and expertly.

Patients who require more intensive treatment and care will then be transferred by dedicated ambulance to the centralised acute stroke unit at Royal Glamorgan Hospital.

The emergency departments at all three of our acute hospitals in Merthyr Tydfil, Bridgend and Rhondda Cynon Taf will still provide the urgent treatment with blood-clot busting medication, thrombolysis, that they currently do, in line with national clinical guidelines.

What are the main areas of risk?

A lack of specialist staff in the UK, worsened by long-term sickness and absence within the CTMUHB stroke team, means it is currently not possible to maintain a safe acute stroke service across two hospitals.

Making this change means CTMUHB can continue to provide a service that saves lives and reduces the devastating effects of stroke for as many patients as possible.

Whilst we implement this change, we are continuing to work hard to address the staffing challenges in order to make stroke care more sustainable and accessible for the communities we serve within CTM and the wider South Wales region.

CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

Diagnostics - December 2024 (provisional position)

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



Diagnostics >8 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023/24	15,727	15,689	14,361	12,972	12,843	12,390	10,962	9,909	10,079	9,563	7,759	7,236
2024/25	6,549	6,646	6,989	6,403	6,031	5,417	3,764	3,414	3,406			

Number of Patients waiting >8 Weeks for a Diagnostic Test December 2024		
Cardiology	Echo Cardiogram	161
Cardiology Services	Cardiac CT	63
	Cardiac MRI	1
	Diagnostic Angiography	118
	Stress Test	15
	DSE	27
	TOE	10
	Heart Rhythm Recording	3
	B.P. Monitoring	0
Bronchoscopy		3
Colonoscopy		411
Gastroscopy		332
Cystoscopy		472
Flexi Sig		230
Radiology	Non-Cardiac CT	33
	Non-Cardiac MRI	39
	NOUS	352
	Non-Cardiac Nuclear Medicine	33
Imaging	Fluoroscopy	168
Physiological Measurement	Urodynamics	223
Neurophysiology	EMG	369
	NCS	343
Total		3,406

How are we doing?

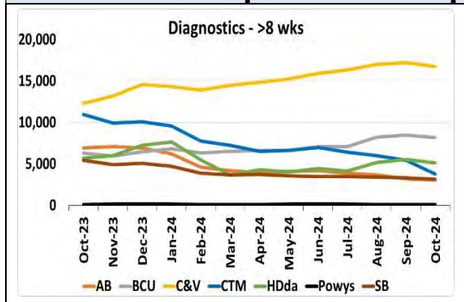
Diagnostics: Over the past year good progress has been made to reduce the number of patients waiting more than 8 weeks prior to receiving their test, which has seen a 66% reduction since the equivalent period of 2023. Provisionally, at the end of December, 3,406 patients had been waiting in excess of 8 weeks for a diagnostic procedure, which as it currently stands is similar to the November reported position. However, the current position has not met the desired trajectory as shown in the chart above.

The continuous improvement in the NOUS service abated during December with an increase of 63 patients. However, during the past 12 months the number of patient breaches has reduced greatly from 4,116 to currently stand at 352.

We have seen an 80% reduction from the previous month in the number of patients waiting longer than 8 weeks for Non-Cardiac CT, to currently stand at 33 patients waiting beyond 8 weeks.

During the month, the Endoscopy service saw an increase in the number of patients breaching, with the number of patients currently waiting beyond the target of 8 weeks standing at 1,448, which is a similar position to the equivalent period of 2023 (1,500).

How do we compare with our peers?



Status as at October 2024		
Health Board	Compliance	Rank
Powys	107	1st
AB	3,044	2nd
SB	3,156	3rd
CTM	**3,764**	**4th**
HDda	5,128	5th
BCU	8,182	6th
C&V	16,744	7th

What actions are we taking & when is improvement anticipated?

Radiology:

- NOUS - business case partly approved to address current backlog growth - includes an ongoing maintenance scheme. Additional funding due to end 31/01/25. NOUS consultant waiting list initiatives arranged across all sites.
- The service continues to maintain an improved MRI and CT reporting position. The current >8 week position is sustaining with a small cohort of Paediatric patients continuing to breach due to GA requirements. Trajectories for CT and MRI show scanning capacity shortfalls with the additional demand trends. A business case has been submitted and partially approved for a sustainable solution to increase CT scanning capacity. D&C has demonstrated a maintained increased growth in demand for CT. The CT Mobile solution completed 31/12/24. There has been a significant reduction in >8 weeks breaching patients and overall waiting list. On completion at month end, a small cohort of 33 patients are breaching >8 weeks which consists of CT Guided Injections and patient's who were unable to travel.
- The service continues to observe sustained improved breast performance. One of the Breast Consultant Radiographers will be signed off after 18 months of training and will be an autonomous practitioner from mid January, providing more resilience within the breast service.
- An agency locum consultant has been booked to commence work in February to address the MSK injections backlog, including FLGI/USGI.
- Additional agency/bank locum radiographers booked at RGH to cover vacancies and to provide additional radiographer support to theatre for elective T&O work.

Endoscopy: Productivity and efficiencies continue to be monitored weekly and utilisation maintained >85%. The mobile Vanguard unit for the POW staff to use is arriving on the RGH site on 11th January, with the aim of going live the last week of February.

Cystoscopy: Complete validation of waiting list underway. Currently 472 patients over target (reduction from 666 Nov 24).

What are the main areas of risk?

The system changes required to safely decant the POW site will undoubtedly require the recalibration and optimisation of numerous resource pools and ways of working.

Neurophysiology: The service has now developed a plan that will clear the Nerve conduction studies backlog started in November and will address the majority of the EMG waits by March 2025. Exploring further option of outsourcing for the EMG waits.

Radiology:

- D&C imbalance shown in most D&T services as demand has risen. CT colon demand likely to rise further as a result of the new BSW criteria and reduced age limit for screening patients; linked to Endoscopy additional capacity being commissioned. Pathology sampling has already seen this increase - currently being supported to outsourcing through the planned care recovery proposals.
- Sustained increase In 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.
- Additional outsourcing funding is currently in place to assist with timely reporting to reduce the reporting backlog. An additional uplift in the budget required to maintain this.
- Going forward a plan has been drafted in radiology to try and reduce any unnecessary demand and review of opportunities to utilise currently unfunded CT sessions through a sustainable CT staffing resource workforce model to maintain waiting times and for safety purposes during OOH. A scoping exercise for insourcing of staff has been arranged with procurement.
- NOUS waiting list has been maintained with additional resources for this year. Recruitment and training are underway to help build a resilient workforce but this will take time to embed. Also national changes to obstetric protocols will put further pressure on the service and reduce capacity to scan NOUS patients going forward. Current additional funding arrangement is due to end 31/01/25, which poses a risk to service delivery. Further approval for the maintenance plan is required to continue WLI/additional clinics until year end.

Endoscopy:

- Across site working continues to improve, but WPAS interface still remains a risk to develop a pooled waiting list – working with our digital colleagues to overcome.
- GI pathway audit completed and action plan developed. This will allow the pan CTM endoscopy service to operate within a standardised approach.

Cystoscopy: Not achieving 8 week diagnostic target. Mitigation is to complete the validation exercise and explore additional clinics if required.

CTMUHB Diagnostics, Therapies, Pharmacies & Specialties Care Group

Therapies – December 2024 (provisional position)

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

Number of patients waiting >14 weeks for a specified therapy (excluding Audiology) - Target is Zero **(December 2024 = 24)**

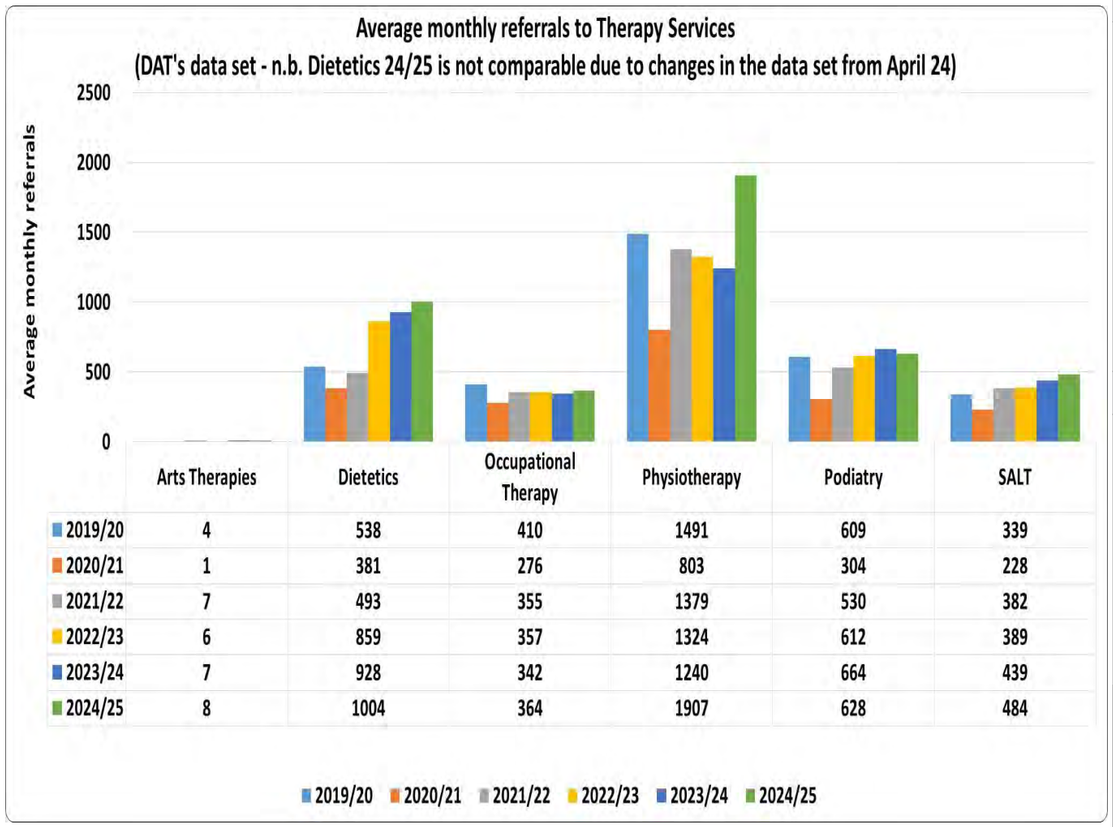
Number of patients waiting >14 weeks for Audiology – Adult Hearing Aids - Target is Zero **(December 2024 = 320)**

% of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional – Target is 100% **(December 2024 = 99.4%)**

2024/25 Therapies >14 wks	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Excluding Adult Hearing Aids	60	45	41	22	46	42	43	47	24			
Adult Hearing Aids	135	180	188	172	109	80	144	219	320			

Number of Patients waiting >14 Weeks for a Therapy December 2024	Total Waits	Waits >14 wks	% >14 wks
Arts Therapy	17	1	5.9%
Dietetics	831	9	1.1%
Occupational Therapy	142	8	5.6%
Physiotherapy	1,218	5	0.4%
Podiatry	371	0	0.0%
Speech & Language	420	1	0.2%
Total	***2,999***	***24***	***0.8%***
Audiology *(Adult Hearing Aids)*	1,411	320	22.7%
Grand Total	**4,410**	**344**	**7.8%**

% of children waiting less than 14 Weeks for AHP December 2024	Total Waits	Waiting < 14 wks	% <14 wks
Arts Therapy	17	16	94.1%
Dietetics	153	153	100.0%
Occupational Therapy	54	54	100.0%
Physiotherapy	353	349	98.9%
Podiatry	29	29	100.0%
Speech & Language	289	289	100.0%
Total	**895**	**890**	**99.4%**



	Arts Therapies	Dietetics	Occupational Therapy	Physiotherapy	Podiatry	SALT
2019/20	4	538	410	1491	609	339
2020/21	1	381	276	803	304	228
2021/22	7	493	355	1379	530	382
2022/23	6	859	357	1324	612	389
2023/24	7	928	342	1240	664	439
2024/25	8	1004	364	1907	628	484

How are we doing?

During December there was an improvement in the number of patients waiting in excess of 14 weeks for an initial therapy assessment, currently standing at 24 patients.

There are 320 adults waiting beyond the target for a hearing aid fitting, which is an increase of 101 patients from the previous reported position.

What actions are we taking & when is improvement anticipated?

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

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

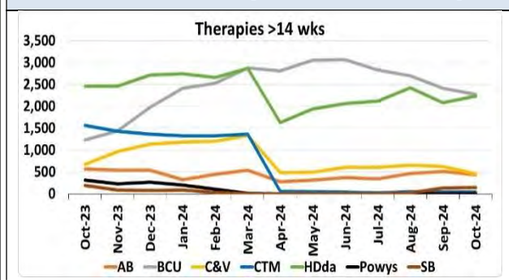
What are the main areas of risk?

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. Trend also replicated with inpatient services.

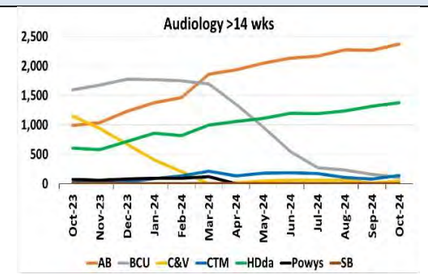
Concerns remain in being able to see referred patients in a timely manner in line with RTT and clinical presentation/pathology. Year on year increase in referrals to Speech & Language Therapy service which, in combination with increase in complexity, will increase waiting times and possible breaches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

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

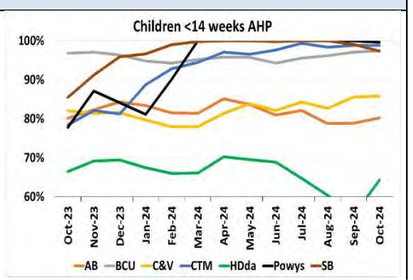
How do we compare with our peers?



Status as at October 2024		
Health Board	Compliance	Rank
Powys	1	1st
CTM	**43**	**2nd**
SB	147	3rd
AB	434	4th
C&V	452	5th
HDda	2,239	6th
BCU	2,268	7th



Status as at October 2024		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	1st
C&V	48	3rd
BCU	108	4th
CTM	**144**	**5th**
HDda	1,377	6th
AB	2,372	7th

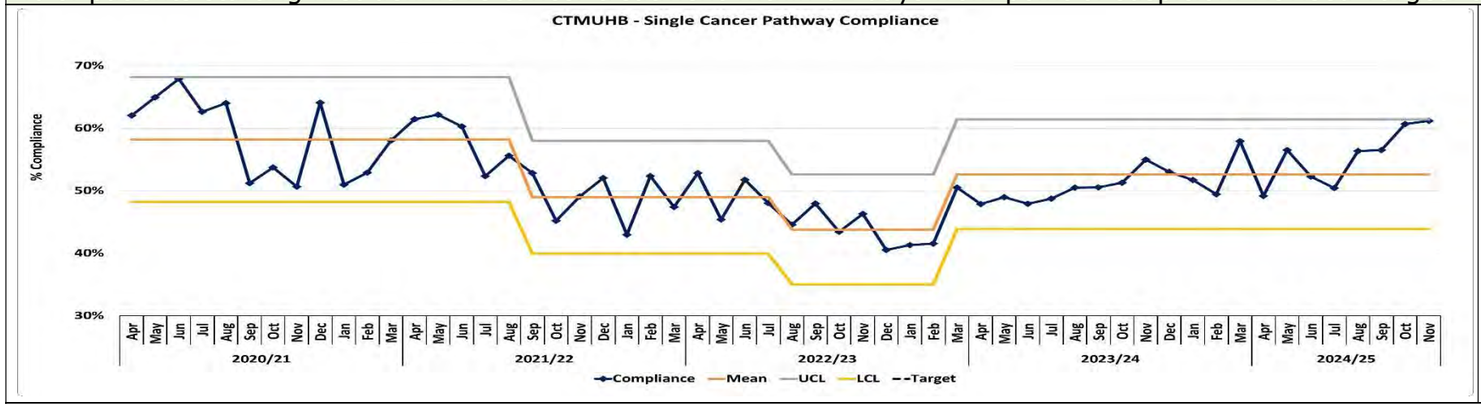


Status as at October 2024		
Health Board	Compliance	Rank
Powys	99.6%	1st
CTM	**98.8%**	**2nd**
BCU	97.5%	3rd
SB	97.4%	4th
C&V	85.9%	5th
AB	80.3%	6th
HDda	64.3%	7th

CTMUHB Planned Care Group

Single Cancer Pathway (SCP) November 2024 – 61.2%

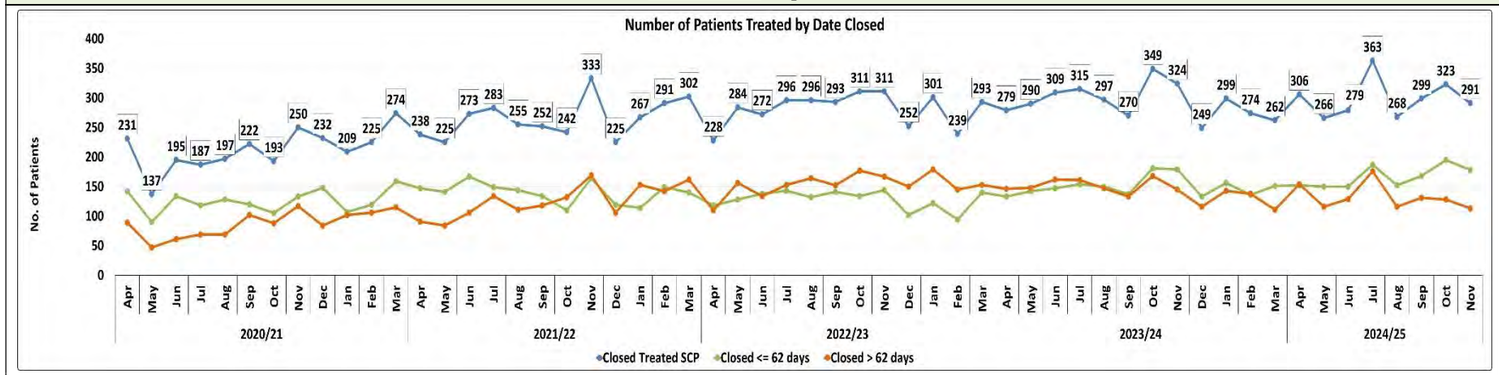
% of patients starting first definitive cancer treatment within 62 days from point of suspicion. Revised Target: 60% performance by December 2024 & 70% performance by March 2025



CTMUHB - SCP % Treated Without Suspensions - November 2024				
Tumour site	Treated in Target Without Suspensions	Patient Breaches	Total Treated	% Treated against Target of 60%
Head and neck	5	8	13	38.5%
Upper GI	15	9	24	62.5%
Lower GI	16	23	39	41.0%
Lung	20	20	40	50.0%
Sarcoma	0	1	1	0.0%
Skin (exc BCC)	58	10	68	85.3%
Brain/CNS	3	0	3	100.0%
Breast	31	3	34	91.2%
Gynaecological	6	11	17	35.3%
Urological	16	24	40	40.0%
Haematological	6	3	9	66.7%
Other	2	1	3	66.7%
Total	178	113	291	61.2%

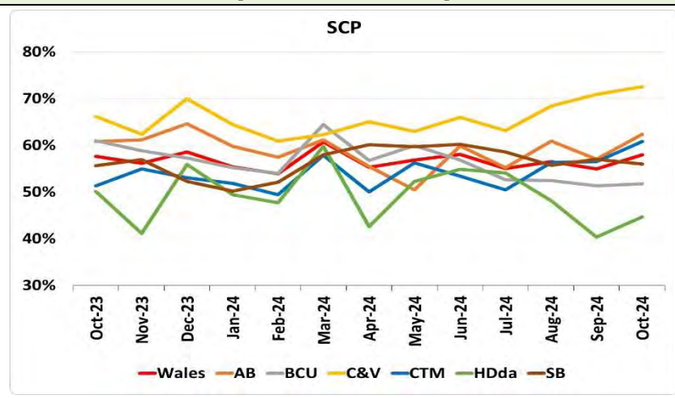
Compliance during November was 61.2% and exceeding the current WG target of 60%. Six of the tumour sites reached the desired target threshold of 60% this period, as seen in the table above. Predicted compliance for December currently stands at 63.7%. The continuing delays at first outpatient (21%) and diagnostic stage (54%) are the significant factors in not achieving the target and remain our greatest concern. Diagnostic delays remain in radiology, endoscopy and pathology with tertiary delays for diagnostics & treatments also continuing.

Patients Treated by Closed Date



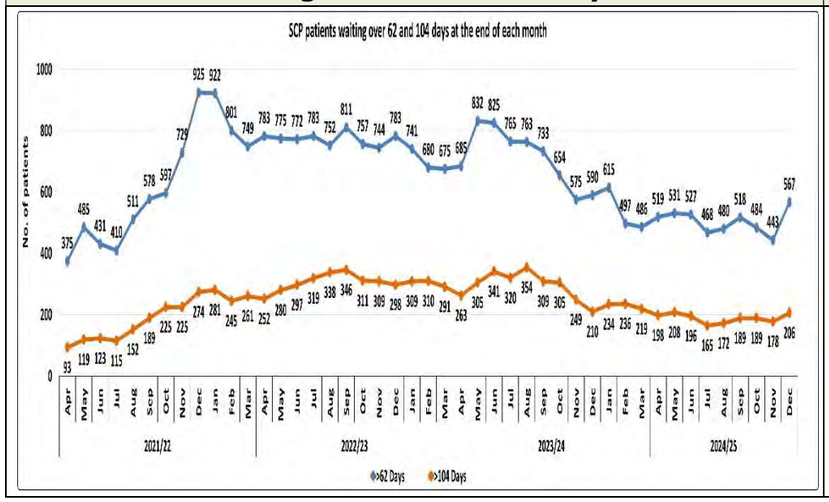
Cancer treatment volumes have remained fairly static during the past 12 months with the monthly average (Dec 23 to Nov 24) equating to 290 per month with the monthly average seen in the equivalent time span of 2022/23 being 293.

How do we compare with our peers?



Status as at October 2024		
Health Board	Compliance	Rank
C&V	72.5%	1st
AB	62.4%	2nd
CTM	60.8%	3rd
SB	56.0%	4th
BCU	51.8%	5th
HDda	44.7%	6th

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



What actions are we taking & when is improvement anticipated?

- Rollout of digital vetting continues.
- Continuing outsourcing of pathology.
- Increased focus on time to first appointment through capacity review, booking analysis and standing item in Friday cancer performance meeting.
- Focus on booking of flexible cystoscopies pan CTM to reduce waiting list.
- Weekly focused cancer assurance meeting in ENT service.
- Sign up for training on CTM robot to undertake nephrectomies which will eliminate need to transfer some patients to tertiary center for the treatment.
- Changes in job plans for urologist to undertake LAPB (prostate biopsy) on alternate weeks.
- Moving patients across sites for LAPB to reduce waiting times and clear backlog.

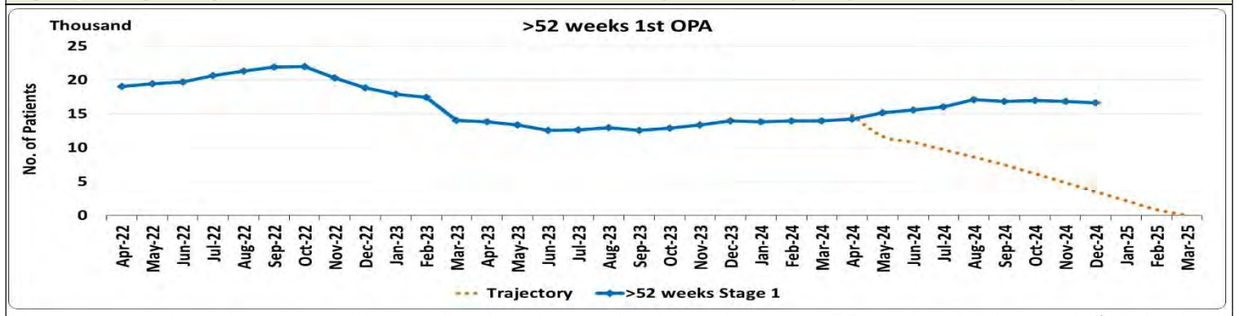
What are the main areas of risk?

- 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.
- Business continuity issues due to relocation of POW activity, despite prioritisation of cancer activity.
- Loss of endoscopy capacity following removal of capacity at POW.
- Single consultant for laparoscopic nephrectomies.
- LAPB increased waits due to leave over Christmas period and change in job plans.

CTMUHB Planned Care Group

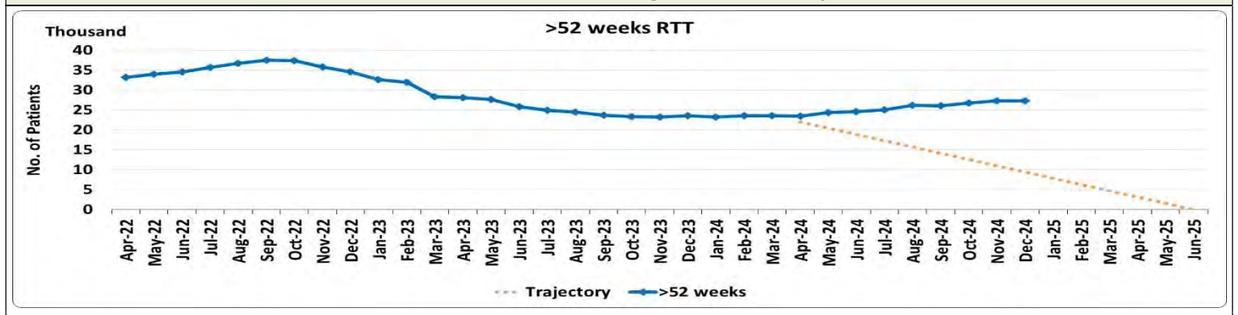
Referral to Treatment Times (RTT) – December 2024 (Provisional Position)

Number of patients waiting **over 52 weeks** for a **new outpatient appointment (16,633)** Target is 40% reduction on March 24 position by Sept 24 and Zero by March 25



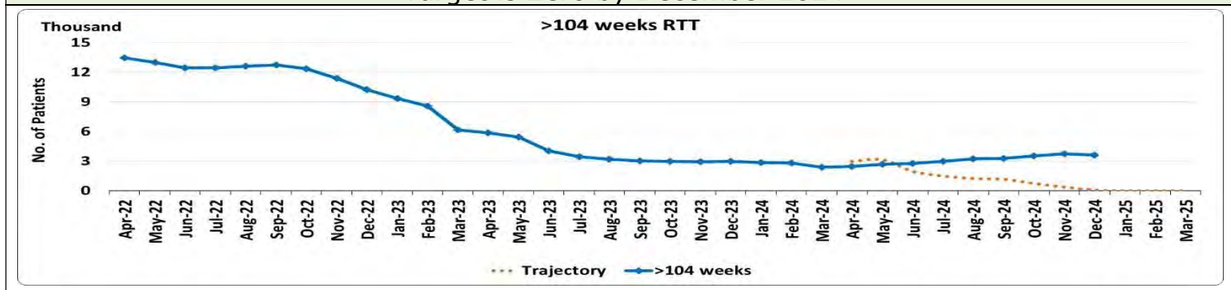
The provisional position across the Health Board for patients waiting over 52 weeks at Stage 1 (1st Outpatient Appointment) at the end of December is 16,633; a small improvement of 1.2% (206) on the November reported position, but is above the desired trajectory equating to 13,146 patients waiting longer than forecasted, as above.

Number of patients waiting **>52 weeks RTT** (**27,322**) – Target is month on month reduction towards the national target of Zero by 30th June 2025



The provisional position across the Health Board for patients waiting over 52 weeks for referral to treatment at the end of December is 27,322, which as it currently stands is an increase of 93 patients on the November reported position resulting in 17,915 patients waiting longer than the forecasted level, as shown above.

Number of patients waiting **>104 weeks RTT (3,609)**
Target is Zero by December 2024

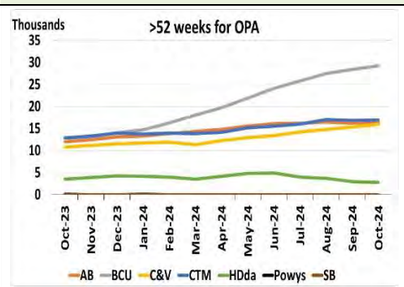


The provisional position across Cwm Taf Morgannwg for patients waiting over 104 weeks for referral to treatment at the end of December is 3,609. As it currently stands this is an improvement of 127 patients from the reported November position, but is above the anticipated number of waiting patients forecasted to be 75, as shown above.

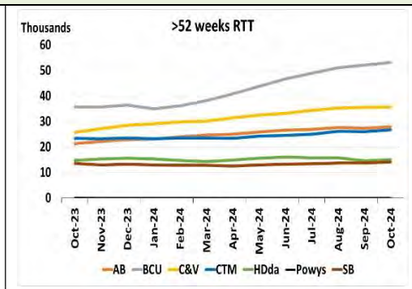
Total number of open pathways per specialty - December 2024 (provisional)

Specialty	Urgent patients waiting >12 Weeks	All patients waiting >36 to 52 Weeks	All patients waiting >52 Weeks to 104 Weeks	All patients waiting >104 Weeks	Total Open Pathways
Anaesthetics	152	341	338	15	1542
Breast Surgery	15	21	16	0	580
Cardiology	1425	992	886	6	6550
Colorectal	338	287	280	13	2513
Dermatology	777	806	1102	0	6030
Diagnostics	0	22	50	4	2855
Ear, Nose & Throat Service	1042	2010	3720	783	12193
Endocrinology	0	1	0	0	283
Gastroenterology	1473	601	786	36	4087
General Medicine	690	400	540	46	2988
General Surgery	687	614	733	54	5384
Geriatric Medicine	16	2	0	0	173
Gynaecology	1971	1660	1652	7	9288
Haematology (Clinical)	44	65	21	0	338
Nephrology	64	39	19	0	264
Ophthalmology	830	2633	4959	1284	17122
Oral Surgery	539	523	546	35	3167
Orthodontics	128	80	7	0	371
Orthopaedics	2522	1981	4308	1024	13769
Paediatrics	225	368	299	2	3393
Pain Management	0	2	0	0	2
Rapid Diagnostic Centre	0	3	0	0	121
Respiratory Medicine	189	409	583	5	3022
Restorative Dentistry	26	14	75	25	205
Rheumatology	375	296	224	16	2056
Sport and Exercise Medicine	0	1	0	0	17
Therapies	0	0	0	0	960
Urology	1494	1090	2148	193	8166
Vascular Surgery	74	175	421	61	1217
Total	**15,096**	**15,436**	**23,713**	**3,609**	**108,656**

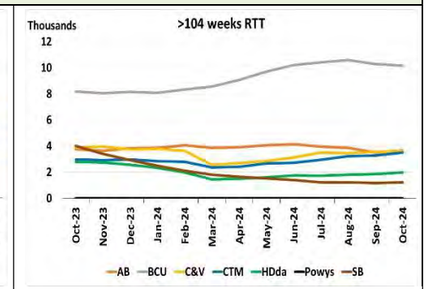
How do we compare with our peers?



Status as at October 2024		
Health Board	Compliance	Rank
Powys	0	1st
SB	0	2nd
HDda	2,750	3rd
C&V	16,053	4th
AB	16,528	5th
CTM	**16,921**	**6th**
BCU	29,218	7th



Status as at October 2024		
Health Board	Compliance	Rank
Powys	19	1st
SB	14,089	2nd
HDda	15,079	3rd
CTM	**26,738**	**4th**
AB	27,928	5th
C&V	35,764	6th
BCU	53,160	7th



Status as at October 2024		
Health Board	Compliance	Rank
Powys	0	1st
SB	1,227	2nd
HDda	1,986	3rd
CTM	**3,516**	**4th**
C&V	3,626	5th
AB	3,670	6th
BCU	10,177	7th

RTT continued on the next page...

Referral to Treatment Times (RTT) continued - December 2024

What actions are we taking & when is improvement anticipated?

General Surgery/Colorectal:
- General Surgery, together with Colorectal, on course to deliver Stage 1 at 52 weeks end of March 2025.
- Stages 2 to 4 at risk due to restricted capacity for diagnostics (with focus being on cancer) and with theatre closures.
- Colorectal Cancer referrals increasing, activity has been adjusted to ensure booking within the 10 day timeframe.
- Surgical SDEC at PCH is progressing well; aim is to turn around non-essential patient admissions. SOP has been circulated for consultation.
- Clerical and clinical validation of waiting lists (outpatients and endoscopy) continues with some validation issues currently at POW.
- POW admin support is now only going to be part time 22.5 hours a week, this is to support the GDU and Gastro secretaries at POW.

Ophthalmology:
- Planning to be under 104 weeks for all sub-specialties other than cataracts by end of March (Glaucoma and Corneal already under 104 weeks).
- Validation of all waiting lists is ongoing.
- Regional working with 3 external providers.
- Plan being drafted to centralise cataracts into POW.
- Plans for POW theatres to be back online in February
- Appointment of band 5 Administration Support Manager working Pan CTM.
- Staff validating long waiting patients, particularly those patients who have previously refused outsourcing to again offer the opportunity to be outsourced.

Dermatology:
- Will achieve under 104 weeks by end of March 2025.
- Continue to maintain 10-12 days for stage 1 USC across CTM - achieved 85.3% for SCP in November 2024.
- POW – suitable routine and urgent lesion referrals continue to be redirected to Medical Illustration.
- Work to bring back the biologics service from UHW- meetings ongoing.
- Increased surgical capacity in RGH with nurse practitioner and specialty doctor.
- Macmillan skin cancer nurse can now perform minor surgery.
- Phototherapy in RGH has reduced to 6 weeks from 4-5 months wait.
- Review of all clinic templates – demand and capacity work done - awaiting sign off.
- POW – flexible clinic appointments allowing for maximum booking continuing - planning to introduce in other sites.

Gastroenterology:
- Validation of the waiting lists (outpatients and endoscopy) continues.
- Awaiting confirmation of transnasal endoscopy to recommence in RGH.
- It is anticipated that the Vanguard Endoscopy suites will be operational from the 17th February, if water testing permits, which will increase endoscopy activity across CTM.

OMFS/Restorative/Orthodontics:
- Orthodontics cleared >104 weeks

ENT:
- Aim to be under 104 weeks by end of March 2025
- Validation of all stages ongoing
- WLI's ongoing

Orthopaedics:
- Regular RTT meetings **-** focusing on Treat in Turn & offering WLI where possible
- Plan for mobile theatre use expected Q2 - 2025
- Validation work ongoing
- Exploring workforce sustainability & a change in workforce to realign roles
- Exploring how to continue elective activity at other sites
- Digital dictation agreed and pending

Gynaecology:
Administrative and clinical validation work is ongoing to manage demand into 2025.

Paediatrics:
Regular RTT meetings and performance review meeting continues.

{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}

What are the main areas of risk?

General Surgery/Colorectal:
- The closure of 2 PCH theatres in December 2024 for refurbishment purposes will delay urgent and routine patient surgery, with cancer surgery being the priority. This will result in an increase in emergency admissions and will add to the already long awaiting list of patients awaiting surgery.
- Relocation of PCH Day Surgery has meant the reduction from 15 trolleys to 10 - throughput of patients with existing theatre sessions will further reduce, this is also as a result of no elective beds at PCH site.
- WLI for outpatients - uptake slow.
- POW incident is resulting in the endoscopy waiting list rising, this is a concern.

Ophthalmology:
- The patients being sent to regional/outsourced facilities are not our longest waiting patients due to the acceptance criteria of contracted providers, restricting the complexity of patient that they choose to manage,

Gastroenterology:
- Lack of take up to work additional clinics.
- The demand of endoscopy USC is impacting on 8 week diagnostic partial booking.

OMFS/Restorative/Orthodontics:
- Single handed consultant in restorative dentistry - lack of capacity and priority given to clinically urgent patients - may create delays for new patient appointments.
- Current Business Continuity Incidents (BCI) is causing cancellation of theatre lists.

ENT:
- High volume stage 4 waiting patients
- BCI's are causing cancellation of already limited theatre lists

Orthopaedics:
- Closure of POW elective and trauma services
- Vacancies on the T&O admin establishment
- Lack of digital dictation currently preventing more streamlined working, although significant progress is being made in this area.

Urology:
- Admin - risks due to vacancies, long term sickness and new starters in training
- Long term clinical sickness.

Gynaecology
- Inpatient gynae cases remain as a risk due to small number of inpatient beds and not enough capacity on a weekly basis.
- Uptake of backfill lists to increase capacity at risk due to consultant rate card for surgeons and anaesthetists.
- Implementation of all actions recommended by the GIRFT programme are underway (Getting It Right First Time)*

**GIRFT is designed to improve treatment & care by reviewing health services. Undertaking clinically-led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved.*

CTMUHB Planned Care Group

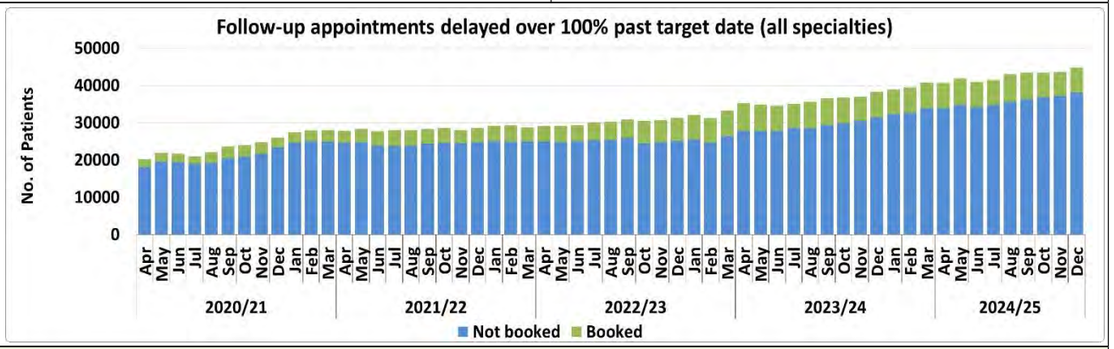
Follow-up Outpatients Not Booked (FUNB) – Provisional Position December 2024

Number of patients waiting for a Follow-up with documented target date

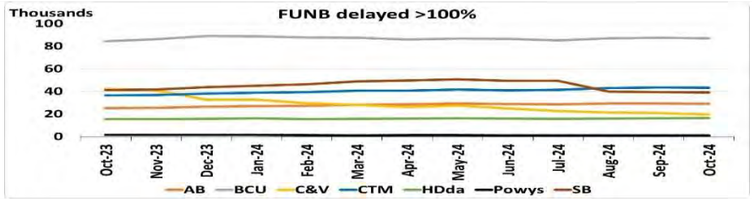
No. of patients waiting for follow-up appointment			
No documented target date	Not Booked	Booked	Total
0	91,907	56,912	148,819

Number of patients waiting for a Follow-up delayed over 100% - Target is Reduction compared to the same month in the previous year

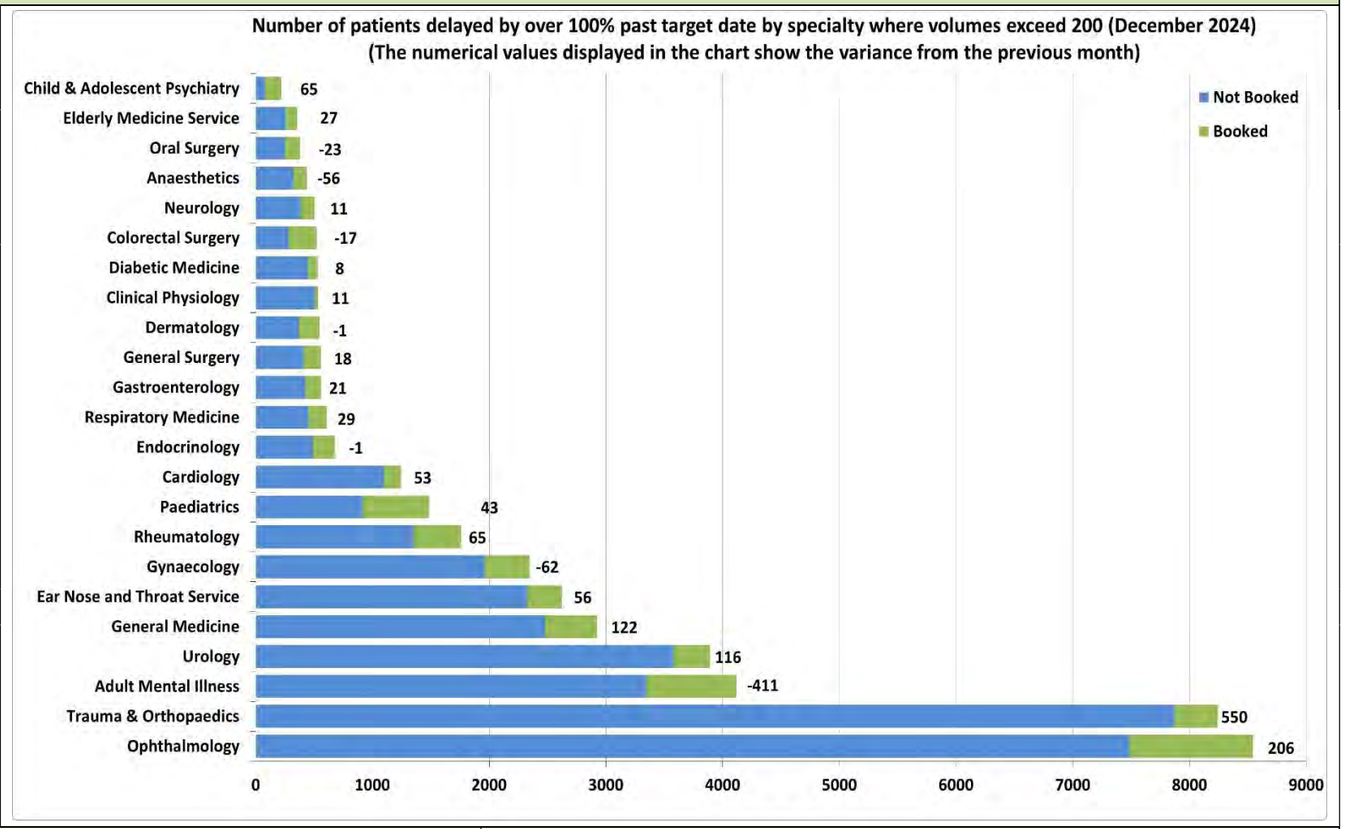
No. of patients delayed over 100% past their target date			
Not Booked	Booked	Total	% of all follow-up appoints delayed by 100%
38,075	6,805	44,880	30.2%



How do we compare with our peers?



Status as at October 2024		
Health Board	Compliance	Rank
Powys	1,046	1st
HDda	16,481	2nd
C&V	19,526	3rd
AB	29,207	4th
SB	39,137	5th
CTM	**43,408**	**6th**
BCU	87,090	7th



How are we doing?

The number of patients waiting for a follow-up appointment in CTM at the end of December 2024 provisionally stands at 148,819, which is a growth of 5.4% on the number of patients waiting during the equivalent period of 2023. There are currently no patients without a documented target date.

Of the patients waiting, 44,880 (30.2%) have waited more than 100% longer than their clinician advised.

From April to November 2024, the average monthly follow-up activity was 1,666 (4.6%) attendances higher, at 37,822, when compared with 2023/24 levels, but remains 1,684 (4.3%) lower than pre-Covid activity volumes.

What actions are we taking & when is improvement anticipated?

General Surgery/Colorectal: Working through the list as much as is practical. These are fluctuating at the moment due to the increase in clinics to clear the 52 week patients awaiting 1st appointment. Plan to send consultant their individual FUNB lists whilst theatre downtime occurs (as a result of suspended sessions), this will allow protected time to go through the lists and undertake virtual follow-up reviews with office based decisions.

Ophthalmology: Significant clerical and clinical validation required with no current resource. Work ongoing with PIFU/SOS to help reduce the number of patients being added to the FUNB. Optometry will support some of the glaucoma patients on the FUNB. Task and Finish groups set up.

Dermatology: Clinical conditions and appointment directive used allowing patients to be booked as per clinical priority - to be introduced at RGH/PCH to align practices across the specialty. Discharge routine patients after 1st DNA**.** Discussions have taken place with secretaries to introduce clinical conditions, recording office based decisions (non face to face appointments on WPAS) and training to be provided if required.

Gastroenterology: Ad-hoc clinical validation continues.

OMFS/Restorative/Orthodontics: Ongoing clerical and clinical validation**.** Work on PIFU and SOS outcomes continues.

ENT: POW utilising theatre downtime to validate FUNB lists. Ongoing clerical and clinical validation. Work on PIFU and SOS outcomes continues.

Orthopaedics: Validation work ongoing. POW closure has given some scope for waiting list team to work on validation**.** Exploring additional clinic capacity and moving patients to a PIFU/SOS pathway.

Urology: Numbers continue to grow despite clinicians undertaking FUNB sessions. This is partly due to incorrect admin processes – staff training being carried out. Consultants validating FUNB in absence of operating.

Gynaecology: Validation processes continue for all patients exceeding their planned follow up timeframe.

What are the main areas of risk?

General Surgery/Colorectal: Limited face to face clinic capacity for FUNB – validation ongoing.

Ophthalmology: Insufficient clerical / clinical time to validate the high volume of FUNB.

Dermatology: Risk is greater at RGH/PCH as currently the clinical priority is not being identified.

Gastroenterology: RTT validation is resulting in those patients already treated being added to the FUNB list.

OMFS/Restorative/Orthodontics: Loss of follow-up capacity to accommodate new patients.

- Clinically urgent patients not being reviewed in the recommended timeframe.

ENT: Loss of follow-up capacity to accommodate new patients.

Orthopaedics: Gaps in the admin establishment exist.

- Unsure of long term impact from POW site disruption.
- Workforce currently not large enough to manage demand and backlog.

Urology: Admin vacancies, long term sickness absence.

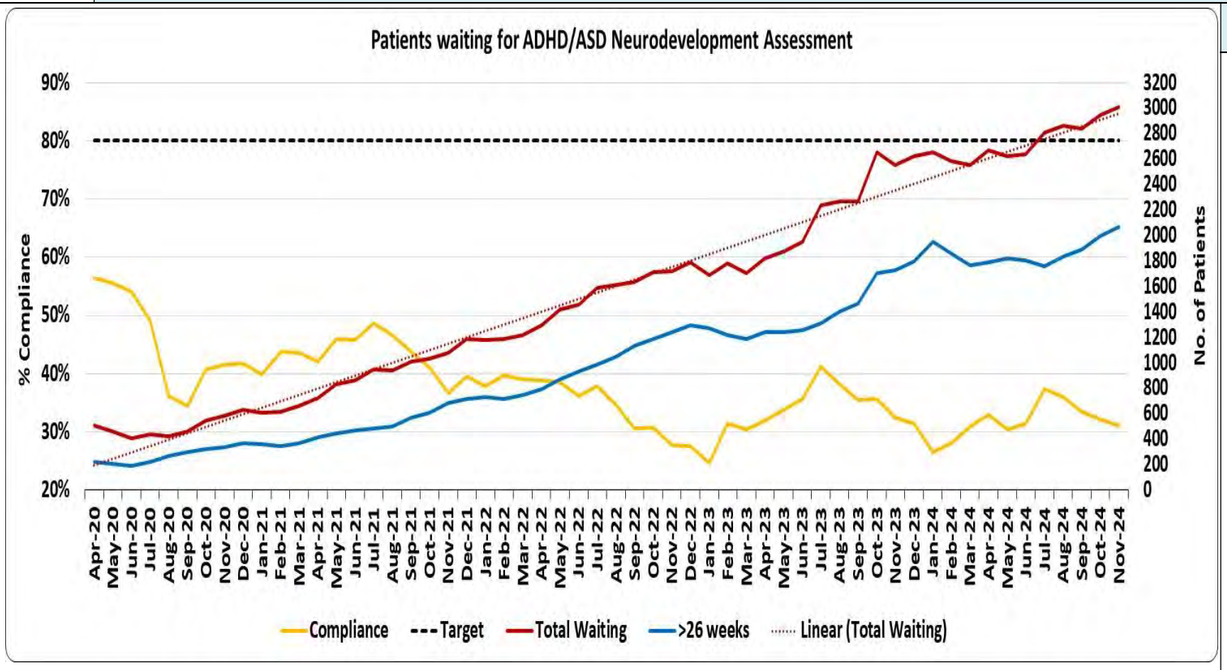
Gynaecology: Insufficient resource to undertake clinical validation.

- Outpatient clinic capacity for booking all patients who require appointments.
- Competing demand of RTT/New outpatient activity**.**

CTMUHB Children & Families Care Group

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

November 2024 - 31.2%



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 3,008 patients (Nov 24); with the greatest growth occurring during 2023/24. During the period analysed in the chart above, average monthly accepted referrals have increased from 38 to 199 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 Neurodevelopmental remains low at 31.2%.

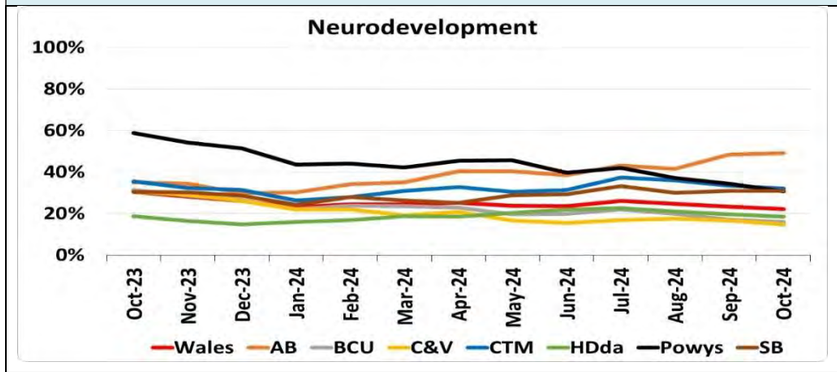
During the past 12 months compliance has been fluctuating between 26.5% and 37.4%, with access remaining well below the WG target of 80% and will continue to be so until the backlog is addressed.

NDIP funding allocated this financial year has allowed an additional 402 new patients and 731 follow-up patients to be seen.

What actions are we taking & when is improvement anticipated?

- The Improvement Board is overseeing the impact of the Regional Partnership Board's allocation to Neurodevelopment (ND) services. Ongoing work in progress with local authorities, along with AHP posts to support pre/post diagnosis with third sector agencies as additional funding has been made available until March 2025. This is being spent on increasing the capacity within the workforce, namely locum SALT/CAMHS and additional/overtime hours for existing staff.
- Additional funding provided November 2024 to end of March 2025 to support waiting list validation and provide additional funds for overtime.
- Pharmacy input into ND is supporting post-diagnosis follow-up titration & monitoring, releasing medical colleagues to support the waiting list further and we are currently recruiting to a fixed-term pharmacy technician post to support this work.
- The service has undertaken a demand and capacity analysis. Re-alignment of the budgets and recruitment of AHP/Nursing colleagues means that now post holders have commenced, the available capacity will meet the current demand (if demand remains stable). However, this does not address the backlog of patients. Recently appointed CNS/AHP staff are actively supporting with the new patient and follow-up waiting lists. If we were able to recruit 2 x B7 AHP fixed term for two years, this would address the current backlog and result in no patient waiting over 52 weeks for an initial ND assessment by the end of March 2026. Currently there is no funding within the care group to support this, but remains on the agenda.
- Developing website in conjunction with local authorities and third sector will increase our self-management and "waiting well" offer, so that families feel supported whilst on the waiting list and informed of what the services provide before families start the assessment journey. Incorporating some of the "myth-busters" that families and referrers often report into the plans for our new co-produced referral paperwork will ensure that families and professionals know what to expect from the outset.
- Ongoing validation of waiting list, with transition and signposting to relevant services/agencies.
- We anticipate that the waiting list over the coming months will decrease as additional staff commence in post and capacity meeting the demand. It is anticipated that the longest waiter at the end of March 2025 will be around 78 weeks (longest waiter at end of March 2023 and 2024 was >104 weeks), although achieving this target does involve seeing 1,800 new patients in total over 2024/25; with still a relatively small clinical team.
- There have been higher levels of sickness within the clinical team during October and this has had an impact on the commencement new assessments. Staff are due to return to work mid January where new patient slots will become available again
- ND event in Lampeter during November, with leads from Health, Education, Social Care, 3rd sector and Parent/Carer Network. WG/NHS Executive to publish new guidelines imminently which support CTMUHB model. Agreement sought to pilot `fast-track´pathway for autism referrals in children/young people aged 5 or 6 or above, to reduce adding to ND waiting list for full assessment.
- Supporting our regional partners to develop skills in using ND profiling tools either while/before a referral to ND assessment team is being considered.

How do we compare with our peers?



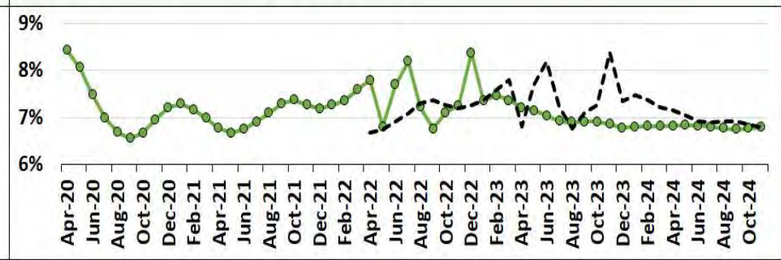
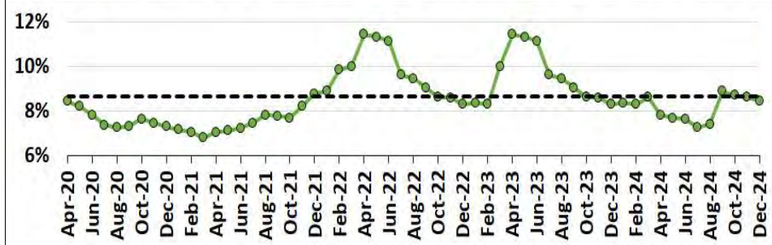
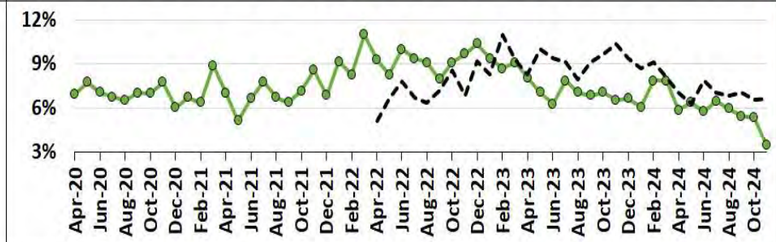
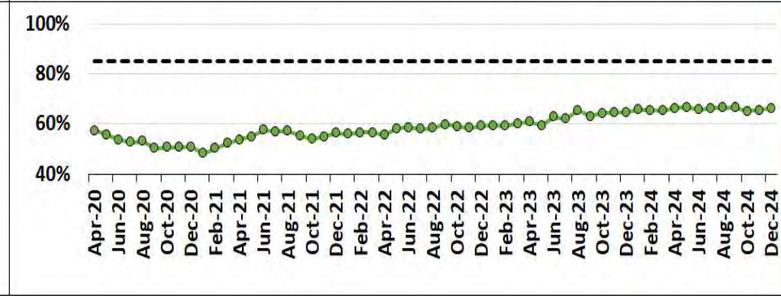
Status as at October 2024		
Health Board	Compliance	Rank
AB	49.2%	1st
CTM	**32.1%**	**2nd**
SB	30.9%	3rd
Powys	30.9%	3rd
HDda	18.6%	5th
BCU	16.1%	6th
C&V	14.9%	7th

What are the main areas of risk?

- A demand and capacity review was undertaken early in 2024 with templates implemented and fixed on WPAS to ensure forecast remains accurate. Vacancies within the ND team, namely ADHD nurses, had created additional waits for children/young people for ADHD assessments, although these are now starting to be brought back in line in terms of waiting times with assessments for autism as the posts have been recruited to.
- At the start of the financial year, the service had identified what was required to bridge the gap of the deficit in capacity to meet the demand at the time. (investment of 2 x B7 AHP for 2 years). However, trends show an increase in demand of approximately 20% year on year and whilst NDIP funding has allowed us to maintain our position, this will not improve waiting times alone.
- Higher levels of sickness than usual within a small clinical team will have an impact on the number of new assessments. However, current sickness absences are due to end shortly, where the service will be at full complement from mid January 2025.

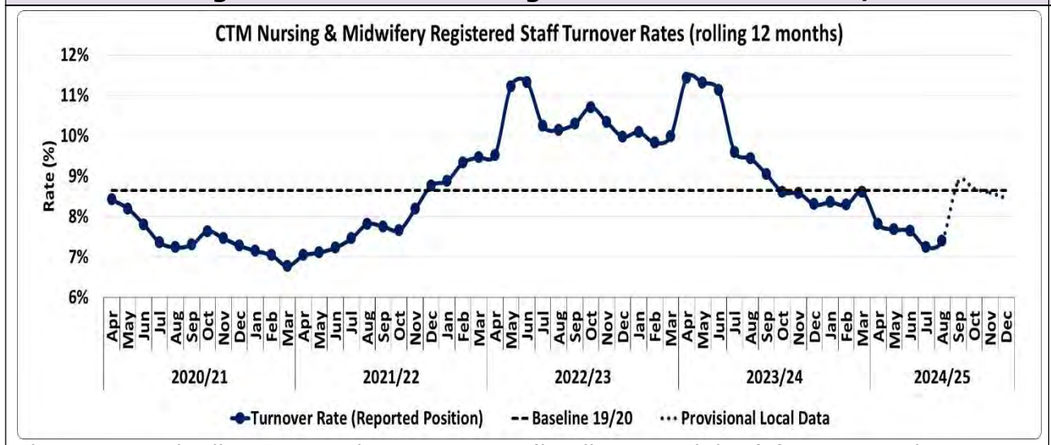
2.4 Welsh Government Performance Indicators: Quadruple Aim 3 - A Motivated & Sustainable Workforce

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

	Performance Measure	Target	Key: Trend / Target/Trajectory	Key: Target Achieved — Latest Position	Target Failed — Latest Position
Motivated & Sustainable Workforce	% of sickness absence rate of staff	12 Month Reduction Trend		6.8%	Nov-24
	Turnover rate for nurse & midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2019-20 (8.65%)		8.45%	Dec-24
	Agency spend as a percentage of the total pay bill	12 Month Reduction Trend		3.5%	Nov-24
Training & Development	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%		66.3%	Dec-24

CTMUHB Workforce Metrics

Turnover rate for N&M registered staff leaving NHS Wales – Target is rolling 12 month reduction against a baseline of 2019/20



The provisional rolling 12 month turnover rate (locally sourced data) for registered N&M Staff at December 2024 is 8.45%, with the reported position at August pleasingly reducing to 7.4%. The equivalent previous reported rolling 12 month period (September 2022 to August 2023) rates were 9.44%.

(N.B. rates will be subject to change when HEIW data is received due to the inability to locally monitor staff leaving NHS Wales).

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

The Retention Lead continues to work with key stakeholders to implement the actions within both the HEIW all Wales Nursing and Midwifery Retention plan and the CTM Retention Action Plan. Flexible working, promotion and work-life balance remain the principle reasons for staff leaving CTM and the Retention Lead is currently supporting ongoing retention priorities in relation to these areas. These are discussed at the CTM Retention Group, which aligns the work to other work streams around improved attraction, bolstered recruitment pipelines, our culture, Workforce Race Equality Standard (WRES), Equality, Diversity and Inclusion (ED&I), wellbeing, employee experience offer.

The CTM Retention Group gives oversight, direction and engagement on nurse retention and other staff groups. The meetings are held on a bi-monthly basis with a wide stakeholder group that includes support services across CTM. A multidisciplinary retention workshop will be held early December and will focus on working collaboratively to progress both national and local retention actions, sharing best practice and identify next steps.

While it is positive that turnover is reducing it is difficult to say, at this stage, what is contributing to the lower rates or that the interventions are having an impact, but we continue to monitor in the CTM Retention Group.

The risks are that the turnover increases but we remain focused on the actions set out in the plans and working closely with leads/managers to understand the importance of this agenda. This is to ensure we maintain a sustainable workforce, whilst monitoring the data and any trends.

We are also working closely with other HBs as part of the Retention Community of Practice to share and learn from other HBs on their activities and initiatives to continually improve the retention of staff. To date, there are no different approaches being used. We continue to monitor other HB turnover rates as a benchmark and to assess our current position to support any changes to our action plans.

Lateral Moves Scheme for Band 5 Nurses and Midwives

Applications	Employees	Current Status (end of December 2024)
Complete	31	Moves agreed
Shared	23	Managers for requested areas identified and applications shared with them
Submitted	14	Applications received and pending review by People Services
Queried	3	Applications received and queried by People Services
Total	**71**	

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

The Lateral Moves Scheme was designed originally for band 5 registered nurses and midwives, employed within CTM, who wish to request an internal move to another Band 5 post within the Health Board. The Scheme recognises the benefits of staff working in different areas, services and teams to gain new knowledge, skills and experiences whilst enhancing professional goals and expanding their career pathways. This process introduces a more seamless and agile mechanism for doing so, which will benefit both the individual and the organisation by promoting and improving access to a wide range of internal opportunities. The scheme supports CTM to retain experienced and valued staff and also forms part of our offer to attract new nurses and midwives to join the organisation.

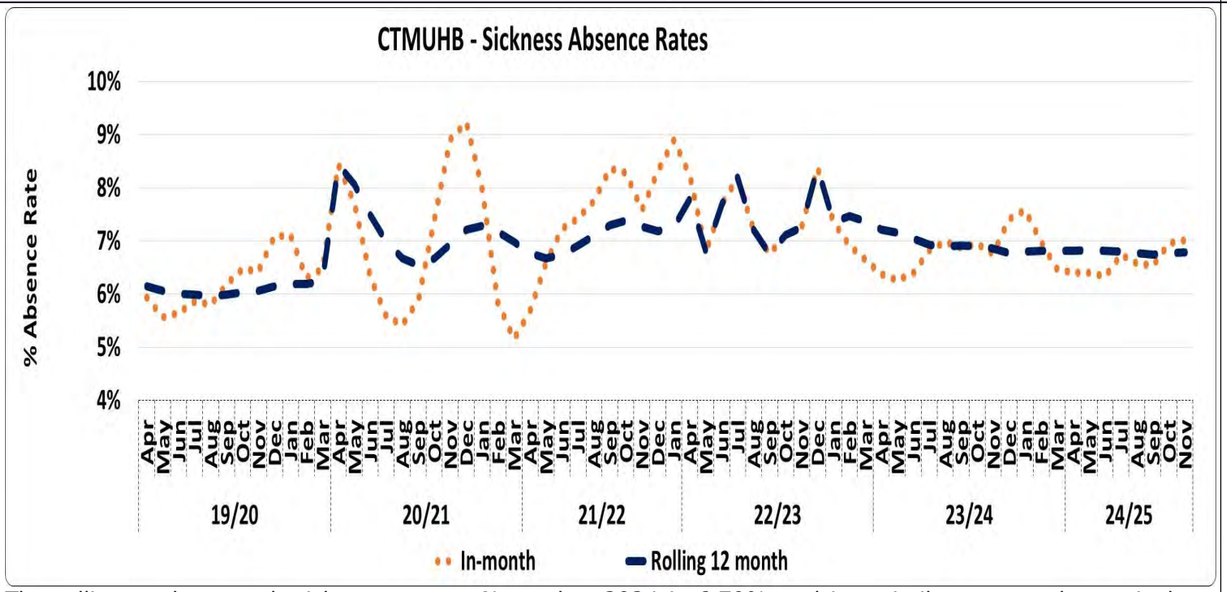
The Lateral Moves Scheme has been in place since February 2024, and since then 46 applications were submitted and 22 moves agreed/taken place. There is now a focus on rolling out the scheme to wider staff groups for fairness, equity and flexibility. In December, the scheme was extended to Band 2 Health Care Support Workers (HCSW) and we have seen 12 HCSW applications since this time; further engagement with this group of staff will take place over the coming months.

A timetable for rolling out to other staff groups is in development with service leads to expand the scheme to include Allied Health Care Professionals and Health Care Scientists next.

There are risks of de-stabilising services should numbers increase outside of manageable limits, but monitoring of the scheme is in place to ensure that this does not happen. Where there are large numbers or themes arising these will be escalated to the Retention Group, initially for discussion and consideration of next steps. It is hoped that the benefits of the scheme support the retention of staff and it becomes a business as usual activity once fully rolled out.

CTMUHB Workforce Metrics

% of sickness absence rate of staff – Target is 12-month reduction trend November 2024 (6.79%)



The rolling twelve-month sickness rate to November 2024 is 6.79% and is a similar rate to the equivalent rolling period of the previous year (6.86%).

The in-month sickness rate is 7.01% and is slightly higher than the equivalent period of 2023 (6.76%).

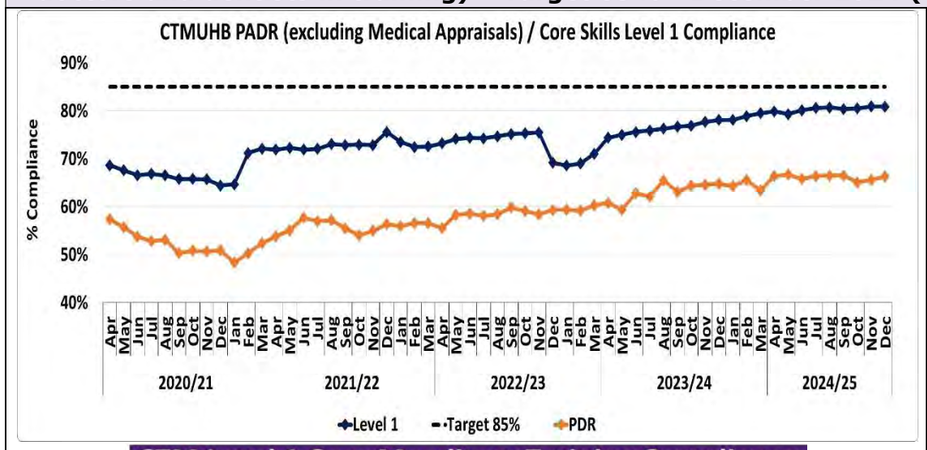
What actions are we taking & when is improvement anticipated? What are the risks?

The People Services Team (PST) continues to support the application of attendance management principles via awareness, skills development and case support activities. This includes weekly distribution of sickness absence levels by care group, monthly long term sickness reports and delivery of policy training.

Between during the past two months the PST responded to 64 requests for advice related to attendance management, which equates to 20% of the contacts to the team during this period. These requests range from general policy questions to longer term support to implement return to work plans or conclude formal attendance management processes. From January 2025 the PST will be tracking third stage sickness cases as well as reviewing data from the team triage process to assist with highlighting trends in sickness management approaches to continually improve the products available to support improved attendance at work.

The support from the People Services team is to ensure that managers are equipped to manage sickness alongside the policy. Good people management is key to reducing sickness absence, but also ensuring a swift return where possible. It is important that we support the wellbeing of our workforce and are aware of any themes so that these can be managed and any risks are avoided, addressed and/or removed.

Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training) – Target 85% - December 2024 (66.3% - Provisional)



CTM Level 1 Core Manditory Training Compliance December 2024	
Safeguarding Children	86.0%
Safeguarding Adults	85.2%
Health, Safety and Welfare	85.1%
Equality, Diversity & Human Rights	84.3%
Moving & Handling	83.4%
Information Governance	82.1%
Violence & Aggression	80.8%
Fire Training	79.6%
Infection Prevention and Control	76.6%
Resuscitation	66.5%
HB Overall Compliance	80.9%

PDR compliance is improving slowly, currently around 66%. Compliance for the past year has ranged between 63.4% and 66.7%, recognising that this remains below the WG target of 85%.

Currently, combined core mandatory training compliance is 73.3% with **Level 1** disciplines at 80.9% and is improving overall in small increments, however continuing to remain below the required standard of 85%.

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

PADR – *Your Conversation*:

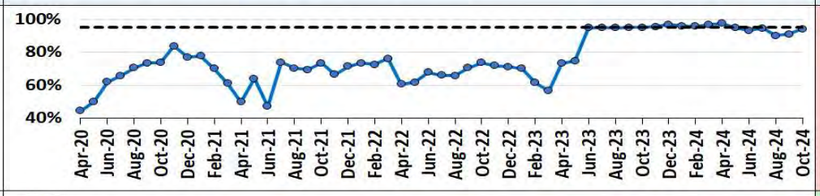
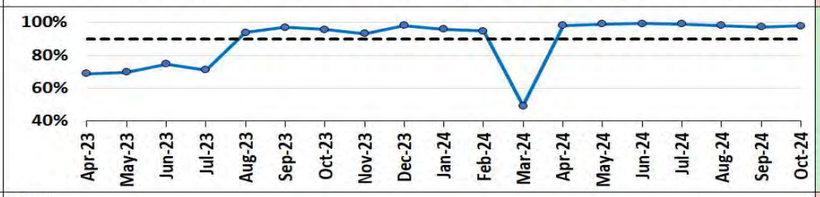
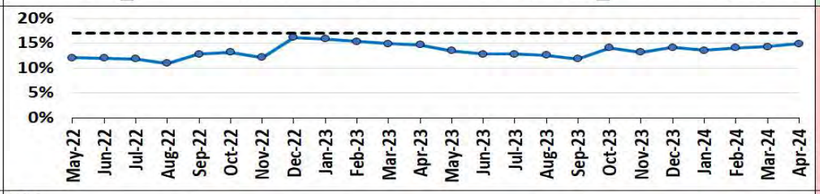
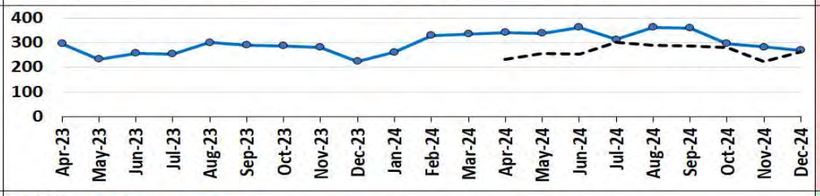
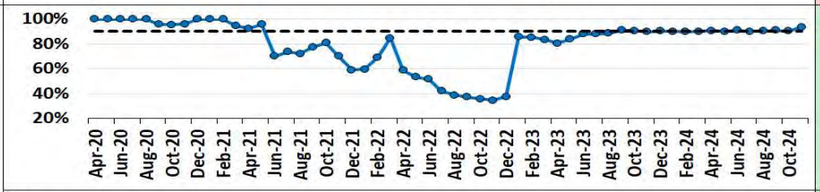
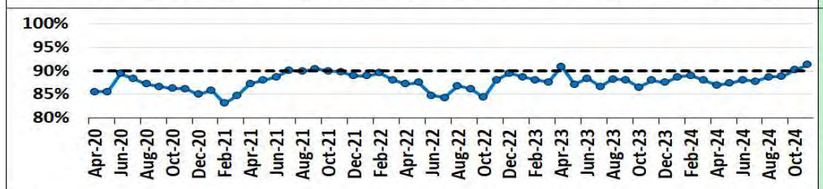
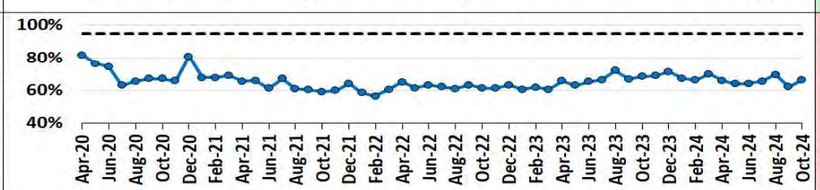
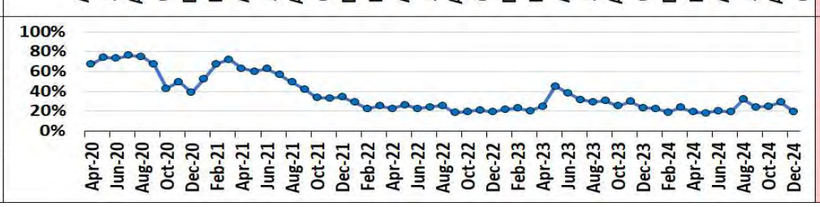
- Shared Services internal audit into PDR process underway, with feedback shaping future additions to the educational offer alongside improvements to the process/paperwork.
- "Making the most of PDR – *Your Conversation*" workshop developed and being delivered with management teams. This is part of a full day educational offer, embedded into the Leadership Development offer.
- Evaluation form embedded into paperwork - feedback shaping improvements and modifications to the forms and associated process.
- CTM-specific PADR and Pay Progression FAQs developed and shared with affected staff on a monthly basis (i.e. managers with staff who are due to go through a gateway).
- Targeted communications being sent to managers with PADR compliance below 85%.
- Ongoing assessment to establish how best to capture Medical & Dental appraisals as part of overall figures, in collaboration with the ongoing data dashboard work.

Core Learning:

- CTM Core Learning Review Report in final draft stage, capturing organisational Core Learning provision and performance, with a view to influence an All Wales review.
- Report contains a number of recommendations, including establishment of greater governance around the mandating of subjects.
- All subject areas now responsible for the administration of training co-ordination, freeing up Learning and Development resource to undertake organisational activities aimed at creating a culture of compliance.
- Support being given to the Care Group Core Learning Recovery Plans in order to improve compliance across the Health Board.
- Monthly drop-in sessions ongoing, with the Core Learning team attending different sites each month.
- Range of subject guides and educational materials in development to support staff to access their learning.
- Apprentice Core Learning Coordinator in post.

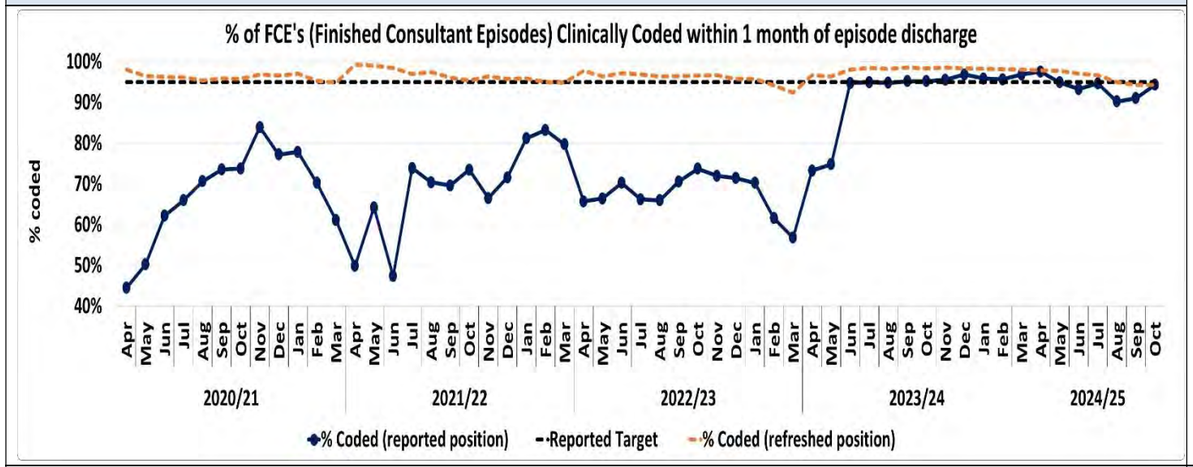
2.5 Welsh Government Performance Indicators: Quadruple Aim 4 - Improvement & Innovation enabled by data & focused outcomes

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: Target Achieved / Target Failed — Latest Position	
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		94.3%	Oct-24
	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%		97.9%	
Efficient Services	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	17% or more		14.9%	Apr-24
	Number of Pathways of Care delayed discharges	12 month reduction trend		270	Dec-24
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%		93.6%	Nov-24
	% 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			91.3%	
Safe Services	% 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%		66.5%	Oct-24
	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		19.8%	Dec-24

Effective Services - Clinical Coding

% of episodes clinically coded within one reporting month post episode discharge end date. Target - Maintain the 95% target or demonstrate a 12 month improvement trend – October 2024 – 94.3%



Current Coded Position as at 6th January 2025				
2024/25	Total FCE's	Coded FCE's	Uncoded FCE's	% Clinically Coded
Apr-24	11,613	11,474	139	98.8%
May-24	11,869	11,748	121	99.0%
Jun-24	10,935	10,762	173	98.4%
Jul-24	11,939	11,727	212	98.2%
Aug-24	10,566	10,317	249	97.6%
Sep-24	10,620	10,127	493	95.4%
Oct-24	11,443	10,870	573	95.0%
Nov-24	10,775	6,587	4188	61.1%
Dec-24	9,625	334	9291	3.5%
Total	**99,385**	**83,946**	**15,439**	**84.5%**

Uncoded 2024/25 (Apr - Dec 2024)	**15,439**	**15.5%**

How are we doing?

The reported position for October 2024 is 94.3% of the FCE's (Finished Consultant Episodes) for that month being coded within the requisite timescale, falling just short of the set target of 95%.

As of the start of January 2025, the coded position from April to December currently stands at 84.5% with the backlog accrued during April to October 2024 largely coded and is at 97.5%.

Compliance for the correction of errors within 35 days was 97.9% during October with 93 of the 95 errors corrected within the requiste timescale.

The flow of information from the Maternity Triage Unit at Prince Charles Hospital continues to improve month on month, which is evident in the amount of additional maternity episodes that have been clinically coded.

Coding team are working with the urology and dermatology teams to record outpatient events including procedures to data standards in real time using FHIR forms.

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

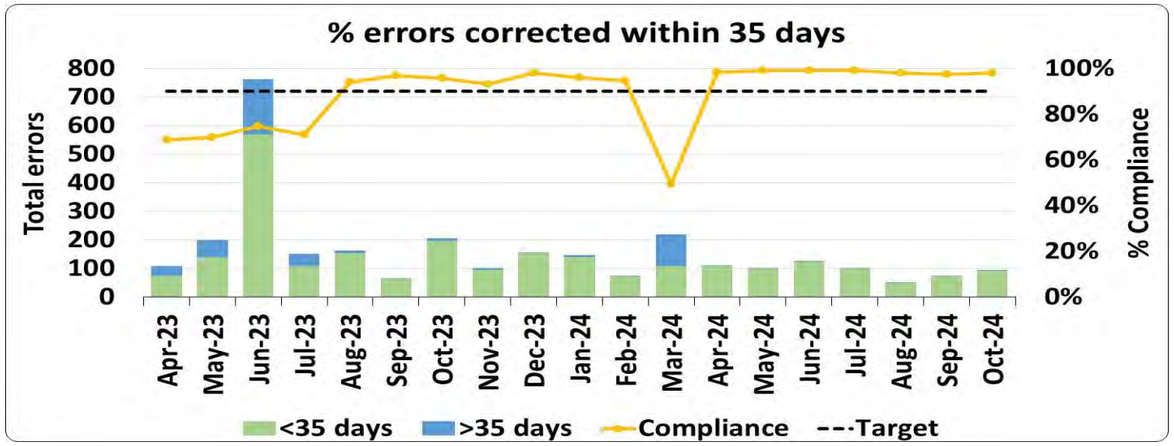
The upgrades to the auto-coding system incorporating the validation functionality, the new coding standards and more performance hardware have been completed, with the autocoder operational, following a 4 month downtime.

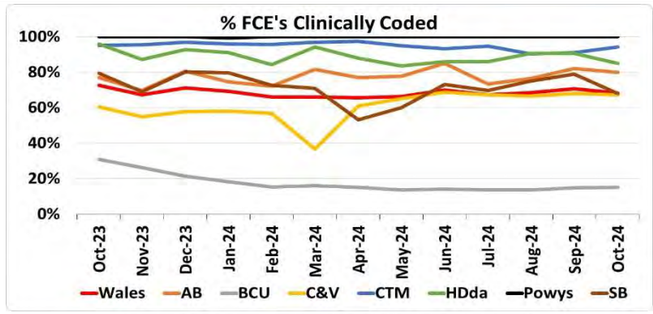
The changes in ward moves associated with the POW roof have had a disruptive impact on coding demand patterns and changes to the flow and availability of the medical record. Best endeavours are being relied upon until a more consistent pattern of service activity is observed which will enable coding capacity and processes to be re-appraised. Positively, we are seeing improvements in the quality of data following the move, as colleagues observe at first hand the benefit of accurate data being recorded.

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

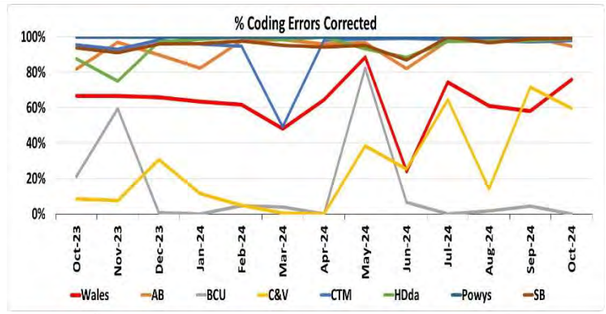
% of all classifications' coding errors corrected by the next monthly reporting submission following identification – Target 90% - October 2024 – 97.9%

How do we compare with our peers?





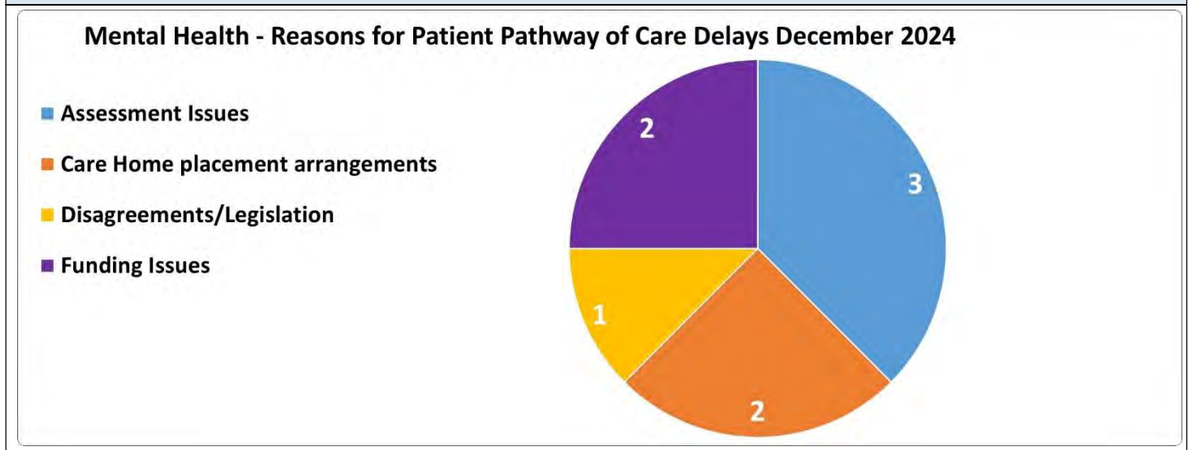
Status as at October 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
CTM	**94.3%**	**2nd**
HDda	85.1%	3rd
AB	79.9%	4th
SB	68.1%	5th

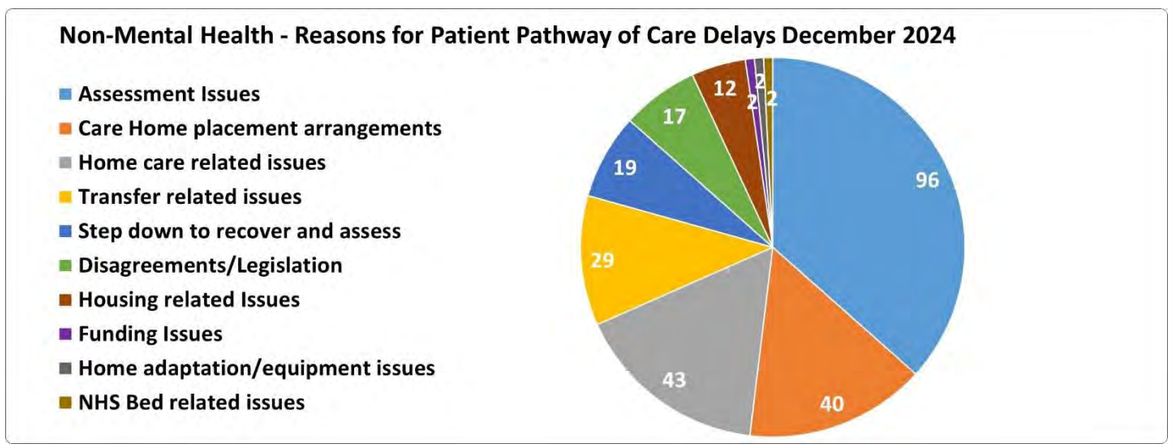


Status as at October 2024		
Health Board	Compliance	Rank
Powys	100.0%	1st
SB	99.2%	2nd
HDda	98.8%	3rd
CTM	**97.9%**	**4th**
AB	94.7%	5th

Efficient Services – Pathways of Care Delayed Discharges - December 2024

Number of Pathways of Care delayed discharges
Target is 12 month reduction trend
Mental Health Delays = 8 / Non Mental Health Delays = 262





How are we doing?

On average, 321 Pathways of Care Delayed Discharges have been recorded each month for the past 12 months, with the vast majority (41.6%) related to delayed assessment, as per the table below (left), with 99 assessment delays during December 2024 as described in the table below (right) :

Reason for Delay	Dec-24	12 month average	
Assessment Issues	99	134	41.6%
Care Home placement arrangements	42	60	18.6%
Home care related issues	43	51	15.8%
Transfer related issues	29	21	6.6%
Disagreements/Legislation	18	21	6.7%
Step down to recover and assess	19	13	4.1%
Housing Related Issues	12	8	2.6%
NHS Bed related issues	2	4	1.1%
Funding Issues	4	6	1.8%
Home adaptation/equipment issues	2	3	1.0%
Total	**270**	**321**	

Assessment Delay Flag - December 2024	
Awaiting completion of assessment AHP	14
Awaiting completion of assessment by social care	25
Awaiting completion of assessment Nursing	27
Awaiting Continuing Healthcare (CHC) Assessment	7
Awaiting joint assessment	14
Awaiting Social worker allocation	11
Awaiting completion of assessment Pharmacy	1
Total Assessment Issues	**99**

Work on the new Discharge Framework commenced in October and it continues to bed in. Issues at POW have made an impact in all areas of Discharge – we have seen an increase in home care related issues reflecting the general temperature of the service as well as the problems in getting packages of care in some areas covered by the UHB.

What actions are we taking & when is improvement anticipated?

- It is still early days for the roll out of 'Optimise' across CTM with the aim of improving the structure of daily board rounds, flow and discharge planning. Work continues with a good level of engagement from colleagues.
- Plans and actions are captured in PoCD action plan produced in partnership with local authorities and monitored through Integrated Discharge Delivery Board, governed by 6 Goals Programme Board.
- The Discharge Hub Team meets with senior colleagues from the wards and the local authority for a delayed patient review twice a week – this is providing useful management focus across community hospitals.

What are the main areas of risk?

Delays by Local Authority - December 2024											
Healthcare Facility	Blaenau Gwent	Bridgend	Caerphilly	Cardiff	Merthyr Tydfil	Neath Port Talbot	Powys	Rhondda Cynon Taff	Vale of Glamorgan	Other (outside Wales)	Total
PCH	2		12		8		2	10			34
POW		37		1		5			3		46
RGH		5						38			43
YCC		2			21			32	1	1	57
YCR		4		1				45			50
YGT		11						17			28

- Co-ordination of patient-centred approach to discharge planning is limited - multiple team working within individual parameters. If the discharge model in CTM remains non-integrated, the risk is that separate agencies, not centrally managed, will not be supporting D2RA best practice model, which will cause further delays and confusion.
- Analysis shows increased levels of complexity and frailty in patients, with higher levels of dementia and associated longer length of stay in our hospitals.
- Events in POW have led to high levels of pressure on Discharge Liaison, where despite some appointments, there are gaps in staffing.

How do we compare with our peers?

Status as at November 2024		
Health Board	Compliance	Rank
Powys	63	1st
C&V	154	2nd
HDda	204	3rd
AB	235	4th
SB	246	5th
CTM	**283**	**6th**
BCU	286	7th

Finance Update – Month 9

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.

4. Assessment

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

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

5. Recommendation

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

Agenda Item
8.2

Operational Delivery Committee

Highlight Report from the Six Goals Programme Board

Dyddiad y Cyfarfod / Date of Meeting	28/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Anthony Gibson/Anna Pepper
Cyflwynydd yr Adroddiad / Report Presenter	Anthony Gibson, Deputy Medical Director
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

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

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg UHB
WPAS	Welsh Patient Administration System
WAST	Welsh Ambulance Service NHS Trust
RCT	Rhondda Cynon Taff
POW	Princess of Wales Hospital

PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
UEC	Urgent & Emergency Care
D2RA	Discharge to Recover than Assess
SDEC	Same Day Emergency Care
ED	Emergency Department
STAMP	Strategic Transformation of Acute Medicine Programme
ECC	Enhanced Care in Community
POCD	Pathway of Care Delays
COFD	Clinically Optimised for Discharge
GIRFT	Get It Right First Time

1. Introduction

1.1 Delivery of strategic objectives aligned with national and local priorities for urgent and emergency care governed by Six Goals Programme has been conducted in partnership with health and social care, aiming towards efficient and integrated approach in the way we deliver care and quality-driven outcomes for patients in our communities.

The collaborative approach between secondary and primary care, communities and social care partners (Bridgend County Borough Council, Merthyr Tydfil County Borough Council and Rhondda Cynon Taf County Borough Council) is aiming to transform in hospital and out of hospital care. The programme's scope includes provision of urgent care that is responsive to patient needs and integrated within the model of care included in local project plans for areas that transcends across boundaries of health and social care provision.

The delivery of the Six Goals objectives includes number of system enablers which will support overall strategy, these include information technology and analytics. The aims of the programme enable sustainable integration and simplification of the system. The key principles set out in the programme scope for transformation of urgent and emergency services are to ensure they:

- Are easy to navigate
- Deliver urgent and emergency care as close to people homes as possible
- Meet national requirements and standards
- Align with transformational changes in the region

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

2. Purpose of this Meeting

2.1 The purpose of this overview report is to provide the Operational Delivery Committee with an overview of the Six Goals for Urgent & Emergency Care programme of work for 2024/2025.

2.2 The report will cover:
- An update on Six Goals workstreams/projects
- Financial report 2024/2025
- An overview of planned work for 2024/2025

3. Highlight Report

Alert / Escalate	• Contractual issues regarding recruitment of GPs ongoing, recruitment of new GPs into Navigation Hub to increase clinical capacity and extend the operational delivery within Navigation Hub to 7-days at risk.
Advise	• Ambulance conveyance in CTM remains high, community capacity and commissioning does not meet current demand causing delay in discharge out of D2RA across CTM UHB. Risks are being mitigated through development of projects specifically in Workstream 1 and 4 and development of Enhanced Care in Community Level 4 and Integrated Discharge Team and Falls Response Delivery Plan aligned to national falls framework (2 hrs response, operational provision between 8am and 8pm across CTM) • Number of discharge delays for patients clinically optimised for discharge (COFD) remains high with over 200 patients delayed across inpatient areas in CTM. However reduction of delays has been noted since March 2024 as follows: ✓ Number of total delays reduced by 18% (Care and Action Committee target – 15%) ✓ Number of days delayed reduced by 23 % (Care and Action Committee target – 20%) ✓ Number of assessment delays reduced by 36% (Care and Action Committee target – 20%) • Issues with activity recording in Princess of Wales, Bridgend hospital sites and incorporating into agreed data framework due to ongoing WPAS merger and server transfer from Swansea Bay UHB remains, however the merger of servers is on track with acute areas prioritised for action before final completion of merger across CTM UHB in May 2025.
Assure	• Expenditure on track to agreed forecast. Recruitment delays in Workstream 2 and 4 addressed in Quarter 2. Revenue slippage (recruitment delays and vacancies) allocated to support operational delivery within Navigation Hub and winter pressures. • Delivery across the programme scope remains on track. Programme scope and delivery plan currently under review

	to be aligned with organisational activities and national priorities i.e. GIRFT/ED Quality Statement • Service delivery and commissioning are shaped by data intelligence on local needs and by evidence on the outcomes.
Inform	2024/2025 delivery plan aligned to four ministerial priorities as follows: **Ministerial Priority 1: Delivery of a 24/7 urgent care service:** ✓ Scoping mandate for care homes to contact the CNH before 999 unless deemed a life threatening emergency - WAST are rolling out the LUSCII project which is a new initiative with the Welsh Ambulance service which will see staff in some care homes trained to apply wearable tech on patients so observations can be monitored remotely by the WAST clinical desk until resources are deployed. ✓ 7-day working model – implementation of ECC Level 4 in progress, recruitment and organisational change policy processes on track, anticipated interim delivery in January 2025 for RCT through domiciliary care providers with Bridgend staring in February 2025. Navigation Hub to act as central coordination of admission avoidance and discharge capacity ✓ Falls response Level 1 and Level 2 – T&F group commenced to produce medium/long-term delivery plans for provisions of 12 hr/7 days a week response to falls (2025/2026 ministerial priority). Business case approved in the sum of £94,000 (national funding slippage to be utilised by end of March 2025) to support care homes with highest fall related numbers of conveyance to ED through training and deployment of appropriate equipment to responder teams. **Ministerial Priority 2: Implementation of SDEC services:** ✓ Medical SDEC set up and operational on each acute site in proximity to Emergency Departments ✓ Working towards wider offer of direct WAST pathways to SDEC supported by implementation of Doccla (Tec Cymru) to create virtual SDEC ward solution via Navigation Hub ✓ Frailty SDEC – plans to roll out ACE (POW) model across PCH and RGH – in progress ✓ In Quarter 2 has seen a successful ward reconfiguration and the creation of a Surgical SDEC, Surgical Assessment Unit (24hrs) and Surgical Assessment Unit - 72hrs on Ward 9 in Royal Glamorgan Hospital operational from 9th September 2024. Model is aimed at streaming the surgical patients at point of triage at the front door or at point of triage by the surgical Acute Care Practitioners of GP calls directly to the Surgical SDEC or Surgical Assessment Unit.

- ✓ Further plans in Quarter 3 and 4 will include scoping and planning to replicate the model in Prince Charles Hospital with the use of existing resources.

Ministerial Priority 3: Reduction of ambulance handover waits and reduction in 12-hour Emergency Department waits:

- ✓ WAST are rolling out the LUSCII project which is a new initiative with the Welsh Ambulance service which will see staff in some care homes trained to apply wearable tech on patients so observations can be monitored remotely by the WAST clinical desk until a resources is deployed.
- ✓ Strategic Transformation of Acute Medicine Programme (STAMP) has had very positive impact on front door flow to include flow through SDEC and acute medicine units for up to 72 hr assessment.
- ✓ The implementation of the programme and reset of flow through acute medicine improved ED targets and assessment unit targets, providing a successful improvement methodology for further progression across all acute sites.
- ✓ In addition to STAMP, Unscheduled and Primary Care & Communities Care Groups are progressing implementation of Urgent Treatment Centre (UTC) in PCH to support demand in ED on site and subsequently contribute to improvement of 4 and 12 hr performance in ED, Prince Charles Hospital. The service became operational by the end of October 2024. Funding acquired through Value-Based Health Care will cease by 31st March 2025.
- ✓ Operational and clinical management and Organisational Change Process Phase 2 has been completed in Quarter 2 which will ensure continuity, strategic and operational direction for Emergency Medicine.
- ✓ National funding slippage – approved business case for extension of operational hours for nursing cover for High Frequency Attenders (Adults & Paeds) in PCH (to be spent by end of March 2025)

Ministerial Priority 4: Reducing Pathways of Care Delays (POCD):

- ✓ Number of Pathway of Care Delays across CTM UHB remains high. The remedial actions to address are being delivered through:
- ✓ Roll out of 'Optimise' educational framework across CTM UHB – roll out in RGH in progress. Programme intends to improve structure of daily board rounds, flow and discharge planning. Delivery of accredited Train the Trainer modules ongoing. ESR mandatory module for all

	inpatient based staff to be launched by the end of January 2025. ✓ Implementation of Enhanced Care in Community (ECC) Level 4 model as part of 24/7 urgent care provision in community (Goal 2 & 3, 5 & 6) in progress ✓ Integrated Discharge Team combining health and social care resource is in planning phase with anticipated implementation in Quarter 4 to support effective and timely discharge at the front door (ED turnaround and admission avoidance) and from hospital sites into community provision (ECC Level 4) ✓ Super Stranded Command Panel – weekly review (health and social care), chaired by Deputy COO and escalation of discharge barriers for patients with highest length of stay. From 21st October to 8th January 2025 – 13 patients have been discharged with combined Length of Stay of 2118 days. Planned expansion of activities for PCH, RGH and community hospitals planned for early 2025
Appendices	

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality**	Data to Knowledge If more than one applies please list below:

(Duty of Quality Statutory Guidance (gov.wales))	
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Person Centred
	If more than one applies please list below: Effective, Efficient, Timely, Equitable, 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:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol)* / **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	CTMUHB Six Goals for UEC programme of work is ring-fence funding allocation from Welsh Government	

5. Recommendation

5.1 The Operational Delivery Committee is asked to **NOTE** the highlights outlined in section 3 of this report.

(Agenda Item) 8.2a	28 January 2025	Operational Delivery Committee	Brainomix Presentation

Report Details:	
FOI Status:	Open (Public)
If closed please indicate reason:	
Prepared By:	Dr James White
Presented By:	Dr James White
Approving Executive Sponsor:	Lauren Edwards
Report Purpose	For Discussion
Engagement undertaken to date:	

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Clinical Governance of AI interpretation of stroke radiology (Brainomix)
Related Health and Care Standard	Governance
Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	No time restraints
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes Annual licensing
Link to Strategic Goals	Improving Care

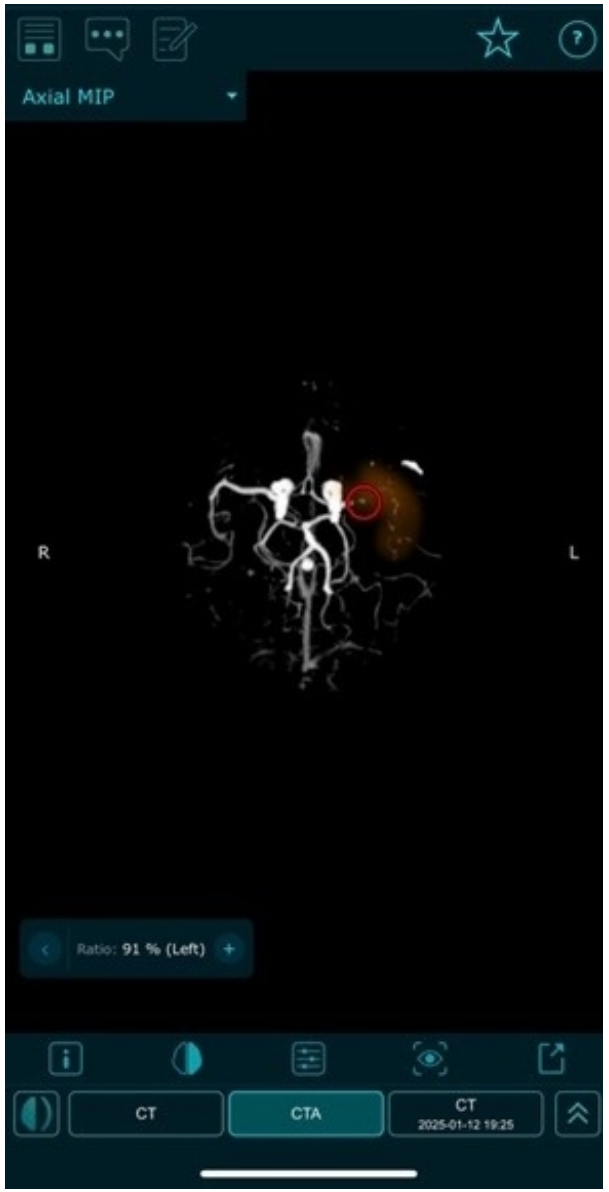
Brainomix AI Software

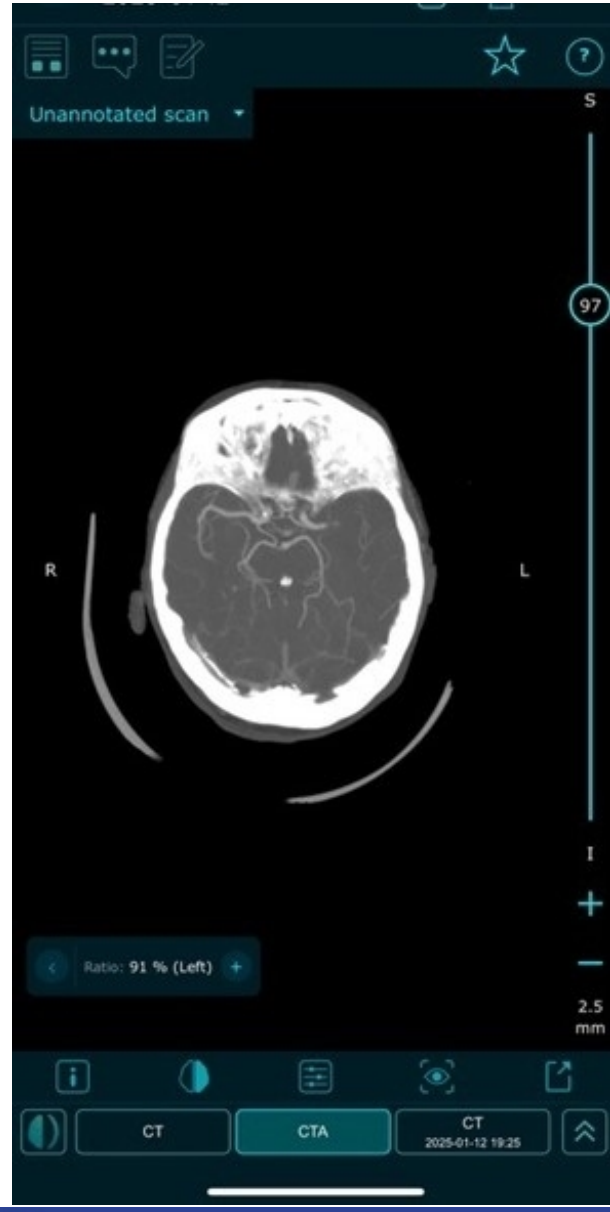
Virtual server with HB interprets CT head, CT angiography and CT perfusion scans and is available for the clinician to review the scans within the intranet or over the cloud via an App

Information available within minutes cf 30 minutes for radiology out of hours

Brainomix App alerts the Stroke Consultant of possible arterial occlusion for thrombectomy

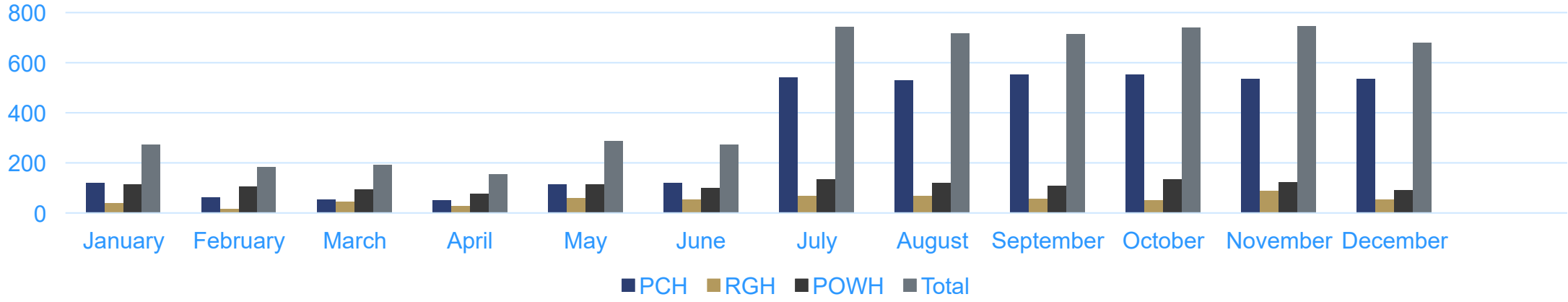
Potential to reduce door to needle times and door in door out times for thrombectomy



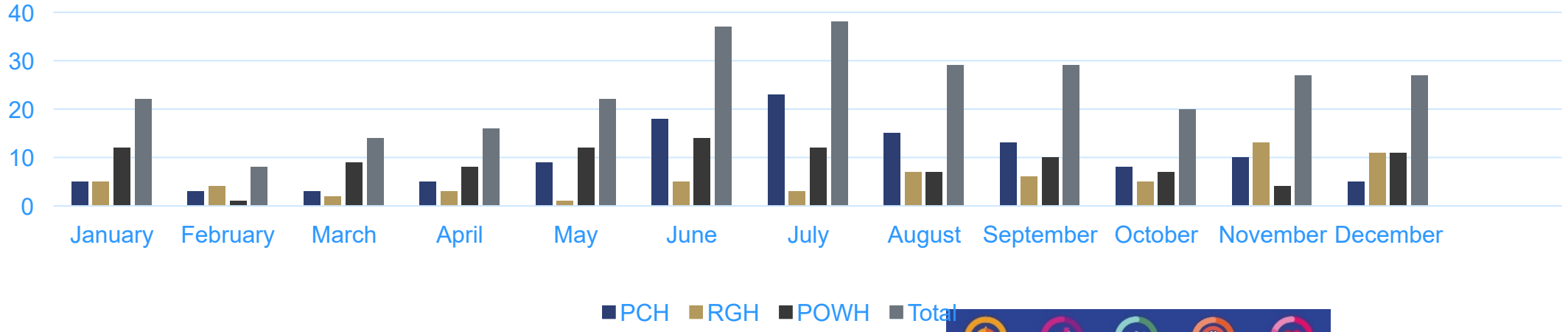


Brainomix Clinical Governance Data for 2024

Brainomix CTs per month



Brainomix CTA's per month



Brainomix Clinical Governance 2024

Sensitivity and Positive Predictive Values for Brainomix identifying Any LVO and Proximal LVO

Any LVO

- Sensitivity 73% Specificity 74%
- PPV 49% NPV 89%

Proximal M1 LVO

- Sensitivity 100% Specificity 76%
- PPV 48% NPV 100%

Summary

289 CTAs in 2024

Brainomix confirmed all 21 proximal LVOs (17.6% of all scans) at 6 month review

Missed 8 posterior LVOs or more distal M2 occlusions (28% of all positive scans)

Significant increase in CTAs in first half of year, smaller decline after (change of service, Consultant workforce)

Brainomix allows instant notification to Stroke Consultant that a patient may benefit from thrombectomy

Doesn't replace formal review of CTAs

Brainomix allows easy postprocessing and interpretation of CT Perfusion scans in our initial testing

Specific Matters for Consideration:

Implication of AI in Healthcare and robust Clinical Governance

Brainomix is a tool to enable reduction in time to referral for thrombectomy

Key Risks / Matters for Escalation:

Risks around false negative scans, causing delayed or missed treatment

Recommendation

The Committee are asked to:

- *Note 12 month report*

Next Steps

The Committee are asked to:

- Continue to support evaluation of Brainomix
- Develop use of CT Perfusion scanning to extend time window for thrombolysis

Agenda Item
8.3

Operational Delivery Committee

Planned Care Transformation

Dyddiad y Cyfarfod / Date of Meeting	28/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Tarek Allouni – Service Director Planned Care
Cyflwynydd yr Adroddiad / Report Presenter	Gethin Hughes, Chief Operating Officer
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Improving Care Board	11/12/2024	Noted

Acronyms / Glossary of Terms
SOS: See on symptom **PIFU**: Patient Initiated Follow Up **GiRFT**: Getting It Right First Time **CTM**: Cwm Taf Morgannwg **NHS**: National Health Service

1. Situation /Background

In April 2022 the Welsh Government set out their plans for transforming and modernising Planned Care services across Wales, articulated clear priorities, and recognising that waiting times would not be addressed without alternative solutions and innovative approaches, whilst maximising use of existing resource.

The plan made four key commitments to the people of Wales, to:

- 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.

Each Health Board in Wales was expected to set out their response to the Productive and Effective Elective Pathways work, to deliver the transformation and improvement detailed in the report which went to the NHS Leadership Board in April 2024. The key areas for improvement each Health board are expected to incorporate into their improvement programme are:

1. **Effective Wating 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

Health board programmes will be overseen by the NHS Wales National Planned Care programme and reported through the internal CTM Improving Care board.

1.1 Purpose of Programme

The programme set out the plan for a Cwm Taf Morgannwg Productivity, Improvement and Transformation programme, providing an initial outline of the following areas:

- Programme aims and objectives
- Key outputs, outcomes and deliverables
- Governance structure
- Reporting and monitoring arrangements
- Roles and responsibilities
- Milestones and timings
- Key risks
- Constraints, Assumptions and Dependencies
- Financial position (including procurement and contractual arrangements)
- Review of lessons learnt and best practice

1.2 Programme Objectives

The overarching goal of the programme will be increasing new outpatient capacity by 15% and elective surgical capacity by 25%.

We will achieve this by establishing a Productivity, Improvement and Transformation programme with the primary objective of improving the efficiency and effectiveness of Planned Care and other elective services, through optimising existing resource and reducing waste, whilst working to enhance patient outcomes. 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.

2. Specific Matters for Consideration

2.1 Attached in Appendix 1 is the current update against Key Performance Indicators. All programmes will be fully established by the end of Jan 2026 and reporting in the standardised format.

2.2 Appendix 2 details the improvement plan for Ophthalmology services, to meet the >104 week target and also the sustainable actions required for the service to continue to deliver.

3. Key Risks / Matters for Escalation

It is to be noted that the following has had significant impact on the delivery of the programme to date:

- Princess of Wales Hospital roof
  - Reduction of 75 beds
  - Reduction 8 theatres

- Prince Charles Hospital capitol works
  - Reduction of 2 theatres

- Unscheduled Care pressures
  - Cancellation of elective activity in January 2025

4. Assessment

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

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Efficient
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	

Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)
	Increase in consumables related to treatment activity

5. Recommendation

5.1 The Committee is asked to **NOTE** the updates provided and support the continuation of the programme with the actions required.

6. Appendices

Appendix 1 – Productivity, Improvement and Transformation Key Performance update (attached)

Appendix 2 – Ophthalmology Plan – Briefing paper (attached

Productivity, Improvement and Transformation Programme

Improvement Boards Progress Reports
January 2025

1. Theatres Improvement Board

Mr. Stephen Sarasin & Tarek Allouni
January 2025

Theatres Improvement Board (1a) SUMMARY

KEY METRICS	AVG. 2024	TARGET	DEC 24	TARGET RAG
LIST UTILISATION	70%	85%	70%	RISK
FALLOW SESSIONS	94 p/m	0	168	
LIST CANCELLED (no backfill)	193 per month	0	334 in month	POW IMPACT
OTD CANC. (exc. backfill)	7.9%	5%	7.1%	IMPROVING
MISSED OPPORTUNITIES	120 per month	TBC	58 in month	IMPROVING
TURNAROUND TIME (MED)	7.50	8.00	6.00	TARGET MET
DAY SURGERY	75%	85%	73%	IMPROVING
LATE STARTS (>10mins)	62%	10%	58%	RISK
EARLY FINISHES (>30mins)	47%	10%	44%	RISK

Theatres Improvement Board (1b) TRENDS

KEY METRICS	JUL 24	AUG 24	SEP 24	OCT 24	NOV 24	DEC 24
LIST UTILISATION	69%	70%	72%	71%	73%	70%
FALLOW SESSIONS	73	136	63	63	50	168
LIST CANCELLED (no backfill)	161	256	108	331	398	334
OTD CANC. (exc. backfill)	8.1%	8.4%	7.9%	8.8%	7.0%	7.1%
MISSED OPPORTUNITIES	171	114	100	98	60	58
TURNAROUND TIME (MED)	8.00	8.00	7.00	7.00	7.00	6.00
DAY SURGERY	74%	73%	74%	73%	73%	73%
LATE STARTS (>10mins)	60%	60%	61%	55%	60%	58%
EARLY FINISHES (>30mins)	50%	50%	44%	43%	36%	44%

Theatres Improvement Board (1b) TRENDS (exc. POW)

KEY METRICS	JUL 24	AUG 24	SEP 24	OCT 24	NOV 24	DEC 24
LIST UTILISATION	69%	70%	72%	75%	75%	73%
FALLOW SESSIONS	73	136	63	6	10	98
LIST CANCELLED (no backfill)	161	256	108	98	101	78
OTD CANC. (exc. backfill)	8.1%	8.4%	7.9%	7.1%	7.5%	7.7%
MISSED OPPORTUNITIES	171	114	100	66	47	49
TURNAROUND TIME (MED)	8.00	8.00	7.00	6.00	6.00	5.00
DAY SURGERY	74%	73%	74%	69%	69%	68%
LATE STARTS (>10mins)	60%	60%	61%	46%	58%	55%
EARLY FINISHES (>30mins)	50%	50%	44%	42%	35%	42%

Theatres Improvement Board (1c) KEY NOTES/ACTIONS

KEY METRICS	SUMMARY NOTES/ACTIONS/AREAS OF FOCUS
LIST UTILISATION	Service level improvements: Gen Surgery 78%; Ophthalmology 86%; Urology 76% (all Nov 24)
FALLOW SESSIONS	Recording of Fallow sessions impacted by POW with additonal capacity allocated to emergency
LIST CANCELLED (no backfill)	Impact of POW and transfer of lists to trauma/CEPOD not factored into elective data
OTD CANCELLATIONS	Small improvement but still above target, process re OTD cancellations agreed (non-clinical)
MISSED OPPORTUNITIES	Positive trend, Oct-Dec average 47% reduction vs. Jan-Sep average
TURNAROUND TIME (MED)	Target of > 8mins consistently achieved, however vast disparity across sites
DAY SURGERY	Service-level targets required, will form part of mobile theatre delivery group
LATE STARTS	Needs to be focus area for TIG and all SIGs
EARLY FINISHES	Positive trend, Oct-Dec average 8% reduction vs. Jan-Sep average

2. Outpatients Improvement Board

Dr. Sallie Davies & Sarah James
January 2025

Outpatients Improvement Board (2a) SUMMARY

KEY METRICS	AVG. 2024	TARGET	DEC 24	TARGET RAG
URGENCY REFERAL RATE	47%	20%	48%	
ROTT	16%	10%	13%	IMPROVING
TREAT-IN-TURN	15%	80%	16%	RISK
VIRTUAL NOP	7%	15%	6%	
VIRTUAL FU	14%	25%	13%	
NEW:FU RATIO	2.17	2.00	2.18	
PIFU/SOS RATE	4%	20%	4%	
DNA RATE	8%	5%	9%	
CNA RATE	11%	TBC	11%	

Outpatients Improvement Board (2b) TRENDS

KEY METRICS	JUL 24	AUG 24	SEP 24	OCT 24	NOV 24	DEC 24
URGENCY REFERAL RATE	46%	48%	48%	47%	47%	48%
ROTT	16%	15%	15%	15%	14%	13%
TREAT-IN-TURN	15%	14%	15%	15%	17%	16%
VIRTUAL NOP	7%	6%	6%	6%	6%	6%
VIRTUAL FU	15%	14%	12%	13%	13%	13%
NEW:FU RATIO	2.15	2.19	2.12	2.12	2.12	2.18
PIFU/SOS RATE	4.5%	4.5%	4.5%	4.3%	4.3%	4.4%
DNA RATE	8.2%	7.8%	8.0%	8.0%	8.1%	8.7%
CNA RATE	10.8%	10.3%	10.9%	10.4%	10.3%	11.3%

Outpatients Improvement Board (2c) KEY NOTES/ACTIONS

KEY METRICS	SUMMARY NOTES/ACTIONS/AREAS OF FOCUS
URGENCY REFERAL RATE	
ROTT	
TREAT-IN-TURN	
VIRTUAL NOP	
VIRTUAL FU	
NEW:FU RATIO	Close to target of 2.00 but high FU services (Ophthalmology/Gastro) driving average
PIFU/SOS RATE	Focus session to be planned/rescheduled with PIFU/SOS clinical lead
DNA RATE	
CNA RATE	

4. Cancer Improvement Board

Dr. Neil Scott & Dr. Anthony Gibson
January 2025

Cancer Improvement Board (4a) SUMMARY

KEY METRICS	AVG. 2024	TARGET	DEC 24	TARGET RAG
SCP COMPLIANCE	**56%**	**80%**	**62%**	**IMPROVING**
10-DAY FIRST CONTACT	**43%**	**TBC**	**56%**	**IMPROVING**
28-DAY DIAGNOSTIC	**57%**	**TBC**	**60%**	**IMPROVING**
MEDIAN DAYS TO TREATED	**57 days**	**TBC**	**51 days**	**IMPROVING**
32-DAY REF TO TERTIARY	**TBC**	**TBC**	**TBC**	
DIRECT TO TEST	**In development**	**In development**		

Cancer Improvement Board (4b) TRENDS

KEY METRICS	JUL 24	AUG 24	SEP 24	OCT 24	NOV 24	DEC 24
SCP COMPLIANCE	51%	57%	56%	60%	61%	62%
10-DAY FIRST CONTACT	41%	50%	50%	59%	56%	56%
28-DAY DIAGNOSTIC	51%	55%	56%	59%	55%	60%
MEDIAN DAYS TO TREATED	62	56	58	52	50	51
32-DAY REF TO TERTIARY						
DIRECT TO TEST						

Cancer Improvement Board (4c) KEY NOTES/ACTIONS

KEY METRICS	SUMMARY NOTES/ACTIONS/AREAS OF FOCUS
SCP COMPLIANCE	Sustainable improvement month on month, Dermatology and Breast > 90% SCP
10-DAY FIRST CONTACT	Improving and sustained trend
28-DAY DIAGNOSTIC	Improving and sustained trend
MEDIAN DAYS TO TREATED	Improving and sustained trend
32-DAY REF TO TERTIARY	Data TBC
DIRECT TO TEST	Data being developed

5. Pre-Assessment Improvement Board

Dr. Martin Cole & Sharon O'Brien
January 2025

POA Improvement Board (5a) KEY NOTES/ACTIONS

- Improvement board formed from September 2024
- Initial focus is on standardisation of practice/process pan-CTM
- All-Wales pre-screening questionnaire approved and pending implementation
- Funding approved for rollout of all-Wales digital system
- CTM and AB confirmed as pilot sites for digital
- Discussion re performance metrix available will form part of next session
- Next session scheduled for February 10th
- Development of reporting and available data will form part of group objectives

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Briefing Note

January 2025 Ophthalmology Plan

10th Jan 2025

Purpose

Concern surrounding the Ophthalmology service in CTM has been evident for some time. At the last public board meeting, whilst the undertaking of regional working was positively acknowledged, a request was made for sight of the overall Ophthalmology plan.

This briefing paper provides a brief summary of the plan to manage the referral to treatment target by financial year end, and the sustainable plan for the service.

Position

104 week by financial year end (FYE) (as of 10/1/24)

104 week total cohort end Mar	11/11/2024	11/18/2024	11/25/2024	12/2/2024	12/9/2024	12/16/2024	12/30/2024	1/6/2025
Stage 1 not dated	1970	1915	1890	1831	1798	1776	1545	1334
Stage 2	0	0	0	0	0	1	1	0
Stage 3	24	26	26	9	15	16	24	15
Stage 4	478	477	470	475	460	452	437	435
Stage 4 (No TCI)	437	435	434	442	436	427	407	404
Total	2431	2376	2350	2282	2249	2220	1977	1753

Table 1

Summary of plan to deliver 104 week cohort by FYE

All outpatient clinics will only have urgent suspected cancers (USC), clinically urgent (Glaucoma & medical retina) and 104 cohort patients booked into the slots. Any patients that have already booked into a clinic slots that don't meet this criteria will be rescheduled to maximise available capacity.

To ensure treat in turn rate is strictly adhered to a weekly meeting has been set up with the waiting list team for the booking of stage 4's to ensure that the most appropriate patients are booked.

Sub Speciality	Concern in achieving 104 week target	Actions
Corneal	No	All patients will be seen and treated in core capacity
Glaucoma	No	All patients will be seen and treated in core capacity

Laser	No	All patients will be seen and treated in core capacity
Medical Retina	Yes	To date 274 patients to be dated. Changed clinic templates to incorporate 2 new medical retina slots in to the 3 consultants and speciality Dr's clinic (88 slots). WLI's agreed by 2 consultants on weekend to clear remaining 186 patients (6 Super Saturdays seeing 32 patients). Confirmation awaited from medical illustration to support on Mon 13/1/25 **Providing support agreed, plan will clear all Medical Retina**
Oculoplastic's	Yes	To date 140 patients to be dated. Additional capacity created in core by utilisation of speciality Dr. WLI's agreed and being set up **Plan will clear Oculoplastics**
Cataracts	Yes	• 600 patients have been sent to the regional service. Not reflected in regional report as 400 patients waiting to be pulled from RGH medical records to send to regional team. Overtime this weekend planned and new staff member commencing 13/1/24 to resolve this. • Up to 500 cataracts can be accommodated by SANA. Team working through last and this week and overtime on weekend. Plan to send as many stage 1's and stage 4's. A number of patients are being removed when contacted. *(As of 10/1/25 160 patients had been contacted with 60 patients being removed)* • Maintain the 9 sessions on RGH site weekly. Only USC and clinically urgent cases will be listed *(Glaucoma & emergencies)* outside of the 104 week cohort. Breakdown of 9 sessions: o Oculoplastic session x1 o X1 session for 1 long waiting corneal transplant and x2 cataracts. o X1 session for paeds which will also have x2 cataracts o The remaining 6 sessions will be for complex cataracts, USC, clinically urgent cases as stipulated above • From Monday 27th Jan in POW we will run x1 theatre for 12 sessions per week with 5 cataracts (HVLC) on each list.

		• Surgicube planned instillation 30/1/25. This will provide additional capacity and can be used for cataracts and oculoplastics **Plan will clear cataracts**

Key Components of the sustainable plan

Centralisation of the cataract service. This allows for streamlined processes and resource allocation. The dedicated Ophthalmology theatres in POWH will facilitate HVLC and parallel cataract lists to be run five days a week, maximizing output but importantly providing sufficient capacity for demand as per the recent D&C exercise undertaken. Additionally by concentrating this service in one location the staff will become more familiar with workflows, leading to faster turnaround times.

The imminent instillation of the Surgicube will provide additional capacity to reduce waiting times, but also can be utilised for minor ops, oculoplastic's and injections, freeing up the dedicated ophthalmology theatres to maximise HVLC and parallel lists. *(Building work commencing 13/1/25. Date of delivery of Surgicube planned for 30/1/15).*

All clinicians will work cross site ensuring that the speciality and sub specialities collaborate effectively across different locations. This approach optimises the expertise available to patients but also allows for a more flexible and comprehensive service delivery.

Focused groups have been set up to **implement and deliver WGOS pathways**. This ensures standardisation of care processes, reduces demand on secondary care, and ensures that patients receive evidence based treatment.

Implementation of a one stop cataract service. This will eliminate all stage 1 cataract patients, increasing capacity for medical retina and reducing waiting times for all other sub specialities. It will streamline the patient pathway, minimise number of visits required, enhancing convenience for patients and improving overall service efficiency.

Increase use of virtual clinics for both new and follow up patients where applicable.

Full usage of the dedicated Glaucoma hub. Equipment purchased and delivered. Recruitment underway and in shortlisting phase. Interviews should take place in the next month.

Conclusion

Whilst the short term plan demonstrates how we will clear the 104 wk cohort at all stages to meet ministerial targets, the key components of the plan is designed to transform our eye care services and deliver a sustainable model, whilst ensuring that we meet the needs of our patients by optimising available resources.

Agenda Item
8.4

Operational Delivery Committee

Highlight Report Primary Care and Community

Dyddiad y Cyfarfod / Date of Meeting	28/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Sarah Bradley
Cyflwynydd yr Adroddiad / Report Presenter	Sarah Bradley
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Operational Management Board	17/01/2025	Escalated and shared with the Chief Operating Officer- Gethin Hughes, including other execs and senior colleagues for CTM.

Acronyms / Glossary of Terms

GP	General Practitioner
GMS	General Medical Services
OOH	Out of Hours
WGOS	Welsh General Optometry Services
OPD	Out Patient Department
PoCD	Pathway of Care Delays
POW	Princess of Wales
PCH	Prince Charles
RGH	Royal Glamorgan Hospital
IG	Information Governance
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda
WISE	Wellness Improvement Service
CTM	Cwm Taf Morgannwg
CHC	Continuing Health Care
DHCW	Digital Health Care Wales
SLA	Service Level Agreement
RCTCBC	Rhondda Cynon Taff County Borough Council

1. Introduction

1.1 This report had been prepared to provide the Operational Delivery Committee with details of the key issues considered by the Operational Management Board meeting on 17th January 2025.

2. Purpose of this Meeting

2.1 This report had been prepared to provide the Operational Delivery Committee with an update on services delivered by the Primary and Community Care Group and the staff who deliver them, highlighting key operational matters. The report will provide assurances of operational risks and the care groups mitigating actions.

3. The report will highlight several key areas:

- **Additional Bed Capacity**: Implementation of additional beds due to critical incidents and winter bed pressures, including efforts to maximize utilisation and maintain patient dignity.
- **Enhanced Community Care Service**: Focus on supporting hospital discharge and avoiding hospital admissions, with recruitment efforts and a soft launch of the service.
- **Ceredim & Vision GP Clinical System**: Issues with the GP Clinical system 'Vision' and the transition to a new system, including potential risks and ongoing discussions.
- **Salaried Dental Services**: Impact of critical incidents on dental services, including waiting times and efforts to find interim providers.

- **Lymphoedema Service**: Efforts to address referral breaches and reduce waiting lists, including extending clinic hours and increasing administrative capacity.
- **Navigation Hub Telephony**: Operational issues with the current telephony service and recommendations for deploying a new solution.
- **Dental Contracting**: Delays in issuing contract variation notices and national uplifts, impacting planning and service delivery.
- **Eye Care**: Progress on the Eye Care Needs Assessment and implementation of new pathways.
- **Stroke Redesign**: Efforts to support stroke rehabilitation in the community and increase bed capacity.
- **GP Escalation Levels**: Reporting on demand and escalation levels in General Practice, including staff absence and patient demands.

4. Highlight Report

Alert / Escalate	**Additional Bed Capacity** Additional capacity has been implemented as a result of the actions to support the critical incident in POW and the winter bed pressures. • Community Hospitals - As of the 7th January 2025, 8 additional beds have been opened up in YCC on ward 1,2,3 and 4 in the first instance as well as days rooms. Delays were incurred due to Christmas leave and unplanned sickness absences coinciding. Every effort is being made to maximise utilization of these. Risk assessments have been undertaken for each additional beds and screens have been sourced to ensure patient dignity is maintained whilst estates work for movement of curtain rails is planned. Estates work is still on scheduled to create further capacity in February for to commission ward 5 for a further 15 beds. • Spot purchase of additional pathway 3 beds (step down) in the Independent Sector in Bridgend specifically as well as additional beds for CHC assessment. **Enhanced Community Care Service** Part of phase 1 ECC Level 4 delivery over 7 day a week is focused on supporting discharge from hospital and practice hospital avoidance. Initial recruitment day took place on the 19th December and resulted in 11 appointments being offered, actual start dates to be confirmed as they are going through recruitment process. To mitigate the low numbers appointments through bank are being pursued and also readvertising. Soft launch of the service commenced on the 6th January 2025. **Ceredim & Vision GP Clinical System**

The company who own the GP Clinical system 'Vision' called in the administrators in December 2024. A National procurement process by DHCW is in the process of transferring to one clinical system EMIS but this transition process is not due to be finalized until December 2027. This leaves our 30 Practices still on Vision in a precarious position.

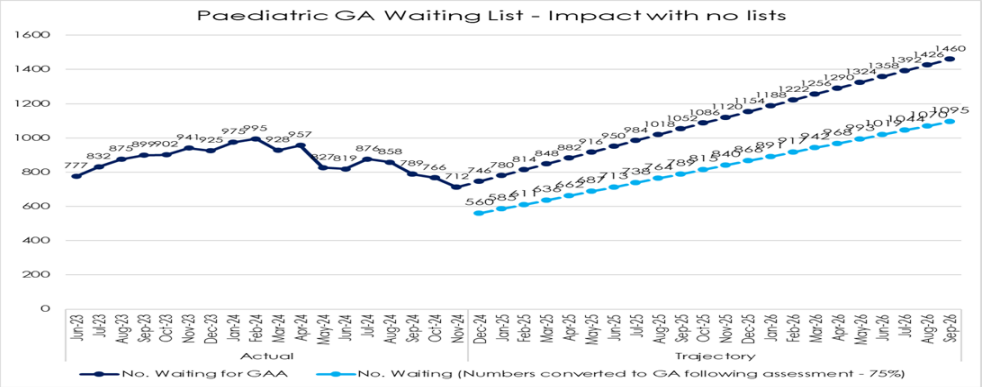
- Original plan was to undertake and alternative buyer process until 8th January 2024 but the Administrators have extended the buying period until 25 January 2025 (additional 3 weeks). Existing support arrangements to remain as is during this period. Unclear still what happens if no buyer comes forward.
- WG, NHS Wales Executive, Primary Care Directors continue to hold weekly discussions with regard to how to manage the situation
- Some issues experienced with support during the Christmas period – not related to the administration process
- Priority for DHCW team is to support the commercial engagement until the 25 January 2025
- DHCW looking to accelerate the original transition plan from December 2027
- Unclear where costs for this accelerated plan will be funded from and what cost impacts there are for Primary Care / DHCW / HBs etc

Audit+
Implemented in October 2007 is a General Medical Services (GMS) funded system procured specifically to support General Medical Practices in delivering clinical care within the Practice, Clinical Audit and Quality Improvement, improving data quality and supplying data for national reporting requirements.
The current contract with Informatica has been extended to March 31st 2025. There are potential risks associated with this as informatica currently support the software product with a limited number of staff. DHCW are seeking a further extension until April 30th, 2025, to manage end-of-financial-year closures and complete the National Diabetic Audit (NDA) data collection. If the extension is not agreed DHCW will extract data a few weeks earlier in March (with NDA agreement).

Salaried Dental Services.
The critical incident with the water ingress at POWH, has had a negative impact on the ad hoc lists that were scheduled for the end of October. These were pulled. The paediatric ward in RGH being converted to an adult ward, the two weekly regular lists the service had have also been pulled until further notice. Ad hoc lists in PCH are still going ahead with one taking place on 24th October and one due to take place on 21st November. However, PCH is now at 100% list utilisation so it is unlikely

that the service will access any more lists. This will have a significant impact on waiting times.

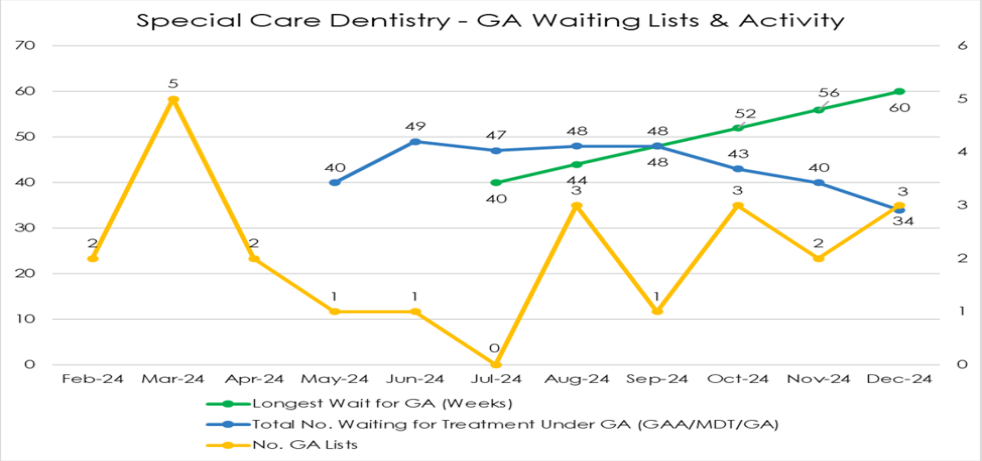
Paediatric GA [Risk Score 20]/Special Care Dentistry GA [Risk Score 12]



- The 2 x GA lists in RGH for Paediatrics dental remain suspended. 1 urgent list has been temporarily allocated p/m. In January 3 additional lists have picked up in PCH which has been beneficial for patients.
- Scoping exercise being undertaken to identify other appropriate providers that can deliver this activity in the interim, however funding will need to be identified.

Special Care Dentistry GA lists
Patients with most complex need are unable to access the interim theatre space allocated for SCD GA. Therefore, patients are being seen out of priority order to ensure lists remain used, those that should be a priority will receive delayed treatment which remains a risk due to the extensive waiting times. Currently only 1 regular GA list available where 1 patient can be treated.

The additional lists offered in PCH has supported the reduction of the backlog but waiting times remain extensive particularly for this patient cohort, maximum wait 60wks.



High Risk Co-morbidity / frailty Supplementary Service Specification

As part of the 50 day Challenge a new specification has been released to support practices in taking a proactive approach to supporting those 5% at risk. GP practices have been approached but there is limited interest due to the short timescales as funding is only available until the end of March 2025 and the pressures at present are not giving them head space to respond. Alternative HB delivered service is being explored.

Advise

Lymphoedema Service – Operational Lead continues to address these referral breaches, the waiting list remains at a high but positive progress is being made to address these issues, including:

- Workforce & OD led Programme being progressed with team in a bid to reduce absence rates
- Plans in place to extend clinics into evenings and weekends to increase capacity of service
- Additional clinic room now in use in Maesteg Hospital, doubling the clinical capacity of the Bridgend service
- Plans to increase administrative capacity
- Cleansing of waiting list to ensure patients' priority is being reviewed and appointment is still required
- Data dashboard being produced to inform future improvements

An action plan is in place and a plan to scope and remodel the service is in place.

Navigation Hub Telephony

The Navigation Hub contact Centre is provided under an SLA by RCTCBC. The technology used to deliver the core telephony service has been changed over the last two years and is currently causing operational issues for the CTM services hosted there. As a result, a paper has been drafted which recommends the scoping, costing & planning to deploy a CTM telephony solution to replace the RCT solution. This will be considered in tandem with the work being undertaken by Gail Beynon

who is producing an options appraisal for the future accommodation for the Navigation Hub.

Dental Contracting

- The Contract variation notice for 25/26 has still not been issued by WG. Practices require this information in advance to plan services from 1 April. The CVN will document metric changes for the new financial year, the HB urgent dental hub also need to re-negotiate urgent access with practices based on this information when the CVN is released. The delay in issuing this is a concern.
- Practices have also not yet received the 6% DDRB national uplift that was offered by WG. The decision to issue the 6% to practices is currently with the Cabinet Secretary.

GMS Contract Assurance Framework

GP Practice Desktop reviews, as mandated under the Welsh Government Unified Contract Assurance Framework have all been completed. This assurance framework is for use across NHS Wales and it is the means by which GPs provide assurance of delivery against their contract. The framework has been delivered taking account of the context of the new Health and Care Quality Standards for Wales (2023). It has been a considerable task for the GMS team. Each practice has received a Practice Prioritisation Letter as a result of the review and it includes an actional plan for areas of improvement. The process has identified just 3 highest scoring practices who will require a Full Contractual Governance Visit to gain more detailed scrutiny.

Eye Care: WGOS/Transformation Funding/Eye Care Needs Assessment

- The Eye Care Needs Assessment is due to be completed and signed off in the All-Wales Eye Care Committee in March 2025. It should detail provision down to cluster level include progression on the HBs implementation plan of the WGOS 3/4/5 services.
- As part of the WGOS implementation plan, HCQ pathway is the next service to be implemented during Q4. There are currently 1000 patients identified in Ophthalmology. Patients that have been on HCQ for 5 years should be referred for screening.
- Ophthalmology and primary care need to establish task and finish group to agree a plan for implementation. Consideration being given to start the process using new patients if there is little capacity in HES to review the existing backlog. Meetings currently being arranged between GMS / Dermatology / and Rheumatology.
- Q and A session with Optometrists organized in January to promote take up of the WGOS HCQ pathway.

Further WGOS pathways to be implemented during 2025/26: Glaucoma/Diabetic Retinopathy pathway/Medical Retina, WG

requirement to transition local CTM schemes to the national WGOS pathways. MR consultant concerns need to be resolved to enable implementation.

Stroke Redesign
The Care Group is working together with Unscheduled Care and Therapies colleagues to support the redesign and the increase in stroke rehabilitation in the community. In the first instance the focus is to extend all of D4 in YCR to stroke beds, increasing from 8 to 27 beds. The dependent factor is the available therapy workforce to support the nursing team. Date for the increase is to be confirmed. A focus then needs to utilise bed modelling data to inform the community stroke model going forward.

Outpatients Maesteg
Nursing staffing deficits continuing resulting in cancellation of clinics. Plan agreed for service to move over to planned care to achieve streamlining of all outpatient services and stability of staffing. Delay in confirmation date for move is resulting in ongoing cancellations and negative impact on the service delivery. Securing additional space for outpatient capacity in the Bridgend areas is a factor to support the ACSP and therefore the issue does need to be resolved.

POCD
POCD 6 to fix acton plan is now considered as a Ministerial Priority and

Targeted Reduction of Pathways of Care Delays

Baseline Data March 24	POCD All Wales Ambition target reductions (By Nov. 24)	All Wales Mar 24 (Fixed) To Sep 24	All Wales Mar 24 (Fixed) To Dec 24	C&V (CVUHB) Dec 24	CTM (CTMUHB) Dec 24	Gwent (ABUHB) Dec 24	West Glam (SBUHB) Dec 24	West Wales (HDUHB) Dec 24	Powys (PTHB) Dec 24	North Wales (BCUHB) Dec 24
Total Delays	15%	4% ⇩	14% ⇩	29% ⇩	24% ⇩	9% ⇩	3% ⇧	9% ⇩	7% ⇩	14% ⇩
Days Delayed	20%	2% ⇧	10% ⇩	4% ⇧	28% ⇩	9% ⇧	1% ⇩	12% ⇩	14% ⇩	19% ⇩
Assessment Delays	20%	11% ⇩	19% ⇩	35% ⇩	31% ⇩	30% ⇩	36% ⇧	24% ⇩	19% ⇩	14% ⇩

is encorporated into the 50 day challenge objectives. A summary is provided in the graph below. Detailed action plan included in Appendix.

GP Escalation Levels
The demand in General Practice is reflecting that within acute service. Escalation levels have reflected this with more practices reporting a level 4 over the past week. There are 12 practices reporting at level 1, 7 practices reporting at level 2, 21 practice reporting at level 3 and 4 practice reporting at level 4. Issues reported back from practice are predominantly staff absence, patient demands are escalating and ongoing winter pressures.

Cluster Area	Level 3	Level 4
Rhondda	6	1
Taff Ely	4	1
Cynon	2	0
Merthyr	2	0
Bridgend East	2	1
Bridgend North	5	1
Bridgend West	0	0

Sustainability of General Practice and recruitment of GPs into CTM. Sustainability Workshop undertaken on 20th November 2024. Experience has demonstrated that early conversations with practices can avoid contracts being resigned and disruption to services offered to patients. Scoring outcomes may well look relatively healthy but the situation is fluid and can change rapidly. The workshop identified that even where a practice has looked relatively stable from a medium/long term sustainability perspective, a crisis can have a significant detrimental impact. The GMS team are now reviewing their action plans regularly and continue to build upon the strong working relationships already established with individual practices.
The new Primary Care and Community Transformation Programme will also have an important role to play in securing future sustainability.

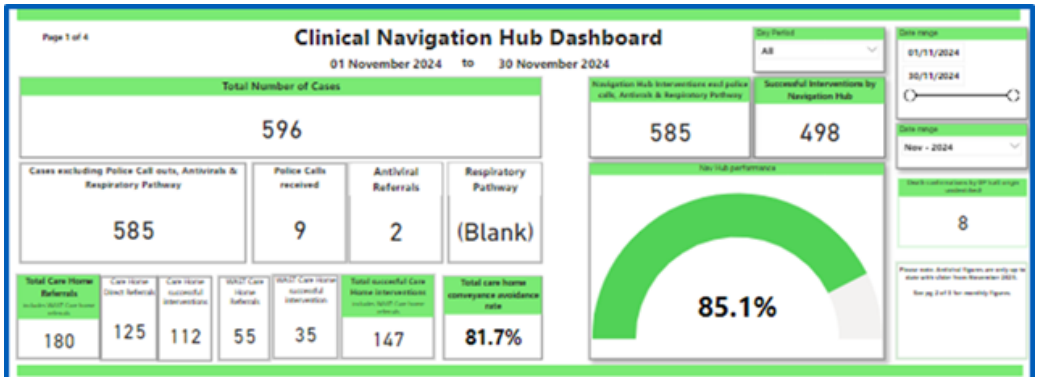
GP OOH / Navigation Hub
From a GP OOH perspective the service has consistently run at a level 1 with no issues to report. Shift fill remains good with no significant gaps in clinical staffing to report, especially over the winter period. The gaps were largely administrative and resulted from staff sickness absence due to influenza type illness.

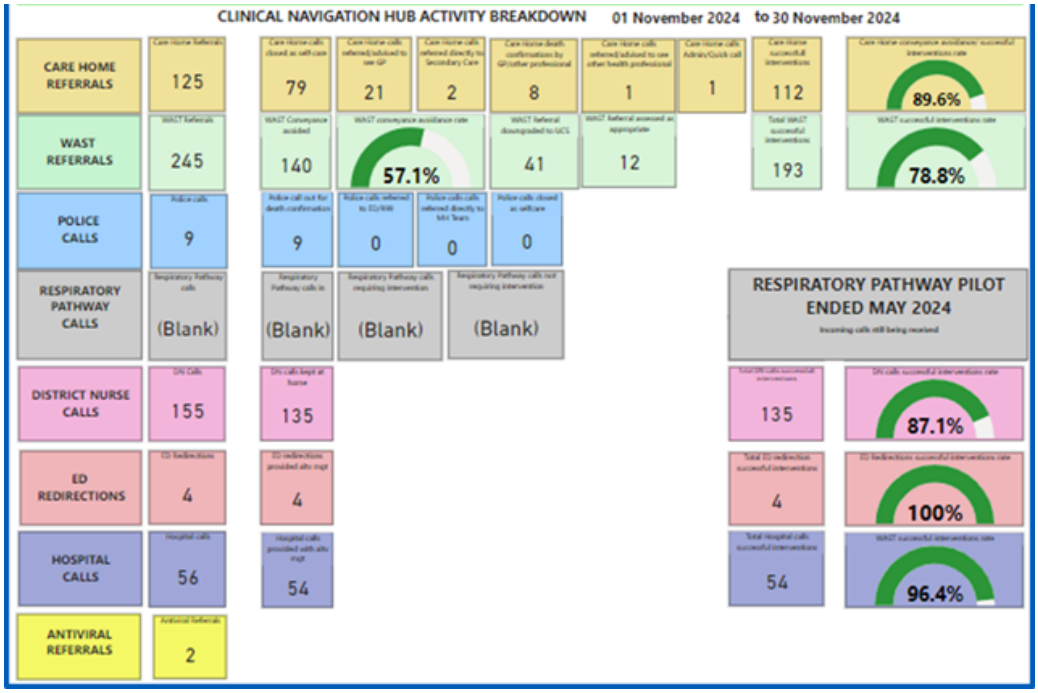
In respect of the Navigation Hub the average rate of successful interventions resulting in hospital conveyance avoidance dropped in December from 85% to 85.1% and this is reflective of the acuity of the patients who are accessing WAST and unscheduled primary care services. The Nav Hubs GPs are reviewing the WAST stack daily and have been asked to consider the higher level of risk in order to limit unnecessary conveyance. However, it is important to note that not all conveyance can be avoided and following intervention some patients do require admission but use of emergency transport can be avoided.

The LA Case worker has been co-located within the Nav Hub December. The intention is for this role to provide advice and actively support

arrangements of packages of care as well as support social care teams where health advice is required. A meeting is being arranged to discuss and share learning from the placement and this will be fed back in February.

Navigation Hub Activity





District Nursing activity

All Wales Civica due to difficulties in obtaining accurate data for all Health Boards in Wales, the team have a group in place and links to CTM informatics team to build a Business Intelligence dashboard.

Assure	**IPC** There is a need for fit testing for both MPox and Measles. Whilst fit testing is being offered out, for those who fail the testing or who have beards the alternative hoods are required and they are currently on order. Mitigations will be remote triage and or allocated a GP who has successfully had the fit testing. **WISE** A review of WISE is being undertaken through the establishment of a Task and Finish Group. It has met to consider its objective as to whether it is a waiting list initiative or a prevention service. An options paper is in the process of being drafted and will be presented for consideration at a future meeting. **HMP & YOI Parc – Wales Affairs Committee** Following the site visit on 20th November, representatives from G4S and HMPPS were called to attend the Wales Affairs Committee at the House of Parliament on 11th December 2024. Despite the fact that the NHS and the Health Board were not asked to attend, a number of questions were asked regarding the provision of health care within the prison including: – Mental Health Services; – Substance Misuse Services; – Recruitment and Retention; – Access mental health beds in the community. As part of the evidence given by Lord Timpson, Minister for Prisons, he stated the below: *"As we heard in the previous hearing, it is a very complex prison. It is a big prison. The age profile is increasing in our prisons across Wales, but from what I saw, the care, the healthcare and the work of the team to address some of the issues that they had was admirable"* **Health & Social Care Needs Assessment (HSCNA) – HMP & YOI Parc** The HSCNA report for HMP & YOI Parc has now been published with over 120 recommendations and suggestions. The Prison Healthcare Directorate SMT are working with the prison provider (G4S) and BCBC to develop a summary of key themes and associated action plan to review and improve the services provided at the prison and young offenders institution. The HSCNA and action plan will be discussed via the CTM:G4S Partnership Board and shared with CTM Quality and Safety Board. This action plan will help address and assure around some of the issues raised by the Welsh Affairs Committee. **Optometry**

	As part of the new contract, practices are obliged to complete an Annual Return to demonstrate they are meeting quality standards in practice. The deadline for completion 31/01/25 where HBs will need to review the submitted information to deem practices compliant and make associated payment
Inform	**The Primary Care & Community Dashboard** The Deputy Medical Director for Professional Standards and Primary Care will attend the Operational Management Board Meeting to present the first draft of the dashboard.
Appendices	

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	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:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality**	Person Centred If more than one applies please list below: Effective, Efficient, Timely, Equitable, Safe

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	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)	
	CTMUHB Six Goals for UEC programme of work is ring-fence funding allocation from Welsh Government	

6. Recommendation

6.1 The Operational Delivery Committee is asked to **NOTE** the highlights outlined in section 3 of this report.

Agenda Item
8.5

Operational Delivery Committee

Highlight Report from the Mental Health and Learning Disabilities Care Group

Dyddiad y Cyfarfod / Date of Meeting	28/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Clare Williams, Service Director Mental Health and Learning Disabilities Care Group
Cyflwynydd yr Adroddiad / Report Presenter	Gethin Hughes, Chief Operating Officer
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Operational Management Group	17/01/2025	Noted

Acronyms / Glossary of Terms	
CPN	Community Psychiatric Nurse
CTM	Cwm Taf Morgannwg
HIW	Health Inspectorate Wales
HMC	His Majesty's Coroner

HMP	His Majesty's Prison
iCTM	Cwm Taf Morgannwg Improvement Team
IPQD	Integrated Performance, Quality and Delivery
PICU	Psychiatric Intensive Care Unit
SLA	Service Level Agreement
UHB	University Health Board
WG	Welsh Government
PICU	Paediatric Intensive Care Unit

1. Introduction

1.1 This report had been prepared to provide the Operational Delivery Committee with details of the key issues considered by the Operational Management Board meeting on 17th January 2025.

1.2 Key highlights are reported in section 2.

2. Highlight Report

Alert / Escalate	• Over the last eight months it has proven increasingly difficult for the Care Group to maintain consistent medical cover across the Rehabilitation Service. This has resulted in the temporary interruption of admissions to both the low dependency rehabilitation units Cefn yr Afon and Pinewood House as well as to the high dependency rehabilitation unit Supported Recovery Unit. In order to maintain patient safety, it has been necessary to review the medical staffing model. This review has identified that, with our current medical resource, we are unable to provide cover across the three separate rehabilitation units. As a result, Cefn yr Afon will temporarily closure by the by 28 February 2025 to ensure that we can continue to provide safe and effective care to patients in our rehabilitation service. Patients, families, staff and key stakeholders be engaged. • Medical staffing remains fragile across the whole of Adult Mental Health services. There is a significant shortfall in medical staffing across the Care Group's Rehabilitation wards, Outreach and Recovery Teams and all 6 Community Mental Health Teams. This is having a significant impact on MHA tribunals and the Health Board's statutory obligations for restricted patients in relation to Responsible Clinician cover. In recent weeks the Ministry of Justice has twice asked for assurance.

	The clinical teams are working with patients, families and advocates to minimise the impact on patients. The Adult Directorate is exploring all options to release Consultant capacity to minimise the impact for the current shortages. • The implementation of Phase 3 and 4 of Right Care, Right Person which relate to the transportation of patients and patients who are detained under S136 of the MHA has been delayed until March 2025. At present there is no agreed alternative approach to the transportation of patients who currently require police support. The Care Group continues to engage with South Wales Police stakeholder events and is working with Cardiff and Vale UHB and Swansea Bay UHB to develop a regional response.
Advise	• A new Consultant Psychiatrist has been appointed at HMP Parc and will take up post in January. This will have a very positive impact on both services. HMP Parc has also employed another CPN which will help with the pressures they face regarding high caseloads. • In November 2024, Ward 14 and PICU were subject to an unannounced 3 day HIW inspection. It is pleasing to report that the feedback was largely positive with the impact of the Inpatient Improvement Board recognised. There was no Immediate Assurance required although a number of estates and environmental issues were highlighted. The reviewing team were assured that these were already known to the Care Group and plans are in place to address.
Assure	• All risks continue to be routinely reviewed and updated, no new or newly escalated risks for review. The Head of Nursing has been working with the Business Intelligence Manager in the Patient Care and Safety team on the development of a Quality Dashboard. This has been delayed due to data migration issues in Datix Cymru which has been escalated in previous reports to committee. There has now been agreement and it is anticipated that the required changes will be in place by the end of January 2025. • At Month 8 the Care Group in month position is an underspend of (47k), £2.162m overspend year to date which is a (£362k) improvement to trend.

	In month	YTD	Movement from trend
	£000's	£000's	£000's
Pay	-226	111	-274
Non Pay	69	688	-20
CRES	148	1,382	-28
Income	-38	-19	-41
Total	**-47**	**2,162**	**-362**

The Care Group is fully engaged in the implementation of the Financial Recovery Plan and focus on re-aligning of priorities to support capacity to target: Medical Pay; SLA review; Acceleration of Rehabilitation Re-design and bringing Older Adult Re-design online.

- In support of reducing waiting times, the Care Group has secured targeted funding to support improvements by March 2025:

Memory Assessment Services	Consultant time, band 7 CNS, additional health /clinical workforce hrs	£158
Psychological Therapies	Three Trauma Stabilisation Groups run over 9 weeks	£15k

- December Mental Health Measure Performance: Care group meeting targets for Part 1a and Part 1b across Adult and CAMH services. Part 2 performance has sustained at above target position for the second consecutive month at 91% (target of 90%).

- Psychological Therapies: 59% - below 68% trajectory and below the 80% target. Review of longest waiting patient pending the release of WG accesses guidelines as some patients may be counted artificially high e.g. longest waiter in hospital and not ready to access the therapy. Good retention and low sickness in the service, but waiting position vulnerable to any changes in sickness/ vacancies.

- National Response to Mental Health Serious Incidents in Wales: In response to a number of serious incidents in Wales, WG have asked the Performance and Assurance Division in NHS Wales Executive to have a three month spotlight on a number of new metrics. These measures do not have data definitions and were not previously mandated to collect.

	Updates are provided to NHS Executive and monitored IPQD meetings. **MEASURE - CTM** Aug-24 / Sep-24 / Oct-24 / Nov-24 Number of patients **actually discharged**: 48 / 48 / 55 / 52 Number of patients **offered** a post discharge follow up within 72 hours: 33 / 40 / 52 / 47 Number of patients that **received** a post discharge follow up with 72 hours: 28 / 39 / 44 / 44 Number of staff trained in appropriate risk assessment and risk management: 35 / 36 / 38 / 42 Number of wards with anti-ligature assessments complete in last 6 months: 6 / 6 / 6 / 6 Number of mental health patients admitted: 54 / 42 / 59 / 46 Number of inpatients with an updated care and treatment plan (CTP) within 72 hours of admission: 52 / 39 / 54 / 45 Number of patients with an updated risk assessment and risk management plans within 24 hours of admission: 49 / 39 / 56 / 45 Number of wards: 6 Number of staff: 119 • The three patients not followed up within 72 hours was due to staff sickness.
Inform	• The Lead Nurse for Adult Community Mental Health delivered an overview of lessons learnt from recent attendance at HMC inquests to CTM wide "Listening and Learning" event. The session focussed on the positive impact of high quality, evidence-based learning statements. The session was positively received and ICTM colleagues are keen to potentially develop the learning further.
Appendices	•

3. 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	Ageing Well If more than one applies please list below: Growing Well Living Well Dying Well
	A Healthier Wales

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

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

4. Recommendation

4.1 The Operational Delivery Committee is asked to **NOTE** the highlights outlined in section 2 of this report.

Agenda Item
8.6

OPERATIONAL DELIVERY COMMITTEE

Urgent Changes to acute Stroke Services - Briefing

Dyddiad y Cyfarfod / Date of Meeting	28/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Sian Bingham, Head of Operational Planning USC/PC&C Jade Rees, Directorate Manager for Integrated Medicine
Cyflwynydd yr Adroddiad / Report Presenter	Sarah Follows, Service Director, Unscheduled Care
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Recognising that the changes to Stroke were an emergency service change, there was limited opportunity for significant engagement. However, in addition to a range of internal discussions, there were discussions, with Llais, our Trade Union partners as well as other Health Boards	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CTM	Cwm Taf Morgannwg
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
POWH	Princess of Wales Hospital
SB	Swansea Bay
UHW	University Hospital Wales
ACP	Advanced Care Practitioner
WTE	Whole Time Equivalent
WAST	Welsh Ambulance NHS Trust
YCR	Ysbyty Cwm Rhondda

1. Situation

The ability to deliver Senior Stroke Clinical Leadership across 2 Sites (PCH and RGH) has diminished rapidly over the last 2 weeks due to long-term sickness within the stroke workforce. This has contributed to unsustainable demand upon the remaining consultant workforce (substantive and locum) that must be addressed to continue providing a safe service to patients experiencing a stroke.

We have worked closely with stroke and other clinical teams to explore opportunities for utilising the workforce in different ways to improve capacity and also explored cross-Health Board support with neighbouring Health Boards. However, to maintain a safe service that can continue to save lives and reduce the effects of stroke for as many patients as possible, we must make immediate temporary, local changes to the way in which services are provided.

As such, to maintain a safe and effective acute Stroke Service for our patients and communities, immediate urgent plans are being developed to move onto a single site. Following an options appraisal (Appendix 1) a decision was made to centralise all Stroke services at the Royal Glamorgan Hospital.

A project team and workstreams are in place developing plans and pathways and undertaking the actions required at pace to achieve the move of the Stroke Service from PCH to RGH on the 8 January 2025.

2. Background

Due to the roofing issues at the Princess of Wales hospital in Bridgend and the resulting necessity to decant some wards and services to alternative locations, emergency stroke services were moved from POWH into the RGH in Llantrisant in the Autumn 2024.

This move took place against a backdrop of existing, severe specialist medical workforce challenges within the stroke services across POW and PCH that have made it extremely problematic to provide a resilient, safe and sustainable service to the population of CTM. The main underlying issue has been the difficulty in recruiting to vacant Stroke Consultant positions on a substantive and also locum basis.

There are currently 4.0 WTE substantive stroke consultant positions and 4.8 WTE CNS positions across CTM, broken down as follow:

PCH

- 2 WTE substantive consultants in post (x1 on maternity leave)
- 1 WTE consultant Vacancy

- 2 WTE Clinical Nurse Specialists

Mitigations/escalations:

- 1 WTE fixed term locum consultant who was due to start in November has not yet been cleared for pre-employment checks

RGH

- 2 WTE substantive consultants in post (x1 on long-term sick leave)
- 2.8 WTE Clinical Nurse Specialists

Mitigation/escalations:

- 1 WTE agency locum consultant to cover long-term sickness (contract extended until April 2025)
- A second WTE agency locum is due to start on Monday 6 January 2025

Currently the Stroke consultants within CTM cover Stroke services on two acute sites (RGH and PCH) including the provision of Stroke outpatient and TIA Clinics. The RGH consultants and CNS team have also providing TIA and stroke outpatient clinics on the POW site.

The consultants provide a 1:6, seven-day stroke on-call advice service. However, due to vacancies/sickness within the consultant workforce the ratio for the on-call rota is currently 1:3 due to constraints within the workforce.

The Stroke consultants at RGH also have a GIM on call commitment on a 1:21 rota on the POW site, comprising of weekday evening and full weekend day cover resident cover with non-resident overnight cover.

The Acute Stroke service across CTM has become increasingly fragile over recent weeks and this was brought to a head during December when one of the 3 remaining substantive consultants was required to go on long-term sick with immediate effect. This left just one substantive and one locum consultant working at RGH.

PCH is also at significant risk with just one substantive consultant.

A decision was made prior to Christmas to suspend some of the TIA and outpatient Stroke clinics until a safe service could be provided.

3. Proposal

Following an options appraisal (Appendix 1) a decision was made to urgently centralise all Stroke services at the Royal Glamorgan Hospital. One of the main findings was that locating the Service at PCH would displace 422 patients out of CTM to SB and UHW. Choosing RGH displaces 251.

This proposal will entail:

- Moving the PCH Acute Stroke Ward to RGH Ward 19 which will provide up to 22 Stroke beds as well as the 27 Stroke beds on Ward 20. (Up to 49 beds).
- Creating a dedicated Therapy space on Ward 19 to enhance the inpatient Therapy Service provided for patients.
- Reprovision of TIA clinics.
- Continuing to progress plans to enhance Community Rehabilitation beds at YCR increasing from 8 to 27.
- Self-presenting patients with suspected Stroke symptoms (FAST+ve) to continue to be directed to their nearest Hospital as per national pathways.
- All EDs (PCH, POW and RGH) administrating time critical treatment for patients that present with suspected stroke symptoms. All patients with a confirmed diagnosis of Stroke requiring an Acute intervention will then be conveyed to the RGH for admission onto a Stroke inpatient ward.
- Patients identified as suspected Stroke by WAST will continue to be conveyed to the nearest Acute Stroke Unit as per the pathway.
- There will be no change to the access to community rehabilitation beds due to the centralisation onto the RGH site.

To achieve this immediate and urgent temporary change:

- Workstreams established focusing on i. Communication and Pathway development ii. Workforce iii. Estates and Physical environment.
- Data provided to inform the demand and potential impact on flows. This will however need to be monitored over the coming months.
- Communications' colleagues are working to ensure that accurate and timely information is provided to our communities, workforce, patients and partners.
- Internal moves at RGH have been undertaken to enable the relocation of Stroke onto the Site.
- Identification of administrative space and storage.
- Workforce planning, engagement and arrangements to facilitate the urgent change of delivery.
- Community provision is being maximised/prioritised for patients that are clinically optimised for discharge at RGH.
- Plans are being developed for the Therapy component of the Community Plans.
- Discussions are on-going with WAST colleagues re pathways of suspected Stroke patients.
- Discussions are underway to agree plan to mitigate the high demand/lost capacity for beds across the RGH site.
- Arrangements to transfer remaining Stroke patients from PCH to RGH on 8 January 2025 are being progressed.

- High level Senior discussions have taken place with neighbouring Health Boards and with the Regional Partnership re changes to flow.
- Engagement has taken place with Llais under their emergency changes protocol.
- WAST pathway to convey query strokes to nearest Acute Stroke Unit is in place to ensure the best outcomes possible for Stroke patients.
- Data will be monitored to analyse impact and regular discussions will be on-going with neighbouring Health Boards.

Following the move to RGH as the single site, work will continue beyond the 8 January 2025 to enhance and develop the pathways further. This will also include monitoring the data on demand and flows as well as performance. This analysis and the forecast for successful Consultant recruitment will be key in informing the future delivery model for Stroke patients across CTM.

4. Key Risks / Matters for Escalation

4.1 An increase in sickness of either nursing and/or medical staffing or locums leaving would have a significant impact on the viability of a safe and effective Acute Stroke service. Mitigations:

- Discussions have taken place to explore options with Cardiff and Vale UHB,
- Stroke Locums continue to be sought alongside continued advertising for substantive appointments.
- Well-being services are engaged with teams.

4.2 The demand levels to transfer self-presenting patients with a confirmed Stroke diagnosis from PCH and POW to the Stroke Unit at RGH in a timely manner could significantly increase demand on WAST and availability of a Stroke bed at RGH. Mitigations:

- additional WAST vehicles will be procured by the Health Board to ensure a dedicated service to RGH and also from RGH to a Community bed.
- There will be a requirement for a minimum of 2 Stroke beds to be ring-fenced on the Stroke Unit at all times.
- Increased Community beds at YCR.

4.3 The increased flow of patients across a number of specialties and recent changes in flow across CTM could overwhelm the RGH. Mitigations:

- Exploration of urgent options to mitigate the loss of bed capacity underway.

4.4 Delays in confirmation of the Therapy workforce and funding/recruitment to provide the rehabilitation element for the expansion of beds at D4 YCR could impact flow of patients across the system in relation to the opening of the additional beds. Mitigations:

- Immediate proposal in development by the Therapies Service
- Funding/Recruitment

- Stroke governance arrangements to monitor and support the development of deliverable plans and progress a longer-term Community model for Stroke.

4.5 Neighbouring Health Boards and Trusts in England may experience a higher demand in WAST conveyed query Stroke patients where there is a change to the nearest Acute Stroke Unit Site. Mitigations:

- High level discussions have taken place with neighbouring Health Boards.
- Change of flows will be contained as will only impact WAST query Stroke patients and not self-presenters.

4.6 Due to limited consultant workforce there was a decision to cancel TIA and stroke clinics, this remains a significant risk for patients waiting an appointment. Mitigations:

- Plans in place to move all outpatients' clinics to RGH for both PCH and POW local patients to support consultant efficiencies
- Further locum due to start on Monday 6th January 2025
- Review if acute medical teams will support with additional clinics (WLIs) to reduce long waits / TIA backlog

5. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below: Improving Care
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 Resilient Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
	If more than one applies please list below:

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): 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)	
	There could be reputational damage for CTM should the service have to collapse due to the fragile consultant workforce	
Effaith Adnoddau *(Pobl /Ariannol)* / **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Due to gaps within the medical workforce, there will be an impact on financial budgets due to the reliance on locum support	

6. Recommendation

6.1 The Committee is asked to **NOTE** the urgent change of service model for Stroke across CTM and the progress being made to plan and ensure the provision of safe, resilient and effective Stroke services.

7. Next Steps

7.1 To continue to progress the planning and implementation of the urgent change to centralise the CTM Stroke Service on the RGH Site through the Stroke Operational Governance arrangements.

7.2 To continue to monitor the levels of demand for Acute Stroke and Rehabilitation beds and provision for future plans.

7.3 To continue to seek opportunities to stabilise the Stroke Consultant Workforce.

7.4 To progress the Therapy plan/recruitment to enable the opening of the additional Stroke beds on D4 YCR.

7.5 To consider the optimum Stroke Service for CTM informed by the data, performance and workforce position and forecast that develops over the coming months.

Appendix 1

Option 1

Collapse and centralise service onto RGH site

Risks

- Staff engagement to move from PCH to RGH site, particularly the ward nursing team
- Increased levels of sickness
- Risk to managing to demand through one site with only 3 WTE consultants
- Increased travel times for patients presenting with stroke symptoms
- Risk of managing self-presenters at PCH emergency department
- Capacity for TIA / stroke outpatient clinics to prevent physicians from working across site
- Unclear on impact to Powys patients

Enablers

- Move ward 10 PCH to ward 19 RGH
- De-escalate ward 1 RGH to allow ward 19 to move into, currently planned care capacity
- Sufficient TIA / stroke outpatient capacity to stop cross site working
- Potential stroke support from Neurology consultant at RGH
- WAST input to pathway changes

Benefits

- Enables consultant to cross cover during leave periods
- Likely to support future recruitment to consultant workforce due to site location
- Reduced risk of stroke service fully collapsing
- More ANP/CNS resource on one footprint to support front door stroke patients
- Will enable the required therapy space to be created if ward 19 is allocated to stroke services (potentially reducing LOS for patients)

Option 2

Collapse and centralise service onto PCH site

Risks

- Emergency department at PCH would not be able to support demand of all stroke patients for CTM
- Smaller bed base on ward 10 compared to RGH ward 20/ward 19 proposal

- PCH has an overall smaller bed based in comparison to RGH site
- Unlikely to support future recruitment to consultant workforce
- Staff engagement to move from RGH to PCH – taking into account staff at RGH have only just moved from POW site
- Capacity for TIA / stroke outpatient clinics to prevent physicians from working across site
- Increased travel times for patients presenting with stroke symptoms
- No ward identified to create a 'step down' area for acute stroke patients / stroke mimics

Option 3

Do nothing and provide a reduced service at PCH with 1 WTE consultant

- Severe risk of service collapse
- Cannot maintain a service with only 1.0 WTE consultant and no prospective cover on one site (PCH)
- High risk to patient safety and outcomes
- Severe risk of staff burnout creating further significant staffing issues

Recommendation

Option 1 – to centralise stroke services onto RGH site on Wednesday 8th January 2025, if all enablers are able to be met prior to move.

(Agenda Item) 9.1	28 January 2025	Operational Delivery Committee	M9 Finance Report

Report Details:	
FOI Status:	Open (Public)
If closed please indicate reason:	N/A
Prepared By:	Mark Thomas, Deputy Director of Finance
Presented By:	Sally May, Director of Finance & Procurement
Approving Executive Sponsor:	Sally May, Director of Finance & Procurement
Report Purpose	For Discussion
Engagement undertaken to date:	N/A

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	There are no specific quality or safety implications related to the activity outlined in this report.
Related Health and Care Standard	Governance, Leadership & Accountability
Has an EQIA been undertaken?	Not required
Are there any Legal Implications /Impact.	There are no specific legal implications related to the activity outlined in this report.
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes. The paper is directly relevant to the allocation and utilisation of resources.
Link to Strategic Goals	Sustaining Our Future.

2024-25 Finance Report

Month 9

Summary

Situation

This Finance report outlines our financial performance for Month 9 (i.e. the period to 31st December 2024).

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 9 (i.e. the Delegated budget position). This report is discussed at the PPFC and ELG 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 24/25 was submitted to Welsh Government (WG) at the end of March 2024. This plan showed a break even position with a net risk to the plan of £9.4m.

It is important to note that, even if the Health Board delivers a break-even position in 24/25, it will not achieve the 3 year break even duty due to the £24.2m deficit reported in 22/23. However, delivering a break even position in 24/25 will mean that it will be possible to achieve the 3 year break even duty in 25/26.

Summary

Assessment	Recommendation
Overall Revenue position - 2024/25: • The M9 position was a £0.2m surplus and the M9 YTD position is now a £0.2m deficit. • The current year forecast break-even position has been maintained at M9. This is after the additional £7.5m from WG for continued demand and inflationary pressures. • The risks to the break even forecast are now £2.7m (M8: £3.4m) and these are summarised on Page 19. **Recurrent Revenue position:** • The b'fwd recurrent deficit at the end of 2023/24 was £19.4m and the planned recurrent surplus at the end of 24/25 was £(2.1)m. • The forecast underlying deficit at the end of 2024/25 is now £9.5m (M8: £8.3m). • It is important to highlight, that most of the risks to the In year break-even forecast also apply to the forecast underlying deficit. Consequently, there is a significant risk that the recurrent forecast could deteriorate further in the coming months.	The Board, the ODC and the EMB are asked to **DISCUSS** and **NOTE** the financial performance of the Health Board for the period to 31st December 2024.

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Slide	Subject Area
5	Executive Summary
6	Summary Income & Expenditure account
7-9	YTD Performance & Forecast
10	Forecast Underlying Position
11-13	Pay Expenditure Trends
14	Non pay Expenditure Trends
15	Income Trends
16-17	Income Assumptions
18	Savings
19	Risk Management
20	Capital Expenditure
21	Statement of Financial Position
22	Cash Flow forecast
23	Public Sector Payment Policy Compliance

Executive Summary

Overall Revenue Position

- The M9 position was a £0.2m surplus and the M9 YTD position is now a £0.2m deficit. The forecast current year break-even position has been maintained at M9. This is after the additional £7.5m from WG for continued demand and inflationary pressures.
- The forecast recurrent position has deteriorated to £9.5m in M9 (M8 : £8.3m).
- The net risks to the forecast break even position at M9 are £2.7m (M8: £3.4m) and these are summarised on Page 19.

Savings Position

- Actual savings in M9 was £2.0m which was £0.2m below the M8 target of £2.2m. The M9 YTD savings is now £10.0m and is £9.7m below the M9 YTD target of £19.7m.
- The M9 forecast In year savings is £14.6m, which is £11.7m below the £26.3m target. This is a £0.9m improvement from M8 and is primarily due to increased CAT M price savings.
- The M9 forecast Recurrent savings is £14.9m, which is £11.4m below the £26.3m target. This represents a £0.8m improvement from M8 and is also due to increased CAT M price savings.

Cash

- The closing cash balance at 31st December 2024 was £2.4m and the forecast cash balance at the end of the financial year is zero.

Capital

- The latest Capital Resource Limit for 2024/25, issued on the 8th Jan 2024, was £87.5m.
- Expenditure to M9 was £44.7m.
- The outturn capital position is forecast to be balanced against the CRL target.

Summary Income & Expenditure Account

	M9 Actual	M9 YTD	Year End Forecast
	£m	£m	£m
01. Revenue Resource Limit	(124.1)	(1083.5)	(1550.2)
02. Capital Donation / Government Grant Income	(0.0)	(0.0)	(0.1)
03. Welsh NHS Local Health Boards & Trusts Income	(6.0)	(57.8)	(75.5)
04. WHSSC Income	(1.1)	(9.5)	(12.7)
05. Welsh Government Income (Non RRL)	0.7	0.2	(0.0)
06. Other Income	(4.5)	(37.2)	(49.2)
Total Allocations & Income	**(135.0)**	**(1187.9)**	**(1687.7)**
08. Primary Care Contractor	13.9	119.9	161.4
09. Primary Care - Drugs & Appliances	9.1	79.4	106.3
10. Provided Services - Pay	59.6	540.5	725.1
11. Provider Services - Non Pay	10.8	88.4	117.1
12. Secondary Care - Drugs	5.6	45.7	61.8
13. Healthcare Services Provided by Other NHS Bodies	25.4	216.0	288.0
14. Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0
15. Continuing Care and Funded Nursing Care	6.1	51.8	70.5
16. Other Private & Voluntary Sector	0.8	8.9	17.9
17. Joint Financing and Other	0.3	8.8	12.2
18. Losses Special Payments and Irrecoverable Debts	0.3	2.0	2.6
22. DEL Depreciation\Accelerated Depreciation\Impairments	2.9	26.2	34.9
23. AME Donated Depreciation\Impairments	0.1	0.5	90.2
25. Profit\Loss Disposal of Assets	0.0	(0.1)	(0.1)
Total Expenditure	**134.8**	**1188.1**	**1687.7**
Grand total	**(0.2)**	**0.2**	**0.0**

Key Points:

- The Summary I&E account shows the Health Board's Income & Expenditure by the categories used in the Monthly Monitoring Returns submitted to WG.
- The M9 year to date position is reporting a deficit of £0.2m.
- The Year end forecast remains a breakeven position.
- The Year end forecast assumes that the year to date expenditure of £1,188k will remain consistent with future periods after allowing for DEL & AME capital charges together.
- The key risks to this forecast position are shown on Page 19.

Year to Date Performance and Forecast

	Current Month	YTD	Year end Forecast
	£m	£m	£m
Month 1	0.9	0.9	0.0
Month 2	1.4	2.3	0.0
Month 3	0.4	2.7	0.0
Month 4	1.4	4.1	0.0
Month 5	(0.2)	3.9	0.0
Month 6	(0.6)	3.3	0.0
Month 7	(0.1)	3.2	0.0
Month 8	(2.8)	0.4	0.0
Month 9	(0.2)	0.2	0.0

Key Points:

- The M9 YTD overspend of £0.2m includes a £9.8m shortfall in savings offset by other favourable variances of £(9.6)m.
- The forecast break-even position has been maintained at M9.
- Further details of the key drivers for the YTD position and year end forecast are provided overleaf.

Year to Date Performance and Forecast

	M9 YTD £m	M9 Year-end forecast £m
Savings:		
Shortfall v £24.3m Delegated target	12.5	16.3
Surplus v £2.2m Non delegated target – Primary care prescribing CAT M savings	(2.8)	(4.6)
Sub total	**9.7**	**11.7**
Operating overspends:		
AB arbitration outcome	1.4	1.9
AB LTA activity variances	0.5	0.6
Additional Regional Cataract investment	0.7	0.9
Unscheduled Care Medical pay overspends	1.4	1.8
Primary Care Prescribing growth above plan	3.5	4.7
Corporate directorates – pay underspends	(1.8)	(2.5)
JCC Forecast Deficit (inc VCC transfer of service)	1.1	1.5
Dental Performance	(0.6)	(1.3)
Meg Mgt (Comm Pharm, Vaccines & NICE)	0.8	1.1
Net Other Operating Variances	0.6	1.3
Sub total	**7.6**	**10.0**

Table continued overleaf

Year to Date Performance and Forecast

	M9 YTD £m	M9 Year-end forecast £m
Financial plan improvements:		
Reduction in Contracting & Commissioning costs (excluding AB UHB)	(3.7)	(5.0)
Agency costs	(1.8)	(2.4)
Energy costs	(0.8)	(1.1)
Non pay inflation	(0.6)	(0.8)
Pay contingency v 23/24 anticipated recurrent allocation	(0.8)	(1.1)
Non pay reserve for planned care activity increases	(0.8)	(1.0)
Pay award funding – Bank/Vacancies etc	2.9	3.8
Other Cost pressure reserves	(1.7)	(2.3)
Other	(0.6)	(1.1)
Additional WG Funding M8	(4.5)	(7.5)
POW Roof integrity issues	1.5	2.9
Sub total	**(11.1)**	**(15.6)**
Accountancy gains	(6.0)	(7.0)
WG funding utilised to remove M8 risks	0.0	0.0
Settlement of AB LTA dispute	0.0	0.9
Grand Total	**0.2**	**0.0**

Key Points:

- The break-even forecast includes a forecast overspend on Delegated budgets of £25.7m , offset by a forecast underspend on non Delegated budgets of £25.7m.
- A separate Finance Performance report has been prepared which sets out the financial performance of the individual Care Groups and directorates as at Month 9 (i.e. the Delegated budget position). This report is discussed at the Operational Delivery Committee (ODC) and Executive Management Board (EMB) meetings.
- **The Health Board still needs to manage the key risks to the forecast break even position. These risks are estimated at £2.7m and are summarised on Page 19**.

Forecast Underlying Position

Underlying Deficit	Plan £'m	M1 F/Cast £'m	M2 F/Cast £'m	M3 F/Cast £'m	M4 F/Cast £'m	M5 F/Cast £'m	M6 F/Cast £'m	M7 F/Cast £'m	M8 F/Cast £'m	M9 F/Cast £'m
B'Fwd Core Plan Deficit 23/24	19.4	19.4	19.4	19.4	19.4	19.4	19.4	19.4	19.4	19.4
Allocation & Income Changes	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)	(50.4)
Cost Pressures & Investment	55.2	55.2	55.2	55.2	55.2	55.2	55.2	52.6	52.6	53.8
Savings Target	(26.3)	(26.3)	(26.3)	(26.3)	(26.3)	(26.3)	(26.3)	(13.3)	(13.3)	(13.3)
Grand Total	**(2.1)**	**(2.1)**	**(2.1)**	**(2.1)**	**(2.1)**	**(2.1)**	**(2.1)**	**8.3**	**8.3**	**9.5**

Key Points:

- The b'fwd recurrent deficit at the end of 2023/24 was £19.4m and the planned recurrent surplus at the end of 24/25 was £(2.1)m.
- The forecast underlying deficit at the end of 2024/25 is now £9.5m (M8: £8.3m).
- It is important to highlight, that most of the risks to the In year break-even forecast (See page 19) also apply to the forecast underlying deficit and therefore the recurrent forecast could deteriorate further in the coming months.

Pay Expenditure Trends

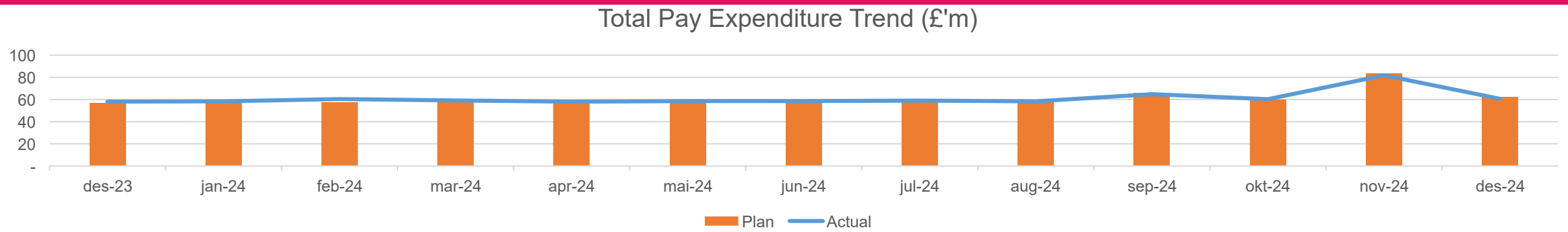
Staff Group	Qtr1Ave £'m	Qtr2 Ave £'m	Oct-24 £'m	Nov-24 £'m	Dec-24 £'m
Administrative & Clerical	7.6	7.5	7.4	10.8	8.4
Medical And Dental	15.4	15.9	15.6	22.2	16.8
Nursing And Midwifery Registered	18.2	18.2	18.4	25.7	19.1
Add Prof Scientific And Technical	1.7	1.7	2.1	2.6	1.8
Additional Clinical Services	7.4	7.5	7.4	9.4	7.7
Allied Health Professionals	3.6	3.7	3.6	5.2	3.8
Healthcare Scientists	1.1	1.1	1.1	1.5	0.9
Estates And Ancillary	3.4	3.4	3.4	4.3	3.4
Students	0.0	0.0	0.0	0.0	0.0
Grand Total	**58.4**	**58.9**	**59.1**	**81.8**	**61.8**

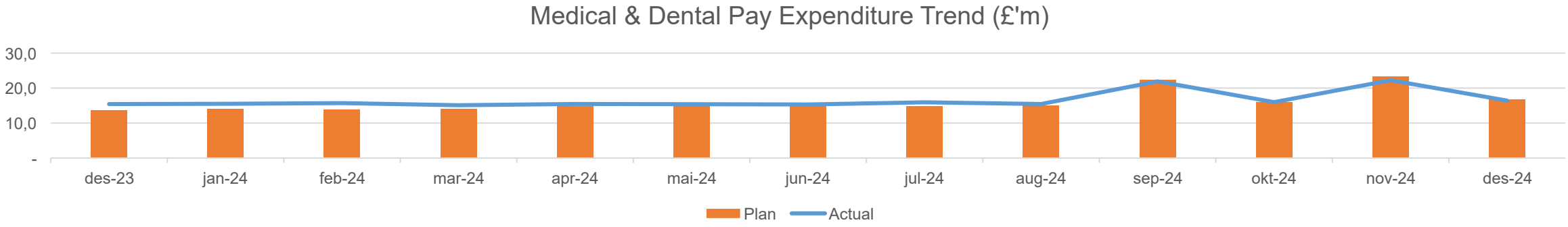
Spend category	Qtr1 Ave £'m	Qtr2 Ave £'m	Oct-24 £'m	Nov-24 £'m	Dec-24 £'m
Core	50.3	50.7	50.9	73.4	54.7
Agency	3.4	3.4	3.2	2.8	2.8
Overtime	1.4	1.5	1.7	2.0	1.2
ADH	2.0	2.0	1.9	1.9	1.8
Bank	1.2	1.2	1.3	1.6	1.3
WLI	0.2	0.2	0.1	0.1	0.1
Grand Total	**58.4**	**58.9**	**59.1**	**81.8**	**61.8**

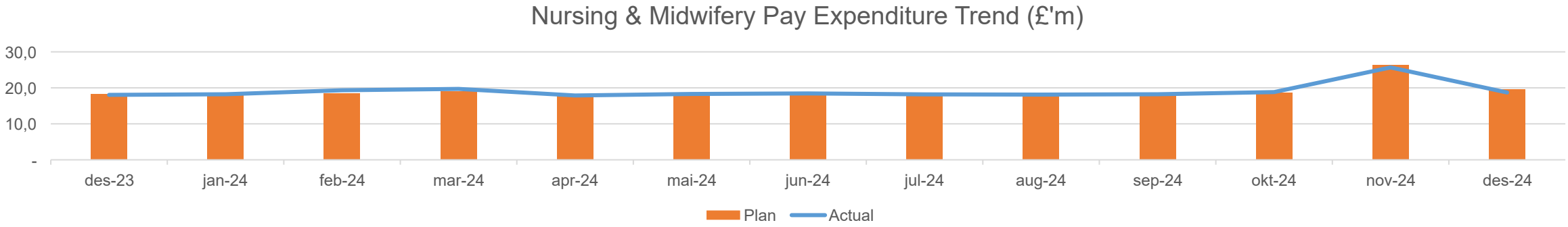
Key Points:

- The Medical & Dental pay award was processed in M6 including arrears. The arrears processed were Circa £6.8m and the estimate of the In year pay award is circa £0.7m per month.
- The 2024/25 pay award for all staff groups was processed in M8 including arrears. The impact of the pay award in M8 was estimated at £22.8m or £2.8m per month.
- Total pay expenditure in M9 was £61.8m. This remains consistent with the Q2 average when adjusted for the 24/25 pay award.
- When compared with the Q2 Averages, the following Variable pay movements occurred:
  - Increase in Core costs of £4.0m (£0.5m after allowing for the pay award impact)
  - Reduction in agency costs of £0.6m
  - Reduction in Overtime of £0.3m
  - Reduction in ADH's of £0.2m
  - Increase in Bank of £0.1m

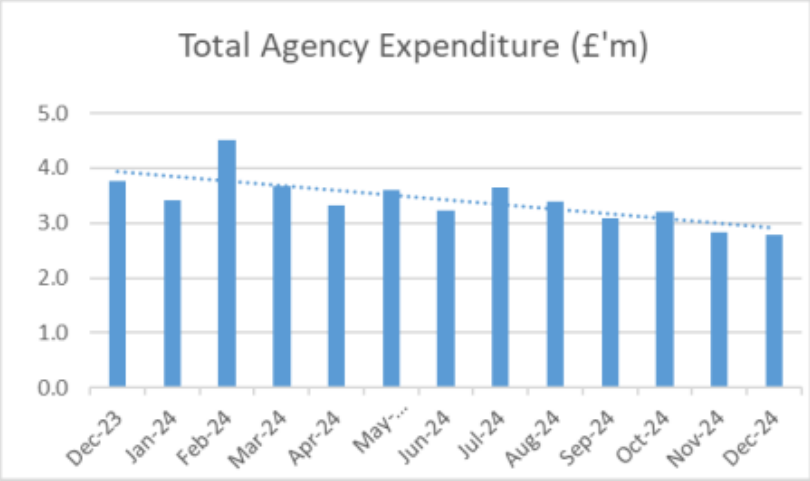
Pay Expenditure Trends

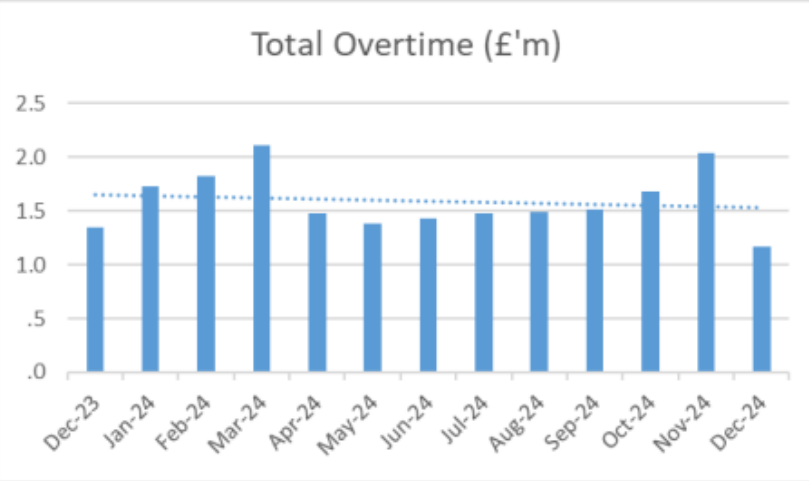


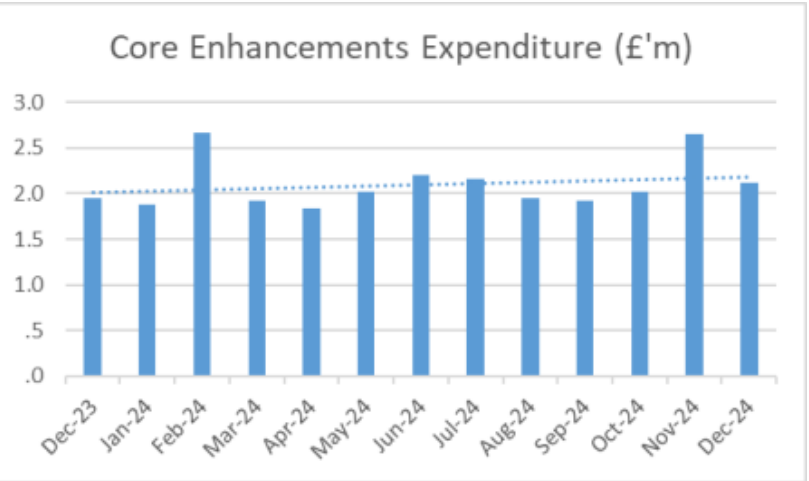


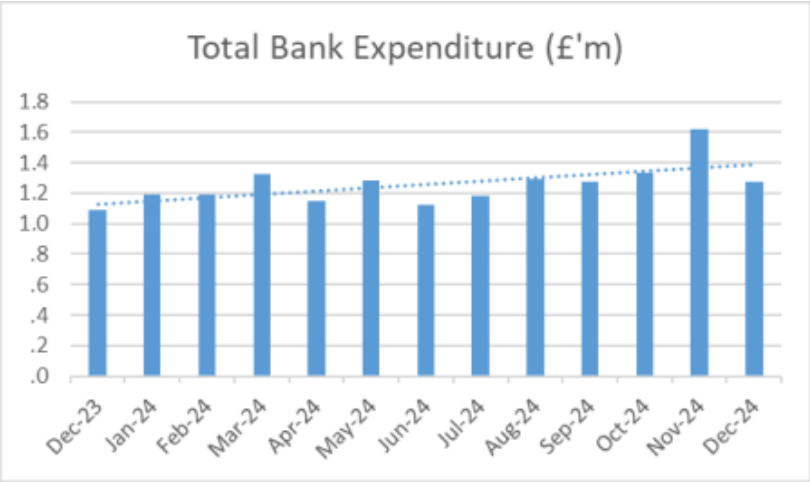


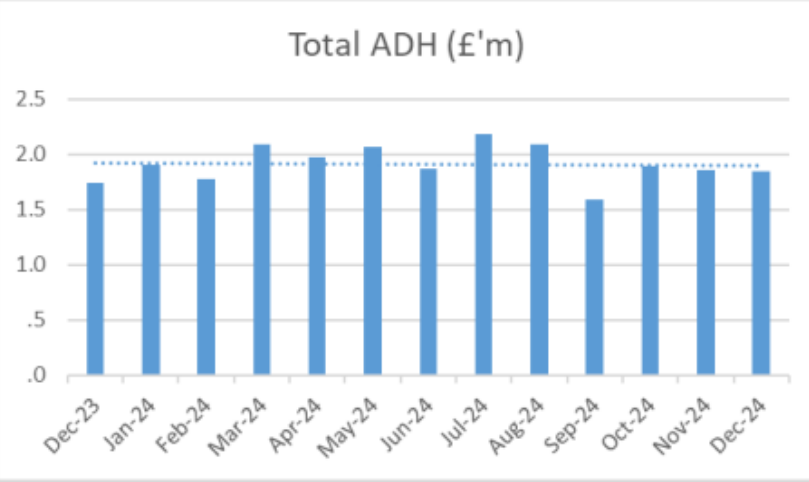
Variable Pay Expenditure Trends









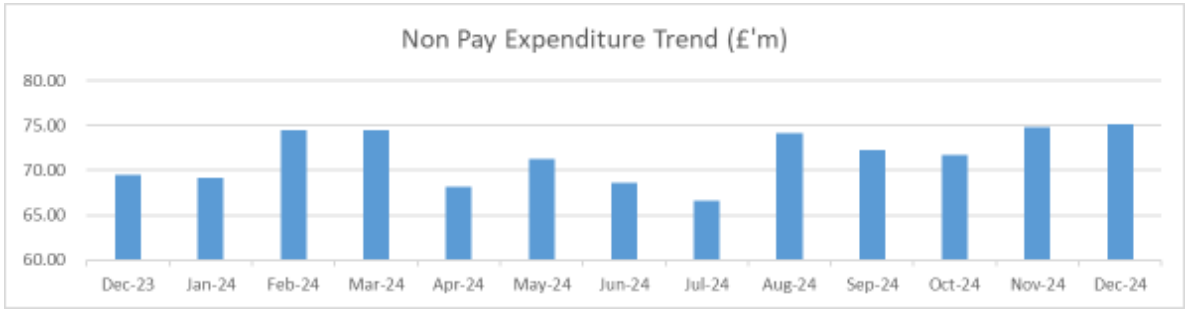


Key Points :

- Agency spend – No movement in M9 and overall a downward trend.
- Overtime payments- £0.8m decrease in M9 and a decreasing trend.
- Core enhancements – £0.5m decrease in M9 and returning to previous monthly levels.
- Bank – £0.3m decrease in M9 but an increasing trend.
- ADH spend – No movement M9 and a flat trend.

Non Pay Expenditure Trends

Non Pay Group	Qtr1 Ave £'m	Qtr2 Ave £'m	Oct-24 £'m	Nov-24 £'m	Dec-24 £'m
Primary Care Contractors	12.1	12.6	12.6	12.3	13.1
Primary Care Drugs	8.3	8.9	9.3	9.2	9.1
Provider Non Pay	10.3	9.3	9.4	9.5	10.8
Secondary Care Drugs	4.8	5.0	5.6	5.0	5.6
Healthcare Commissioning	22.6	24.3	23.8	25.9	25.4
CHC & FNC	6.4	5.6	6.9	6.6	5.7
Other	4.7	5.2	5.3	6.3	4.2
Total Expenditure	**69.3**	**71.0**	**72.9**	**74.8**	**73.9**

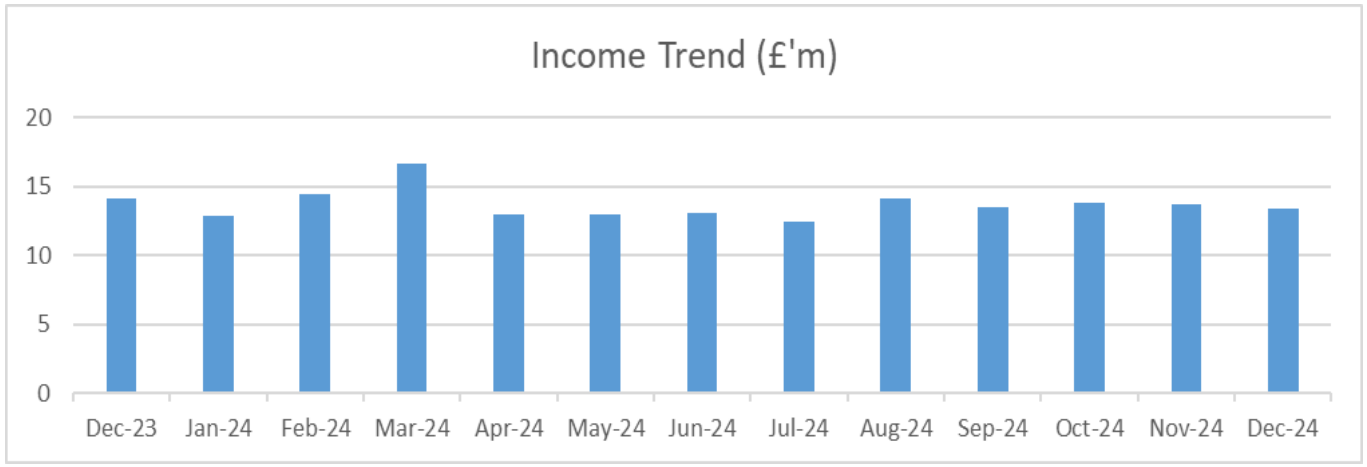


Key Points:

- The total spend in M9 of £73.9m was £2.9m higher than the Q2 average. The main movements were:
  - Primary Care Contractors of £0.5m – Recognition of contract inflation and new allocations for Optometry services and GMS.
  - Increase in Provider Non-Pay of £1.5m – Reclassification of RPB expenditure of £0.8m together with increases in energy costs of £0.2m and IT expenditure of £0.2m.
  - Increase in Secondary Care Drugs £0.6m – Continued growth of NICE drugs.
  - Increase in Healthcare Commissioning of £1.1m – Directed allocations for JCC along with increased commissioned LTA activity.
  - Decrease in Other of £1.0m – Reclassification of RPB expenditure of £0.8m together with reduction in use of private endoscopy unit.

Income Trends

Income Group	Qtr1 Ave £'m	Qtr2 Ave £'m	Oct-24 £'m	Nov-24 £'m	Dec-24 £'m
Welsh NHS Income	6.5	6.3	6.8	6.5	6.0
JCC Income	1.0	1.1	1.0	1.0	1.1
Primary Care Contractor Income	1.0	1.1	1.3	1.2	1.1
CHC Income	0.4	0.6	0.7	0.6	0.6
Other Income	4.0	4.2	4.1	4.4	4.5
Total Income	**13.0**	**13.3**	**13.8**	**13.7**	**13.4**



Key Points:

- The total Income in M9 of £13.4m is consistent with the Q2 average of £13.3m .
- The reduction from M8 is mainly due to a £0.5m reduction in Welsh NHS Income, which is due to a reduction in activity being delivered by CTM for other Health Boards.

Income Assumptions WG

	REVENUE RESOURCE LIMIT				Resource Limit £'m
	HCHS £'m	Pharmacy £'m	Dental £'m	GMS £'m	
Confirmed Welsh Government Allocations	1,273.5	31.2	25.0	87.3	1,417.0
Anticipated Allocations:					
Emergency/Urgent Care	1.4				1.4
RLW Social Care	3.4				3.4
IFRS 16 Adjustment	(3.0)				(3.0)
Pay Award funding 2024/25 including RLW	18.3				18.3
Trainees	2.1				2.1
Depreciation	94.8				94.8
Medical staff pay award funding	11.8				11.8
Other	4.3				4.3
Total Allocations	**1,406.7**	**31.2**	**25.0**	**87.3**	**1,550.2**

Key Points:

- As at M9 the confirmed Revenue Resource allocation was £1,417.0m.
- The forecast position assumes a further £136.2m of additional allocations offset by a reduction of £3.0m for IFRS 16 adjustments to give a Total allocation of £1,550.2m.
- The main outstanding allocations are for :
  - Depreciation £94.8m
  - Pay awards £18.3m
  - Medical staff pay awards £11.8m

Income Assumptions - NHS

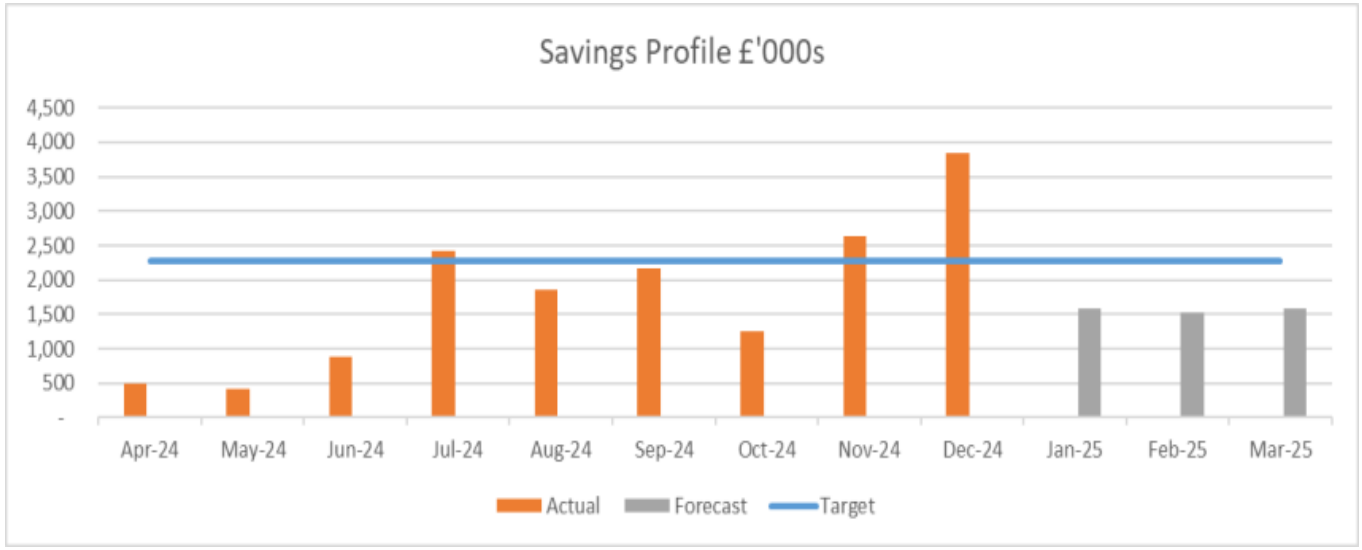
	Contracted Income	Non Contracted Income	Total Income
	£'m	£'m	£'m
Swansea Bay University	29.8	(2.4)	27.4
Aneurin Bevan University	20.2	0.8	21.0
Betsi Cadwaladr University	0.0	0.3	0.3
Cardiff & Vale University	17.2	1.2	18.3
Cwm Taf Morgannwg University	0.0	0.0	0.0
Hywel Dda University	0.6	0.4	1.0
Powys	5.1	1.2	6.3
Public Health Wales	3.3	1.3	4.6
Velindre	0.0	11.8	11.8
NWSSP	0.0	0.0	0.0
DHCW	0.5	1.0	1.5
Wales Ambulance Services	0.0	0.1	0.1
JCC	12.1	0.0	12.1
HEIW	0.0	16.9	16.9
NHS Wales Executive	0.0	0.0	0.0
Total	**88.9**	**32.5**	**121.3**

Key Points :

- The Health Board submitted its arbitration documentation for the ABUHB LTA dispute to WG on 1st July 2024. WG ruled in favour of ABUHB and the £1.9m impact has been factored into the year end forecast (see page 8).
- The further dispute was resolved in M9 and the £0.9m impact has also been factored into the year end forecast (see page 9).
- Most of the LTA documentation with other Welsh NHS organisations has now been signed by both parties but work continues to progress the final documentation and signing of our LTAs with Cardiff & Vale UHB and ABUHB.

Savings

	Month 9			Month 8		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
Savings target	19.7	26.3	26.3	17.5	26.3	26.3
Actual and Forecast Savings	(10.0)	(14.6)	(14.9)	(8.0)	(13.7)	(14.1)
Total	9.7	11.7	11.4	9.6	12.6	12.2



Key Points:

- The M9 YTD savings is now £10.0m ,which is £9.7m below the YTD target of £19.7m.
- The forecast In year savings of £14.6m is £11.7m below the £26.3m target. This is a £0.9m improvement from M8 and is primarily due to increased CAT M price savings.
- The M9 forecast Recurrent savings of £14.9m is £11.4m below the £26.3m target. The £0.8m improvement from M8 is also due to increased CAT M price savings

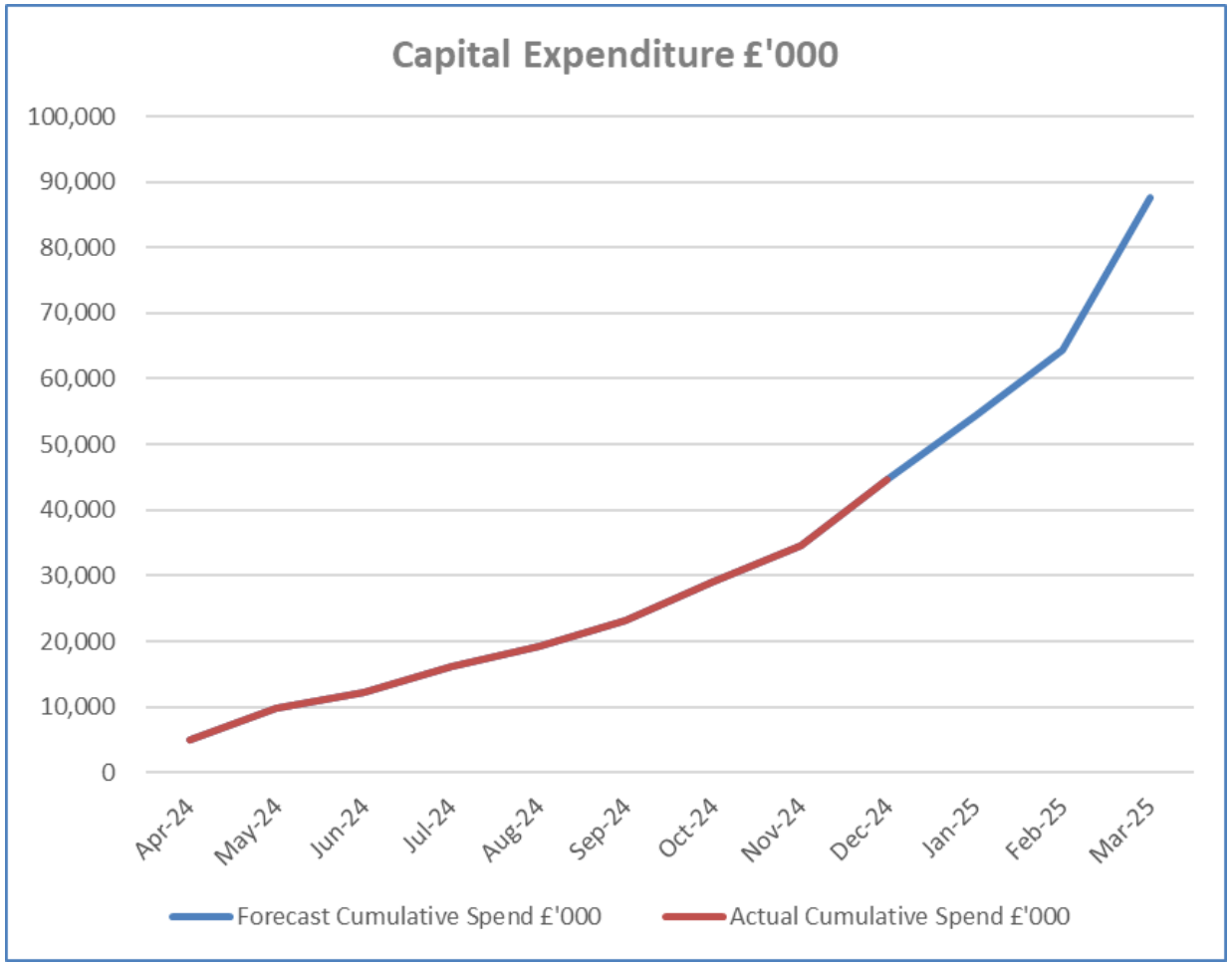
Risk Management
Risks and Opportunities

	M9 £m	M8 £m	Comment
Funding risks:			
Risk of the 24/25 pay award not being fully funded	tbc	tbc	
Risk of assumed funding for Real Living Wage for social care of £3.4m not being fully funded.	1.0	1.0	We increased our assumed allocation in M6 by £1m to be consistent with other Health Boards.
Community pharmacy contract	0.0	0.5	Forecast shortfall for 24/25 Community pharmacy fee element compared to recent allocation. Further discussion needed with WG Community Pharmacy team. Now included in the M9 year-end forecast.
Other risks:			
Other cost pressures and forecasting risks, including POW	1.3	1.2	
ABUHB LTA baseline- Activity Risk	0	1.1	Risk relating to the ABUHB LTA Activity dispute has been settled and is now reflected in the M9 forecast.
JCC English CUF impact	0.4	0	As directed by JCC & WG, the impact of the English CUF upon the JCC position has been shown as a risk rather than recognised in the forecast.
Potential pay banding disputes Band 2/Band 3 including retrospective application	tbc	tbc	
Total Risks	**2.7**	**3.8**	
Opportunities			
Further Balance sheet opportunities in 24/25	tbc	tbc	£7.0m now included in year-end forecast at Table A.
Review of Annual leave provision	tbc	tbc	
Retrospective vat recoveries – Microsoft contract	tbc	tbc	Updated assessment from DHCW indicates a potential £2.3m benefit, but high level of risk.
Other Non Recurrent Opportunities	0.0	(0.4)	
Total Opportunities	**0.0**	**(0.4)**	
Total	**2.7**	**3.4**	

Key Points :

- As at M9 we are reporting an estimated net risk of £2.7m, a decrease of £0.7m from M8.
- The financial risks that the Health Board is trying to manage remains high and there is a still a risk that the In year and Recurrent forecasts could deteriorate in the coming months.

Capital Expenditure



Key Points:

- The latest Capital Resource Limit (CRL) for 2024/25, issued on the 8th Jan 2024, is £87.5m. This compares with an opening CRL of £53.8m and reflects the significant additional allocations secured during the financial year, including the POW Roof Coverings replacement and associated works (circa £16.5m).
- This is supplemented by a forecast £0.1m of donated funds in this financial year giving an overall programme of £87.6m.
- Expenditure to M9 was £44.7m.
- The outturn capital position is forecast to be balanced against the CRL target.

Statement of Financial Position

Balance Sheet	Opening Balance (01/04/2024) £'000	Closing Balance as at M08 £'000	Closing Balance as at M09 £'000
Non Current Assets			
Property, Plant & Equipment	730,452	741,287	748,494
Intangible Assets	2,092	2,092	2,092
Trade and Other Receivables	67,191	67,191	67,191
Total Non-Current Assets	**799,735**	**810,570**	**817,777**
Current Assets			
Inventories	7,367	7,345	7,213
Trade and Other Receivables	77,735	120,178	110,428
Cash and Cash Equivalents	1,485	1,482	2,366
Non Current Assets Classified as Held for Sale	0	0	0
Total Current Assets	**86,587**	**129,005**	**120,007**
Current Liabilities			
Trade and Other Payables	161,743	161,743	161,743
Provisions	36,955	36,955	36,955
Total Current Liabilities	**198,698**	**198,698**	**198,698**
Non-Current Liabilities			
Trade and Other Payables	18,437	34,012	19,002
Provisions	65,735	89,422	82,243
Total Non-Current Liabilities	**84,172**	**123,434**	**101,245**
TOTAL ASSETS EMPLOYED	**603,452**	**617,443**	**637,841**
Financed By:			
General Fund	493,867	507,858	528,256
Revaluation Reserve	109,585	109,585	109,585
TOTAL	**603,452**	**617,443**	**637,841**

Key Points :

There were a small number of movements on the balance sheet between M8 and M9:

- **Trade and Other payables £15m decrease.** This is due to a reduction in the Pension, National Insurance and Tax creditors of £9.6m.The other increases are across other general trade payables.
- **Trade and Other Receivables £9.8m decrease.** This is mainly due to a decrease in the Welsh Risk Pool Debtor of £7.3m, for which there is a corresponding decrease in Provisions. The remaining increase is due to decreases in general receivables.
- **Property, Plant & Equipment £7m increase**. This is mainly due to new expenditure on the PoW roof scheme and PCH Phase 2.

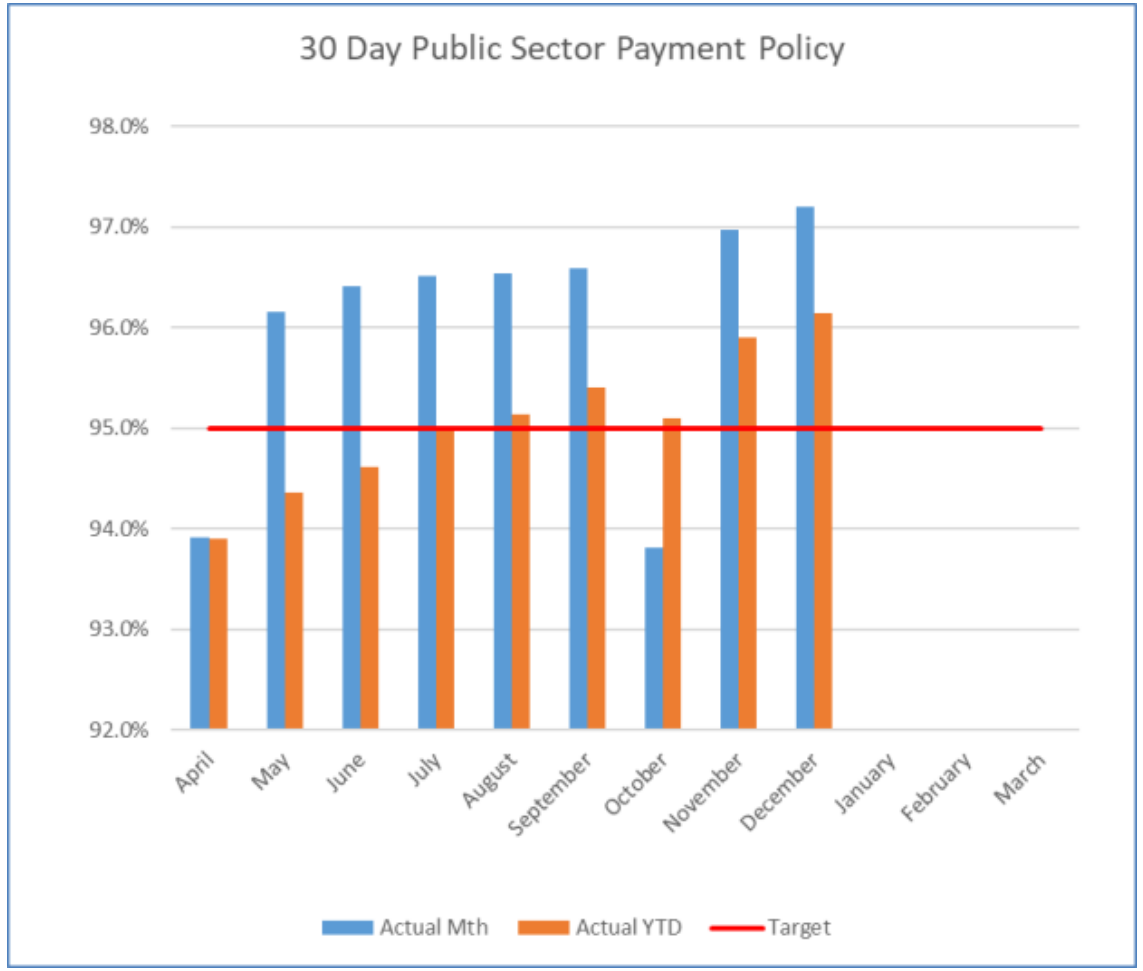
Cash Flow Forecast

Cashflow	Actual/Forecast												
	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
Receipts													
WG Revenue Funding	104,060	121,501	110,845	123,671	122,274	115,153	110,593	141,166	136,104	119,700	126,500	126,047	1,457,614
WG Capital Funding	6,000	3,000	3,600	5,300	3,900	3,500	4,800	3,500	7,700	9,300	11,200	28,023	89,823
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0	0
Welsh NHS Org'ns	13,521	8,976	10,095	10,090	10,783	10,967	10,075	8,641	9,104	10,000	10,000	10,000	122,252
Other	6,489	5,527	3,110	1,968	4,648	5,427	3,417	3,909	4,925	4,000	4,000	4,000	51,420
Total Receipts	**130,070**	**139,004**	**127,650**	**141,029**	**141,605**	**135,047**	**128,885**	**157,216**	**157,833**	**143,000**	**151,700**	**168,070**	**1,721,109**
Payments													
Primary Care Services	18,463	30,299	9,946	19,043	29,494	9,023	19,011	31,274	20,061	19,236	20,236	10,681	236,767
Salaries and Wages	151	178	194	69	104	132	50	0	0	0	0	0	878
Non Pay Expenditure	44,837	57,323	58,000	56,289	54,911	61,312	59,057	68,266	70,172	62,000	62,000	62,000	716,167
Capital Payments	5,476	6,126	3,568	2,845	4,105	3,004	4,171	5,379	7,791	9,300	11,200	23,058	86,023
Other	59,061	48,104	52,532	59,439	58,482	56,688	50,916	53,187	58,925	54,000	58,000	73,425	682,759
Total Payments	**127,988**	**142,030**	**124,240**	**137,685**	**147,096**	**130,159**	**133,205**	**158,106**	**156,949**	**144,536**	**151,436**	**169,164**	**1,722,594**
Net Cash In/Out	2,082	(3,026)	3,410	3,344	(5,491)	4,888	(4,320)	(890)	884	(1,536)	264	(1,094)	
Balance B/F	1,485	3,567	541	3,951	7,295	1,804	6,692	2,372	1,482	2,366	830	1,094	
Balance C/F	3,567	541	3,951	7,295	1,804	6,692	2,372	1,482	2,366	830	1,094	0	

Key Points within the Cash Flow Forecast :

- The cash balance at the end of M9 was £2.4m, which is in line with our targeted monthly balance.
- The year end cash flow forecast shows a balanced position.
- It is important to note that this cash forecast is dependent on the Health Board receiving cash from WG for some of the key outstanding resource allocations noted on Page 16 (e.g. Pay award funding).

Public Sector Payment Policy



Key Points:

- The percentage for the number of non-NHS invoices paid within the 30 day target in December was 97.2%
- The cumulative percentage to M9 is now 96.1%.
- We are forecasting to achieve the 95% target by the end of the year.

(Agenda Item) 9.1	28 January 2025	Operational Delivery Committee	M9 Finance Performance Report

FOI Status:	Open (Public)
If closed please indicate reason:	N/A
Prepared By:	Mark Thomas, Deputy Director of Finance
Presented By:	Sally May, Director of Finance & Procurement
Approving Executive Sponsor:	Sally May, Director of Finance & Procurement
Report Purpose	For Discussion
Engagement undertaken to date:	N/A

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	There are no specific quality or safety implications related to the activity outlined in this report.
Related Health and Care Standard	Governance, Leadership & Accountability
Has an EQIA been undertaken?	Not required
Are there any Legal Implications /Impact.	There are no specific legal implications related to the activity outlined in this report.
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes. The paper is directly relevant to the allocation and utilisation of resources.
Link to Strategic Goals	Sustaining Our Future.

2024-25 Finance Performance Report

Month 9

Summary

Situation	Background
The purpose of this Finance Performance report is focus on the financial performance of the individual Care Groups and directorates as at M9 (i.e. the **Delegated** budget position). This Finance performance report is discussed at the Operational Delivery Committee (ODC) and also the Executive Management Board (EMB) meetings. Where required, the ODC may request further information or a 'deep dive' on the financial performance of an individual Care Group or directorate. A separate Finance report has been prepared which sets out the overall financial position of the Health Board as at M9.The overall financial position report is discussed at the Board, ODC and EMB .	The financial plan for 24/25 made provision for a £44m recurrent investment in Care Groups and directorates to cover their forecast recurrent deficits at the end of 23/24 and also included a £26.3m savings target for 24/25. The forecast recurrent deficits were based on the recurrent forecasts in the M9 Finance packs for 23/24. Adjustments totalling £8.5m were made to the Care Groups' recurrent forecasts following review meetings with the Finance director and the COO. These adjustments were mainly where the Care Group recurrent forecasts were greater than the 23/24 out-turn positions and the Care Groups agreed to re-deliver some of the Non Recurrent benefits that were reported in 23/24. **All Care Groups and directorates are therefore expected to deliver a 2.4% savings target and also to manage costs within their budgets in order to deliver a break even position in 24/25. All Care Groups and directorates have had Accountability letters which confirms this expectation.**

Summary

Assessment	Recommendation
The Delegated position reported an adverse variance of £2.8m in M9, which increases the M9 YTD deficit to £20.4m. This includes: • A £12.6m shortfall against the £24.2m Delegated savings target for 24/25. • £7.8m of other adverse operating variances. The latest Delegated forecasts (M8 finance packs- adjusted) are showing a forecast overspend for 24/25 of £26.3m. This is after the £44m recurrent investment to cover the forecast recurrent overspends at the end of 23/24. A breakdown of the Delegated position by Care Group/directorate is provided on Page 6. **The Health Board is now forecasting a £9.3m forecast recurrent deficit at the end of the year, which is a very significant deterioration from the planned recurrent surplus of £(2.1)m.** **The Financial planning process for 25/26 is progressing and all Care Groups and directorates need to have robust savings plans for 25/26.**	The ODC and EMB are asked to **DISCUSS** and **NOTE** the financial performance of individual Care Groups and directorates for the period to 31st December 2024.

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Slide	Subject Area
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6-7	Summary Performance
8-9	Summary Performance – Corporate directorates
10-19	Annex A - Savings Analysis
20-26	Annex B- Operating Variance Analysis

Executive Summary

Delegated position

- The Delegated position reported an adverse variance of £2.8m in M9, which increases the YTD deficit at £20.4m.
- This deficit includes a £12.6m shortfall against the M9 YTD savings target of £18.1m
- The latest Delegated forecasts are showing a forecast overspend for 24/25 of £26.3m.
- The Health Board is now forecasting a £9.3m forecast recurrent deficit at the end of the year, which is a very significant deterioration from the planned recurrent surplus of £(2.1)m.
- The Financial planning process for 25/26 is progressing and all Care Groups and directorates need to have robust savings plans for 25/26.

Savings Plan Analysis

- The M9 savings was £1.1m which was £0.9m below the monthly target.
- The M9 YTD savings was only £5.5m. This is a shortfall of £12.6m compared to the YTD savings target of £18.1m
- The forecast In year Delegated savings is £7.9m. This is a shortfall of £16.3m compared to the annual savings target of £24.2m.
- The forecast Delegated Recurrent savings achievement is £8.2m. This is a forecast shortfall of £15.9m compared to the recurrent savings target of £24.2m.

Operating Variance Analysis

- The M9 overspend was £2.1m which increases the M9 YTD overspend to £7.8m. This YTD over spend includes Pay underspends of £1.3m, Non pay overspends of £8.0m and Income shortfall of £1.1m.
- The most significant YTD variances are within
  - Pay - Medical & Dental £2.2m and Estates & ancillary £1.3m
  - Non pay - Clinical supplies £3.7m, Primary & Secondary Care Services £2.6m
  - Income – Other income £1.6m

Summary Performance M9

,	Annual Budget	M9 Variance	M9 YTD Variance	Year end forecasts (M8 Finance packs-adjusted)
	£'000	£'000	£'000	£'000
Delegated Budgets				
Planned Care	208,375	(90)	1,542	998
Unscheduled Care	164,662	418	5,635	7,029
Primary & Community Care	213,578	(192)	(3,011)	(3,879)
Mental Health & Learning Disabilities	123,349	449	2,611	3,202
Children & Families	84,727	111	2,342	3,411
Diagnostics, Therapies & Specialties (Med Mgt)	261,426	2,504	10,797	13,981
Corporate directorates	131,500	(159)	(1,398)	(862)
Facilities	44,016	146	2,097	2,382
Contracting & Commissioning	170,388	(374)	(260)	54
Total Delegated Budgets	**1,402,021**	**2,813**	**20,355**	**26,316**

Key Points :

- The Delegated position reported a £2.8m deficit in M9, which increases the YTD deficit to £20.4m. A breakdown of the £20.4m overspend is provided on page 7.
- The main overspending areas are as follows:
  - DTPS - £10.8m
  - Unscheduled Care - £5.6m
  - Mental Health & LD – £2.6m
  - Planned Care - £1.5m
  - Children & Families - £2.3m
  - Facilities - £2.1m
- A straight line extrapolation of the M9 YTD position would give a Year end overspend of £27.1m.The latest Delegated forecasts are showing a forecast overspend of £26.3m, which is an expected £0.8m improvement from straight line.

Summary Performance M9

DELEGATED BUDGETS	M9 Year to Date Variance		
	Savings shortfalls	Other Operating Variances	Total YTD Variance from Plan
	£'000	£'000	£'000
Planned Care	2,200	(658)	1,542
Unscheduled Care	2,277	3,358	5,635
Primary Care & Community	418	(3,429)	(3,011)
Mental Health & LD	1,527	1,085	2,611
Children & Families	1,295	1,047	2,342
Diagnostics, Therapies & Specialties	4,403	6,393	10,797
Corporate Directorates	803	(2,201)	(1,398)
Facilities	659	1,438	2,097
Contracting & Commissioning	(1,000)	740	(260)
TOTAL DELEGATED BUDGETS	**12,582**	**7,773**	**20,355**

Key Points :

- The M9 YTD overspend of £20.4m includes:
  - A shortfall against the M9 YTD savings target of £12.6m.
  - Other Operating Variances of £7.8m.
- Further information on the savings shortfalls is provided at Annex A.
- Further information on the Other Operating variances is provided at Annex B.
- A breakdown of the Corporate directorate positions is provided on Page 8.

Summary Performance M9- Corporate directorates

Corporate Directorates	Annual Budget	M9 Variance	M9 YTD Variance	Year end forecasts (M8 Finance packs- adjusted)
	£'000	£'000	£'000	£'000
Patient Care & Safety	15,828	31	94	352
Corporate Governance	675	19	(9)	(12)
Chief Executive	3,785	(9)	(70)	(68)
Finance	4,901	3	(59)	(61)
Public Health	4,508	(58)	(324)	(186)
Digital	24,664	7	(103)	(52)
Medical Director	755	10	(64)	(69)
National Imaging Academy	1,649	(0)	(0)	0
Planning & Partnership	19,518	(10)	(191)	(113)
Research & Development	1,419	(1)	(9)	0
Estates	29,946	(41)	(102)	(144)
Therapies & Healthcare Sciences	98	(1)	(12)	0
People Services	9,803	(67)	(301)	(307)
COO Management	13,949	(42)	(249)	(199)
Grand total	**131,500**	**(159)**	**(1,398)**	**(774)**

Key Points :

- The Corporate directorates reported a £159k surplus in M9, which increases the YTD surplus to £1,398k.
- A breakdown of the £1,398k M9 YTD underspend is provided on page 9.
- The only Corporate directorate currently forecasting a significant year end overspends, and therefore need to prepare costed recovery plans is :
  - PC&S - £376k

Summary Performance M9 – Corporate directorates

	Year to Date Variance		
Corporate directorates	Savings shortfalls £'000	Other Operating Variances £'000	Total YTD Variance from Plan £'000
Patient Care & Safety	177	(83)	94
Corporate Governance	8	(16)	(9)
Chief Executive	39	(109)	(70)
Finance	78	(137)	(59)
Public Health	(2)	(323)	(324)
Digital	290	(392)	(103)
Medical Director	0	(64)	(64)
National Imaging Academy	0	0	0
Planning & Partnership	0	(191)	(191)
Research & Development	0	(9)	(9)
Estates	84	(186)	(102)
Therapies & Healthcare Sciences	4	(16)	(12)
People Services	136	(437)	(301)
COO Management	(10)	(240)	(249)
TOTAL	**803**	**(2,201)**	**(1,398)**

Key Points :

- The M9 YTD favourable variance of £(1,398)k includes a savings shortfall of £803k offset by favourable operating variances of £(2,201)k.
- Despite in year favourable operating variances of £2.2m (which is mainly Pay underspends), there is a reluctance to convert these underspends to recurrent savings in order to achieve the savings target agreed in the accountability letters at the start of the year.

Annex A
Savings Performance

Month 9

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16	Forecast Savings
17	Forecast Savings- RAG ratings
18	Forecast Savings – Health Board trend line
19	Forecast Savings – Care Group and Directorate trend lines

Executive Summary- Month 9

In month Savings	• The M9 savings is £1.1m. This represents a shortfall of £0.9m compared to the monthly savings target of £2.0m.
YTD Savings	• The M9 YTD savings is only £5.5m. This represents a shortfall of £12.6m compared to the M9 YTD savings target of £18.1m
Forecast In year Savings	• The M9 forecast for Delegated In year savings achievement is £7.9m. This represents a forecast shortfall of £16.3m compared to the annual savings target of £24.2m.
Recurrent Savings	• The M9 forecast for Delegated Recurrent savings achievement is £8.2m. This represents a forecast shortfall of £15.9m compared to the recurrent savings target of £24.2m.

Savings principles

The following approaches are being used for savings profiles and savings recognition in 24/25:

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.
- **CHC** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total CHC costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).
- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).
- **Primary Care Prescribing** - Savings plans will not be reviewed until M9 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).
- **Non-Recurrent savings** – All non-recurrent savings plans are being used to offset operating variances and will therefore not be reported as a saving in Table. This change was to reinforce the need to focus on sustainable recurrent savings plans and resulted in £2.1m of planned non recurrent savings being removed from the Savings plan in M3.

In Month Savings – Month 9

DELEGATED BUDGETS	Annual Savings Targets £'000	Monthly Savings Targets £'000	Month 9 Savings £'000	Month 9 Variance from Target £'000
Planned Care	4,252	354	314	40
Unscheduled Care	3,562	297	126	171
Primary Care & Community	2,091	174	185	(11)
Mental Health & LD	2,753	229	89	140
Children & Families	1,920	160	11	149
Diagnostics, Therapies, Pathology & Specialties	6,279	523	44	479
Corporate Executives	2,158	180	214	(34)
Facilities	1,022	85	73	12
Contracting & Commissioning	123	10	84	(74)
TOTAL DELEGATED BUDGETS	**24,159**	**2,013**	**1,139**	**874**

Key Points :

- The M9 savings figure is £1.1m . This represents a £0.9m shortfall against the monthly savings target of £2.0m.

YTD Savings– Month 9

DELEGATED BUDGETS	Annual Savings Targets £'000	Month 9 YTD Savings Targets £'000	Month 9 YTD Savings £'000	Month 9 YTD Variance from Target £'000
Planned Care	4,252	3,189	982	2,207
Unscheduled Care	3,562	2,671	376	2,295
Primary Care & Community	2,091	1,568	1,146	423
Mental Health & LD	2,753	2,065	542	1,522
Children & Families	1,920	1,440	144	1,296
Diagnostics, Therapies, Pathology & Specialties	6,279	4,709	362	4,347
Corporate Executives	2,158	1,618	777	841
Facilities	1,022	766	107	659
Contracting & Commissioning	123	92	1,092	(1,000)
TOTAL DELEGATED BUDGETS	**24,159**	**18,119**	**5,529**	**12,591**

Key Points :

- The M9 YTD savings position is reporting total Delegated savings of only £5.5m, which is circa 31% of the M9 YTD target of £18.1m.
- This represents an adverse variance of £12.6m against the M9 YTD savings target of £18.1m.

Forecast Savings- Month 9

DELEGATED BUDGETS	Annual Savings Targets £'000	Forecast Savings £'000	Forecast Savings %	Forecast Variance £'000	Recurrent Forecast Savings £'000	Recurrent Forecast Variance £'000
Planned Care	4,252	1,314	30.92%	2,937	1,288	2,964
Unscheduled Care	3,562	583	16.36%	2,979	757	2,805
Primary Care & Community	2,091	1,862	89.03%	229	1,935	156
Mental Health & LD	2,753	853	30.99%	1,900	1,393	1,360
Children & Families	1,920	253	13.17%	1,667	198	1,721
Diagnostics, Therapies, Pathology & Specialties	6,279	536	8.54%	5,743	498	5,781
Corporate Executives	2,158	1,057	48.98%	1,101	1,108	1,050
Facilities	1,022	297	29.08%	725	913	109
Contracting & Commissioning	123	1,123	912.08%	(1,000)	123	(0)
TOTAL DELEGATED BUDGETS	**24,159**	**7,878**	**32.61%**	**16,281**	**8,213**	**15,946**

Key Points :

- The forecast savings achievement (excluding Red schemes) is £7.9m, This represents a forecast shortfall of £16.3m compared to the £24.2m annual savings target.
- The forecast savings of £7.9m is only 32.61% of the Annual target.
- The forecast recurrent savings achievement is £8.2m which represents a recurrent adverse variance of £15.9m.

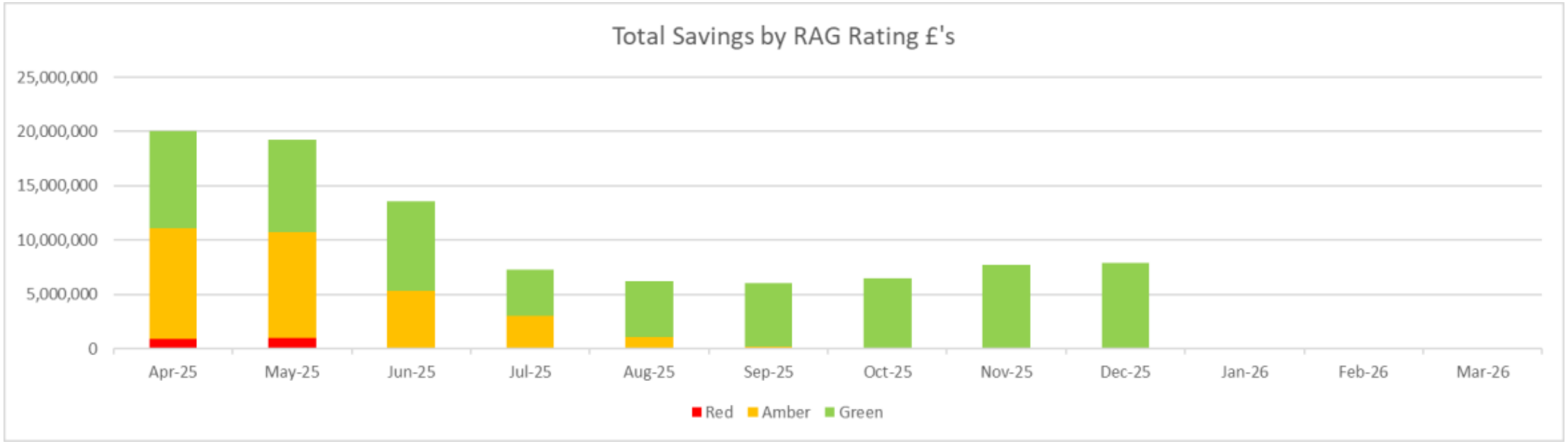
Forecast Savings RAG ratings - Month 9

DELEGATED BUDGETS	Savings Target	Green	Amber	RED (Excluded from WG Return)	F/Cast Variance (Excluding Red Schemes	Green	Amber	RED (Excluded from WG Return)	Rec F/Cast Variance (Excluding Red Schemes
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'001	£'002
Planned Care	4,252	1,314	0	0	2,937	1,288	0	0	2,964
Unscheduled Care	3,562	583	0	0	2,979	757	0	0	2,805
Primary Care & Community	2,091	1,862	0	0	229	1,935	0	0	156
Mental Health & LD	2,753	793	60	0	1,900	1,153	240	0	1,360
Children & Families	1,920	253	0	0	1,667	198	0	0	1,721
Diagnostics, Therapies, Pathology & Specialties	6,279	536	0	0	5,743	498	0	0	5,781
Corporate Executives	2,158	1,052	0	5	1,106	1,108	0	0	1,050
Facilities	1,022	297	0	0	725	913	0	0	109
Contracting & Commissioning	123	1,123	0	0	(1,000)	123	0	0	(0)
TOTAL DELEGATED BUDGETS	**24,159**	**7,813**	**60**	**5**	**16,286**	**7,973**	**240**	**0**	**15,946**

Key Points :

- As at M9, the forecast delegated savings of £7.9m includes £7.8m of Green schemes and £0.06m of Amber schemes. It is important to note that Red schemes cannot be reported as part of the WG savings plans so will remain as unidentified schemes until such time as their assessment is changed to Amber or Green.

Forecast Savings Health Board trend line - Month 9



Key Points :

- As at M9, the forecast savings of £7.9m includes £7.8m of Green schemes, £0.06m of Amber schemes and £0.0m Red
- The trend is showing a reduction in forecast savings from £19.1m in M1 to £7.9m in M10.

Forecast Savings Care Group and Directorate trend lines - Month 3

DELEGATED BUDGETS	Month 1 £'000	Month 2 £'000	Month 3 £'000	Month 4 £'000	Month 5 £'000	Month 6 £'000	Month 7 £'000	Month 8 £'000	Month 9 £'000	Movement from M1 £'000
Children & Families	841	785	524	527	94	78	259	276	253	(588)
Mental Health & LD	2,414	2,311	2,008	1,546	963	790	790	848	853	(1,561)
Planned Care	3,466	3,621	3,109	669	1,043	1,043	1,043	1,310	1,314	(2,151)
Diagnostics, Therapies, Pathology & Specialties	4,016	4,019	3,267	2,383	905	613	721	534	536	(3,480)
Unscheduled Care	5,227	4,338	3,305	90	82	62	68	566	583	(4,644)
Primary Care & Community	970	970	453	452	370	1,019	1,272	1,781	1,862	892
Facilities	1,151	1,225	536	1,074	1,066	727	635	554	297	(854)
Corporate Executives	1,018	1,018	381	467	668	642	646	818	1,052	34
Contracting & Commissioning	25	25	25	25	1,025	1,025	1,025	1,025	1,123	1,098
TOTAL DELEGATED BUDGETS	**19,128**	**18,312**	**13,607**	**7,234**	**6,216**	**6,000**	**6,459**	**7,712**	**7,873**	**(11,255)**

Key Points :

- The M9 forecast is reporting savings plans of £7.9m (excluding Red schemes).The total reduction from M1 is £11.3m , with most areas showing a deterioration.
- As noted on Page 13, all non-recurrent savings plans are now being used to offset operating variances and are therefore not being reported as a saving. This change was to reinforce the focus on the need for sustainable recurrent savings plans and resulted in £2.1m of planned non recurrent savings being removed from the Savings plan in M3.

Annex B
Operating Variance Analysis

Month 9

Contents

Slide	Contents
22	Executive Summary
23	M9 Operating variances
24	M9 YTD Pay variances
25	M9 YTD Non pay variances
26	M9 YTD income variances

Executive Summary- Month 9

Operating Variance

- The M9 operating variance was a £2.1m overspend and the M9 YTD overspend is now £7.8m.

Pay Variance

- The M9 underspend was £0.3m and the M9 YTD underspend is now £1.3m.
- The most significant YTD variances are within:
  - Medical & Dental £2.2m
  - Estates & ancillary £1.3m
  - Additional Clinical Services £1.2m
  - Registered Nursing £(2.0)m
  - Administrative & Clerical £(3.9)m

Non Pay Variance

- The M9 overspend was £1.9m and the M9 YTD overspend is now £8.0m .
- The most significant YTD variances are within:
  - Clinical Supplies & Services £3.7m
  - Miscellaneous Services £1.2m
  - Primary & Secondary Care £2.6m

Income Variance

- The M9 overspend was £0.5m and the M9 YTD overspend is now £1.1m.
- The most significant variances are within:
  - Other Income £1.6m
  - Welsh NHS Income £(0.2)m

M9 Operating Variances

	Month 9					Year to Date			
	Pay	Non Pay	Income	Total		Pay	Non Pay	Income	Total
	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000
Planned Care	(167)	(22)	60	(129)		(913)	188	67	(658)
Unscheduled Care	35	428	(10)	453		2,875	485	(3)	3,357
Primary & Community Care	(321)	49	96	(177)		(2,896)	(1,460)	927	(3,429)
Mental Health & Learning Disabilities	(30)	338	(3)	305		81	1,026	(22)	1,085
Children & Families	102	(117)	(23)	(38)		575	400	71	1,047
Diagnostics, Therapies & Specialities	52	1,950	17	2,020		(195)	6,487	102	6,393
Corporate Directorates	(15)	(83)	(11)	(109)		(1,849)	(311)	(41)	(2,201)
Facilities	36	(6)	71	102		1,017	131	290	1,438
Contracting & Commissioning	0	(628)	254	(374)		0	1,033	(293)	740
Grand total	**(308)**	**1,909**	**451**	**2,053**		**(1,305)**	**7,979**	**1,099**	**7,773**

Key Issues

- The M9 YTD Operating overspends of £7.8m is a major concern, particularly given the significant recurrent investment in Care Groups/Directorates to meet their recurrent overspends from 23/24.
- A detailed analysis of the M9 YTD Pay, Non pay and Income overspends is provided on the following pages.

M9 YTD Pay Variances

	Add Prof Scientific & Technical	Additional Clinical Services	Administrative & Clerical	Allied Health Professionals	Estates And Ancillary	Healthcare Scientists	Medical And Dental	Nursing And Midwifery Registered	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Planned Care	(81)	129	(418)	1,218	(31)	(17)	(490)	(1,267)	45	(913)
Unscheduled Care	151	979	(385)	(1)	0	(1)	1,381	730	21	2,875
Primary & Community Care	(209)	(106)	(884)	(324)	56	9	(304)	(1,135)	(0)	(2,896)
Mental Health & Learning Disabilities	(385)	294	(216)	(149)	4	0	691	(131)	(27)	81
Children & Families	5	(56)	(29)	(11)	0	0	466	199	0	575
Diagnostics, Therapies & Specialities	(706)	(293)	(364)	233	(24)	(26)	586	(21)	420	(195)
Corporates	44	280	(1,505)	(31)	141	(339)	(91)	(352)	3	(1,849)
Facilities	2	(35)	(106)	(1)	1,113	0	0	0	43	1,017
Grand total	**(1,179)**	**1,193**	**(3,907)**	**935**	**1,260**	**(375)**	**2,240**	**(1,977)**	**505**	**(1,305)**

Key Issues

- At a bottom line level, the most concerning overspends are Medical & Dental (£2,240k), Estates & Ancillary (£1,260k) and Additional Clinical Services (£1,193k).
- At a Care Group/Directorate level, the more significant overspends are highlighted in RED.
- Care Groups and Directorates will need to understand the key reasons for the overspends highlighted in RED and these will be discussed in the monthly finance review meetings with the Care Groups/Directorates.

M9 YTD Non Pay Variances

	Clinical Service & Supplies	Premises & Fixed Plant	Primary & Secondary Care	Other	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	341	(25)	(5)	(123)	188
Unscheduled Care	441	78	0	(34)	485
Primary & Community Care	880	184	(1,935)	(590)	(1,460)
Mental Health & Learning Disabilities	(59)	26	1,007	53	1,026
Children & Families	481	(52)	14	(43)	400
Diagnostics, Therapies & Specialities	1,686	127	4,009	666	6,487
Corporates	(119)	(399)	(316)	522	(311)
Facilities	26	494	0	(390)	131
Contracting & Commissioning	0	0	(177)	1,210	1,033
Grand total	**3,677**	**433**	**2,597**	**1,272**	**7,979**

Key Issues

- At a bottom line level, all of the four categories are showing significant overspends.
- At a Care Group/Directorate level, the more significant overspends are highlighted in RED.
- Care Groups and Directorates will need to understand the key reasons for the overspends highlighted in RED and these will be discussed in the monthly finance review meetings with the Care Groups/Directorates.

M9 YTD Income Variances

	Welsh NHS Income	WHSSC Income	WG Income	Other Income	Total
	£'000	£'000	£'000	£'000	£'000
Planned Care	27	0	0	40	67
Unscheduled Care	28	0	0	(31)	(3)
Primary & Community Care	(517)	0	(172)	1,616	927
Mental Health & Learning Disabilities	(14)	(3)	0	(5)	(22)
Children & Families	65	0	(12)	18	71
Diagnostics, Therapies & Specialities	40	(19)	(12)	92	102
Corporates	(2)	(78)	(3)	42	(41)
Facilities	102	0	0	189	290
Contracting & Commissioning	22	(0)	0	(315)	(293)
Grand total	**(249)**	**(100)**	**(198)**	**1,645**	**1,099**

Key Issues

- At a bottom line level, the most concerning income shortfalls are within the Other Income category (£1.65m).
- At a Care Group/Directorate level, the more significant income shortfalls are highlighted in RED.
- Care Groups and Directorates will need to understand the key reasons for the income shortfalls highlighted in RED and these will be discussed in the monthly finance review meetings with the Care Groups/Directorates.

Agenda Item
9.3

Operational Delivery Committee

2025-26 Health Board Allocations

Dyddiad y Cyfarfod / Date of Meeting	28/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Mark Thomas, Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Sally May, Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
WG	Welsh Government	
HCHS	Hospital and Community Health Services	
GMS	General Medical Services	
MH	Mental Health	
CTMUHB	Cwm Taf Morgannwg University Health Board	

1. Situation /Background

The 2025-26 Health Board Allocations was released on the 20th December 2024 as a Welsh Health Circular WHC (2024) 051 with correspondence from both the Cabinet Secretary for Health and Social Care and the Director General Health, Social Care & Early Years Group / NHS Wales Chief Executive.

The Initial Allocation letter sets out the funding that has been made available for each Health Board in 2025-26 and funding sources that will be retained centrally by Welsh Government until the amounts required for 2025/26 are confirmed and subsequently issued to Health Boards as in year allocations.

The following information is provided at Annex A:

Annex A
Cabinet Secretary for Health and Social Care letter
Director General Health, Social Care & Early Years Group / NHS Wales Chief Executive letter
2025-26 Health Board Allocations – Narrative
2025-26 Health Board Allocations – Tables

2. Specific Matters for Consideration

2.1 Revenue Expenditure Summary:

The 2025-26 Health Board allocations are categorised into the following funding groups:

- Hospital & Community Health Services (HCHS) and Prescribing Revenue Discretionary Allocation.
- HCHS Protected and Ring-fenced services Revenue Allocation
- HCHS Directed Expenditure Revenue Allocations
- General Medical Services (GMS) Contract Allocation
- Community Pharmacy Contract Framework (CPCF) Allocation
- General Dental Services (GDS) Contract Allocation

The key points are summarised below:

- Core funding uplift of 1.77% equates to £19.6m for Core HCHS and Prescribing plus £2.0m for Core Mental Health Ringfenced services for CTMUHB.
- Expected efficiencies should be set at a minimum of 2% of baseline expenditure in order to deliver and implement financially sustainable plans.
- An additional £1.1m has been allocated to CTMUHB for Health Protection. Whilst this funding remains discretionary it is anticipated

that organisations deploy this funding to support sustainable services.

- An additional £2.0m of optometry contract funding has been issued for additional service activity and a further £0.7m for the 24-25 pay agreement.
- A top-slice adjustment has been applied of £0.3m against HCHS and £1.3m against GMS to remove the costs of Flu vaccines that will be centrally procured by WG in the future.
- In 24/25, £336.1m of conditionally recurrent funding was issued on the basis that organisations achieved their Control Total targets in their final accounts for 2023/24. The following organisations have now had this conditionally recurrent funding confirmed as recurrent Cwm Taf Morgannwg, Cardiff & Vale, Powys and Swansea Bay. The remaining organisations continue to have conditional funding pending achievement of their Control Totals.
- Pay Award funding for 2024/25 is being retained centrally and will be issued to Health Boards once the final mapping of costs has been completed
- Pay Award funding for 2025/26 is being retained centrally pending negotiations and settlement agreements. Health Boards to assume pay award will be fully funded.
- Primary Care Contractors funding being retained centrally pending negotiations and settlement agreements. Health Boards to assume Contractor settlements will be fully funded.
- Funding for NICE Mandated Advanced Therapeutic Medicinal Products (ATMPs) together with cystic fibrosis medicines Orkambi and Symkevi will be retained centrally and issued to Health boards as in year allocations based upon actual expenditure incurred.
- Funding for Hospices is being retained centrally pending a new Hospice commissioning framework being developed.
- Funding to support improved organisational intelligence on commissioned packages of care will be retained centrally pending advice on a standardised system.
- Funding for the difference between the Real Living Wage and the National Living wage will be issued as in year allocations.
- As in 2024/25 funding for the increased cost of the NHS pension scheme employers contribution will be retained centrally by WG.
- The allocation letter does not make any reference to the change in National Insurance contributions for employers. It is assumed that the impact upon public sector pay will be funded.

2.2 Capital Expenditure Summary:

The key points are summarised below:

- The Health Board's discretionary capital resource allocation has increased by £5.1m to £12m for 2025/26.

- In addition to discretionary capital, capital funding will also be made available specifically as part of the Targeted Estates Fund and the All Wales Capital programme.
- Ring-fenced funding has also been identified for the continuing delivery of digital investment programmes, equipment & diagnostic replacements, IFRS 16 requirements, and to support delivering improvements in productivity.

2.3 Fair shares / Distance from Target

Welsh Government has developed a 'fair shares formula' to estimate the resource requirements of each health board. The 2025-26 allocation letter confirmed £62m of new allocations to Aneurin Bevan HB, Hywel Dda HB and Powys HB in order to reduce the distance from target between their actual share of resources in 2024/25 compared to the fair share formula. The table below summarises the latest 2025/26 initial allocation for HCHS and Ringfenced Mental Health Discretionary allocations:

	Target		Actual		Distance From Target			
	HCHS	MH	HCHS	MH	HCHS	MH	HCHS	MH
	%	%	%	%	%	%	£'m	£'m
Aneurin Bevan	19.2%	18.8%	19.1%	16.3%	-0.1%	-2.6%	- 9.07	- 19.76
Betsi Cadwaladr	22.2%	22.0%	22.5%	21.7%	0.4%	-0.3%	24.41	- 2.39
Cardiff and Vale	13.9%	15.7%	13.6%	15.9%	-0.3%	0.2%	- 19.53	1.31
Cwm Taf Morgannwg	15.0%	14.9%	15.0%	15.4%	0.0%	0.5%	- 0.70	4.01
Hywel Dda	12.9%	12.2%	12.9%	12.5%	0.0%	0.3%	- 2.09	2.24
Powys	4.2%	4.0%	4.4%	4.5%	0.1%	0.5%	8.37	3.55
Swansea Bay	12.7%	12.4%	12.6%	13.8%	0.0%	1.4%	- 2.09	10.96

Positive = over funded and Negative = under-funded.

The position for CTMUHB is that there is minimal distance from target on the main HCHS allocation but we are currently 0.5% above the Mental Health Fair share formula which equates to circa £4m.

2.4 Healthcare Agreements between Health Boards and NHS Trusts

Health Boards and the Joint Commissioning Committee are expected to fund the relevant cost pressures in Healthcare agreements by 1.77% to Health Boards and NHS Trusts.

Healthcare agreements will need to be agreed by the 28th February 2025. Failure to agree all agreements will result in the Health board not able to assume the 1.77% core uplift within its plans.

3. Key Risks / Matters for Escalation

3.1 Key Messages from the Cabinet Secretary

- The new Funding alongside savings delivery provides a basis for organisations to deliver a sustainable financial position against the expectation that has been set.
- Expectation of actions that will deliver productivity improvements, improving outcome and improve how resources are utilised. There should be less tolerance of inefficiency and unwarranted variation.
- Expectation of savings in non-core areas and overheads to prioritise front line services. Actions to control the overall workforce expenditure through being more efficient and productive.
- Need to deliver financial improvement and minimum of 2% savings delivery.
- Concerned on challenges of health boards in reaching agreements and slow progress in regional working.
- Organisations must have Highest level of strong and effective financial management arrangements, that support cost control and financial delivery in 2025-26.
- Recognition that there will be difficult choices.

3.2 Key Messages from the Director General/NHS Wales Chief Executive

- Emphasises the importance of taking actions required to support financial improvement.
- It is assumed that the 1.77% uplift is a passed through unequivocally for healthcare agreements between commissioners and providers.
- Vital that organisations undertake robust demand and capacity assessments and set out plans to maintain 104 week target as a minimum, having addressed and delivered the key priority enablers set out in the planning framework which will improve productivity and efficiency.
- There is significant opportunity to realise investment in our estate and would encourage you to ensure your organisation is on the front foot with robust plans and responsive to the support and governance mechanisms that are in place.
- A minimum savings delivery of more than 2% (and greater for some health boards) will present challenges. Delivering a material level of savings will support moving towards a more sustainable financial position. Step change in expectation in addressing unwarranted variation, improvements in areas that can increase productivity, value and outcome with no additional cost.
- As a package, the combination of additional revenue funding, actions to control workforce expenditure growth, delivering savings and increasing productivity, with enabling capital investment provides a strong platform for organisations to meet expectations.
- Expectation that organisations operate within the funding set out in this allocation letter. Consider the recognition from the Cabinet Secretary of difficult choices, de-prioritisation and flexibility being required on this agenda, as you set out your plans.

- Holding to account for the development and delivery of an agreed plan including firm delivery commitments to reflect your statutory requirements and responsibilities.

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	Yes: ☐	No: ☒

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Financial Management of the Health Board and potential audit qualifications	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Reflects the allocation and utilisation of resources of the Health Board	

5. Recommendation

5.1 The ODC is asked to **NOTE** the contents of the 2025-26 Health Board Allocations and accompanying correspondence from the Cabinet Secretary and Director General/NHS Wales Chief Executive.

Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA/JMHSC/11086/24

Health Board Chairs

20 December 2024

Dear Chairs,

I am writing to inform you of the 2025-26 allocation for health boards. This allocation letter sets out the detail of the funding for your organisation for 2025-26. It should be used to develop plans within available resources and that deliver the priorities I have set out in my letter on the NHS Wales Planning Framework 2025-28.

You will be aware of the recent Welsh Government draft budget announcement confirming a planned increase the Health & Social Care budget of £435m revenue and £175m capital funding. This is welcomed and provides a platform on which I expect to see continued progress in delivery for the financial year ahead. Whilst this additional funding is essential to meet inescapable demand growth, unavoidable inflationary pressure, and deliver progress on our capital requirements, there remains an absolute requirement to deliver actions that contain costs, deliver ongoing stretching savings expectations, improve productivity, and address unwarranted variation. The financial pressures across Health and Social Care remain challenging, but we have worked to ensure a good settlement for the NHS and deliver a framework that enables progress on our collective ambition to deliver continuous improvement.

In 2024-25, we set a clear path and improvement expectation for health boards and issued reset Target Control Totals. Some health boards are forecasting to deliver the plans that they themselves have committed to, and others are forecasting deteriorating from this position - this is unacceptable. It is imperative that each health board delivers financial improvement, meets the expectations that are set, and delivers on their commitments.

Judith Paget will be writing to Chief Executives setting more context on the expectations and process for organisations, but in issuing this allocation to you I want to personally ensure certain key messages are clear:

- The new funding provided supports inescapable demand growth and unavoidable inflationary pressure. This, in addition to savings in this financial year and actions being taken to deliver target control totals on a recurrent basis, and new savings required in 2025-26, provides a basis for organisations to deliver a sustainable financial position against the expectation that has been set.

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

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

- As set out in the planning framework and correspondence, I am expecting a significant step-up in the achievement of key priority delivery expectations and enabling actions. These are actions that will deliver productivity improvements, improving outcomes for our population and improving how our resources are utilised. There should be less tolerance of inefficiency and unwarranted variation, and I am expecting greater progress by health boards on this agenda.

- I am expecting savings in non-core areas and overheads to prioritise front-line services. In addition to delivering effective savings plans I expect actions to control overall workforce expenditure consistent always with our commitments to fair pay, and to contain costs through being more efficient and productive as organisations.

- You will need to ensure that actions to deliver financial improvement in 2024-25 are maintained, and you will require as a minimum savings delivery in 2025-26 of at least 2% of total baseline expenditure, and consistent with what has been achieved in the current financial year.

- I am concerned by some of the challenges that some health boards have faced in reaching agreement with each other on commissioning and providing services across organisational boundaries, and at the slow progress on regional working. This strikes to the heart of demonstrating how organisations can work effectively on a collaborative regional and national basis. I expect organisations to be proactive in reaching local agreements on relevant areas through the frameworks that have been set. Where these are not delivered, this will be regarded as a failure to develop a clear plan for the year ahead.

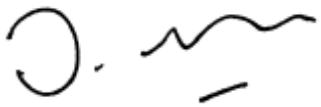
- You must ensure that your organisations continue to have the highest levels of strong and effective financial management arrangements, that support cost control, in support of financial delivery in 2025-26.

- Finally, in setting clear delivery expectations I recognise that there will be difficult choices, requirements to deprioritise, and there may be areas where greater flexibility may be required to support delivery of the expectations that have been set. As you develop your plans, I think it would be helpful to have an open dialogue with you as you consider the options and choices open to you.

I am keen to support health boards to deliver on our key priorities. I am also expecting you to ensure that your organisation operates within the funding set out in this allocation letter, and any further notification of funding as referred to above on an in-year basis. And as you would expect, I will be holding you to account for the development and delivery of an agreed plan for 2025-26 and beyond that to reflect your statutory requirements and responsibilities.

I will be kept appraised of progress on the above by my officials and I look forward to having ongoing discussions with you during the year ahead through our regular meetings.

Yours sincerely,



Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru

Director General Health, Social Care & Early Years Group / NHS Wales Chief Executive

Llywodraeth Cymru
Welsh Government

Chief Executives – NHS Local Health Boards
Chief Executives – NHS Special Health Authorities
Chief Executives – NHS Trusts
Managing Director – NWSSP

Our Ref: JP/JB/SB

20 December 2024

Dear Colleagues

2025-26 HEALTH BOARD ALLOCATIONS

Please find attached the Cabinet Secretary for Health & Social Care's letter to NHS Chairs formally issuing the 2025-26 Revenue Allocations. This allocation letter specifies the initial funding settlement for health boards in 2025-26. It should be considered in conjunction with and used to develop plans to deliver against the priorities set out in the NHS Wales Planning Framework 2025-28.

In confirming the initial revenue allocations for 2025-26 I want to draw your attention to some key issues for clarity on the expectation and approach for next financial year which compliments the letter from the Cabinet Secretary to the Chairs, and the technical detail of the allocation letter that has been issued.

In doing so, I want to emphasise the importance of organisations taking the actions required to support financial improvement and delivering to the agreed parameters set by the Cabinet Secretary. You will be aware of the approach set out in 2024-25, alongside additional allocations issued during the year and resetting Target Control Totals. Whilst the additional funding received by the Health & Social Care budget is of course welcome, this will largely support the assessed cost of inescapable demand growth and unavoidable inflationary pressure. It is essential that organisations continue to deliver actions to mitigate expenditure growth, deliver savings and efficiency, alongside an increase in productivity. This context has informed the approach to the allocations set for NHS bodies.

Allocation uplifts

Welsh Government will again retain funding for NHS pay awards in 2025-26 centrally pending recommendations from pay review bodies and any decisions on pay uplifts.

On wider allocation uplifts, Welsh Government has assessed where the impact of inescapable demand growth and inflationary pressure is greatest. This has informed the 1.77% uplift to health boards, (and DHCW), and the 0.5% uplift to PHW, HEIW, and NWSSP.

BUDDSODDWYR MEWN POBL | INVESTORS IN PEOPLE

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As set out in the allocation letter you will note it is assumed that the 1.77% uplift is passed through unequivocally for healthcare agreements between commissioners and providers. Health boards will not be able to assume this uplift in final plans due to be submitted on 31st March 2025, unless I receive confirmation in writing by 28th February 2025 that agreements are in place with other health bodies within NHS Wales. I would strongly emphasise the importance attributed to this being an indication of the effectiveness and strength with which organisations are working across boundaries with other health bodies.

Policy Funding

In addition to the baseline uplift outlined, funding aligned to policy commitments are set out in detail in the allocation letter. It continues to be our intention to provide certainty and clarity on allocations, and any areas of clarification should be raised at the earliest opportunity.

I wanted to draw your attention to three issues, namely:

- **Hospices** - £3m has been retained to support the hospice sector in recognition of the challenges that we have discussed and would recognise. It is crucial that additional funding is provided within a clear commissioning framework that is implemented by the system. This has been retained in anticipation of the new Hospice commissioning framework being developed for 2025-26 which is being led by the NJCC.
- **Waiting Times** - You will be aware of additional funding issued within this financial year to support eradicating the waiting list backlog, whilst action is ongoing to transform pathways and support sustainable planned care services. It is vital that organisations undertake robust demand capacity assessments and set out plans to maintain the 104-week target as a minimum having addressed and delivered the key priority enablers set out in the planning framework which will improve productivity and efficiency. Consideration will be given to how existing funding is utilised, future recommendations from the Ministerial Advisory Group, and organisations plans as to what further targeted high impact actions will be required to deliver further progress in 2025/26.
- **CHC** – we have considered at length at the Value & Sustainability Board the actions required to improve standardisation across the system on the intelligence and addressing variation in quality and efficiency associated with packages of care. There is an expectation that progress is made on this agenda to include a consistent system and baseline intelligence across organisations to support improvement.

Capital

The Health & Social Care budget has received £175m of additional capital through the draft budget, of which £115m is routine capital, and £60m IFRS 16.

Through the allocation letter and other correspondence, you will receive clarity of an approach that sets out in combination:

- An increase to health bodies discretionary capital allocation
- A Targeted Estates Fund, which has been developed to sit alongside Health bodies discretionary allocation to support investment in key targeted areas such as infrastructure risks, fire safety, and infection prevention control.
- Funding to support equipment and diagnostic replacement
- Digital infrastructure and cyber investment
- A targeted investment fund to support capital enabling productivity schemes that can support delivery of the productivity agenda and expectation set out.

In addition, greater work is required having received baseline recognition of IFRS16 on ensuring that robust plans are in place that maximise the utilisation of IFRS16 as a vehicle to support our delivery agenda.

There is significant opportunity to realise a significant investment in our estate to support all the areas outlined above, and I would encourage you to ensure your organisation is on the front foot with robust plans and responsive to the support and governance mechanisms that are in place.

Savings, Productivity & Efficiency

The savings delivery over the last two financial years, and efforts being made across the system in this regard, supported by the Value & Sustainability agenda is notable, with forecast savings delivery in 2024-25 of £267m. These efforts need to be maintained going into next year, and further savings delivered to ensure we achieve sustainable financial positions.
I am aware that a minimum savings delivery of more than 2% (and greater for some health boards who will need to recover their positions having not delivered on target control totals in 2024-25), will present challenges. Delivering a material level of saving will support moving towards a more sustainable financial position, and you will note the step change in expectation of delivery in addressing unwarranted variation, and improvements in those areas that can increase productivity, value, and outcome with no additional cost. As a package, the combination of additional revenue funding, actions to control workforce expenditure growth, delivering savings, and increasing productivity, with enabling capital investment provides a strong platform for organisations to meet the expectations that have been set.

Summary

In summary, I expect you to ensure that your organisation operates within the funding set out in this allocation letter, and any further notification of funding as detailed in the Cabinet Secretary's letter. I would urge you to consider the additional context set out above and consider the recognition from the Cabinet Secretary of difficult choices, de-prioritisation, and flexibility being required to deliver on this agenda, as you set out your plans.

I will be holding you to account for the development and delivery of an agreed plan including firm delivery commitments, to reflect your statutory requirements and responsibilities.

Yours sincerely



Judith Paget CBE

2025-26

Health Board

Allocations

Issue Date: 20th December 2024
Finance Directorate
Health Social Care & Early Years Group

Health Board Allocation
2025-26

Introduction

1. This document details the Health Boards revenue & discretionary capital allocations for 2025-26.

2. The allocation reflects the Cabinet Secretary for Health and Social Care's decisions about the distribution of resources to Health Boards.

3. This allocation is made under:

   - Section 174 of the National Health Service Act 2006 and the amounts payable to the Assembly in respect of depreciation charges under section 174(10). The powers are conferred directly on Welsh Ministers.

   - Section 70 of the Government of Wales Act 2006

Action

4. Health Boards are expected to develop robust plans to deliver against the priorities for 2025-26 set out in the NHS Wales Planning Framework from within this allocation. The deadline for submission of the plans for 2025-26 is 31st March 2025. This is an initial allocation and any additional funding for key priorities will be allocated as appropriate on an in-year basis. Funding for the following issues are being held centrally until the amounts required for 2025-26 are confirmed:

   - GMS and GDS contractor allocations, which are issued at this stage at 2024-25 recurrent levels (excluding any 2024-25 pay agreement funding).

   - Revenue funding for SIFT and Research and Development will be issued as direct funding to the relevant Health Boards and NHS Trusts. Depreciation funding for these funding streams is included in this allocation.

   - Allocations for accelerated depreciation, AME depreciation for donated assets, IFRS 16 depreciation, and DEL and AME impairments will be issued as direct funding to the relevant Health Boards, SHAs and NHS Trusts. This also applies to any increases in depreciation related to approved schemes with confirmed strategic support.

   - Where applicable, funding for the NHS Wales Shared Services Partnership will be met from Welsh Government central budgets in 2025-26. Adjustments have been made to this allocation for agreed transfers (as set out in Table 3).

   - Funding will be held centrally to recognise the impact of NICE mandated Advanced Therapeutic Medicinal Products (ATMPs).

   - Funding will continue to be held centrally to fund the costs of purchasing cystic fibrosis medicines Orkambi and Symkevi and to maintain access to Kalydeco.

- Funding for education and training in 2025-26 will continue to be provided directly to Health Education and Improvement Wales (HEIW).

- Funding for NHS pay awards in 2025-26 will be held centrally and allocated to employers once awards are made.

- NHS Wales Pay Award funding for 2024-25 will be allocated in-year once the annual pay mapping exercise has been completed as outlined below.

- Funding for the difference between Real Living Wage and the National Living Wage in line with Welsh Government policy (the impact of the policy on Social Care) will be dealt with outside of this allocation.

- Genomics spend will be monitored centrally and any additional impact for 2025-26, over and above 2024-25 baseline allocations will be dealt with as an in-year matter.

- Hospice funding will be retained centrally until its allocation to Health Boards, once the Hospice Commissioning Framework is finalised.

- Funding to support a system for standardising CHC information and intelligence on all Wales basis will be centrally held. Further advice will follow on this.

- As in 2024-25, funding to cover the increased employer's contribution for the NHS Pension Scheme will be held centrally in 2025-26.

GENERAL POLICY FRAMEWORK

Unified budgets

5. This document sets out the revenue & discretionary capital allocations to Health Boards for 2025-26.

6. Health Boards are responsible for managing the totality of their budget and making the best use of all available resources. The only restrictions to virements between different allocations relate to ring fenced HCHS services (see Table B), the totality of the GMS contract and elements of the Dental Contract (see Table C and F and the explanatory notes enclosed).

7. The 2025-26 allocation comprises:

    - Summary: Revenue

    - Hospital and Community Health Service (HCHS) and Prescribing Revenue Discretionary Allocation (Tables A1, A2 and A3)

    - HCHS Protected and Ring-fenced Services (Table B1)

    - HCHS Directed Expenditure Allocations (Table B2)

- General Medical Services Contract Allocation (Table C)
- Community Pharmacy Contract (Table E)
- Dental Contract (Table F)
- Memorandum Tables (Tables 1 to 6)

8. For Hospital and Community Health Services (HCHS) and prescribing costs, Health Boards are responsible for commissioning services for their resident population for HCHS, with the exception of some cross border flows, (referred to in paragraphs below) and on the basis of registered population for the prescribing element. The GMS Contract allocation is issued on the basis of registered populations, and the Community Pharmacy allocation is issued primarily on the basis of numbers of scripts dispensed within Health Board areas.

Equality Impact Assessments

9. You are reminded of the requirement to ensure you undertake integrated impact assessments of all major spending decisions, including the implementation of efficiency programmes.

10. Health Boards are reminded to ensure compliance with the Welsh Government Code of Practice for Funding the Third Sector, and the requirements of the Well-Being of Future Generations (Wales) Act.

11. You should ensure that any changes in service provision are impact assessed to ensure the Welsh language is fully considered and you should keep a record of the cost of delivering the service in Welsh.

12. Health Boards are reminded that any funding decisions take account of the population needs assessments for care and support needs that were published in 2017, as part of the requirements of the Social Services and Wellbeing (Wales) Act 2014.

HOSPITAL AND COMMUNITY HEALTH SERVICES AND PRESCRIBING REVENUE (HCHSP)

Recurrent Discretionary Allocation (Table A1, A2 & A3)

13. This provides the total discretionary funding available to Health Boards to fund hospital and community healthcare services and primary care prescribing costs. The distribution of the allocation is derived from the 2024-25 baseline, adjusted in Tables A2 (baseline adjustments) and A3 (additional recurrent funding).

14. The £336.1 million conditionally recurrent funding (as per the letter from Judith Paget 20th October 2023) was included in the 2024-25 allocation letter. The tables have been updated for 2025-26 to show these allocations as recurrent for those organisations that made sufficient progress in delivering target control totals set in 2023-24, through the

2023-24 accounts process (Cardiff & Vale / Cwm Taf Morgannwg / Powys / Swansea Bay). The allocations for the other organisations (Aneurin Bevan / Betsi Cadwaladr / Hywel Dda) will remain conditionally recurrent for 2025-26, as target control totals are yet to be delivered. For those three organisations, **allocations remain recurrent in principle, conditional on progress Health Boards make in delivering the target control totals set out to organisations** (as per the letters from Judith Paget 2nd December 2024).

15. Agreed recurrent 2023-24 Pay mapping allocations have been built in recurrently (£286.1 million: £256.7 million Health Board funding and £29.3 million for Joint Commissioning Committee (JCC)). Due to timing issues, 2024-25 Pay allocations for A4C / DDRB / VSM have not been included in the 2025-26 allocation letter, and will be a supplementary allocation, once the pay mapping has been undertaken on an All-Wales basis.

16. Funding of £50 million to support ongoing specific inflationary pressures, and £62 million specific organisational funding as a result of a review of distance from target, have been reflected in the allocation as per the letters issued from Judith Paget to Health Boards on 2 December 2024. The clear and specific conditions attached to these specific funding streams are set out in the individual letters to NHS organisations of 2nd December 2024 and apply on an ongoing basis in setting out plans for 2025-26. In addition, adjustments have been made to the allocation for Betsi Cadwaladr organisation specific funding for the £82 million (moving £40m as conditionally recurrent funding, and £42m remaining as a ring fenced allocation for performance and transformation).

17. Additional Optometry Contract funding of £13.0 million has been built in to include the centrally held funding from 2024-25 (£9.1 million), plus a negotiated agreed increase for 2024-25 (£3.9 million).

18. Top slice adjustments for the agreed central procurement of Flu vaccines have been actioned to both Table A2 (£-2.2 million) and Table C GMS (£-9.0 million), in line with the detail confirmed with the Welsh Government Vaccination team. This procurement will be centrally managed by NWSSP in 2025-26.

19. Funding has been included for the impact of the 2024-25 Cost Uplift Factor (CUF) England, which were issued as in year allocations, over and above the core cost inflation (3.67%) in the 2024-25 allocation letter.

20. Health Board discretionary allocations have been increased by £130.9 million for core cost inflation and unavoidable demand pressures for 2025-26. This equates to a 1.77% increase on the recurrent discretionary allocation, ring fenced (excluding mental health and depreciation) and directed expenditure.

21. This core funding increase is to support NHS organisations with the impact of unavoidable inflationary pressure and inescapable demand growth that are forecast for 2025-26. It is recognised that there is no discretionary investment reflected within this uplift, outside of those outlined in this allocation letter, and organisations will need to make significant savings in order to deliver and implement financially sustainable plans for 2025-26. Along with expected efficiencies, which as a minimum expectation should be set at levels of at least 2% of total baseline expenditure, and consistent with what has been achieved in the current financial year, this increase will provide support for new non-pay inflationary growth in particular for areas such as medicines.

22. Baseline C19 adjustments have been actioned for Swansea Bay, Betsi Cadwaladr and Cwm Taf to closer align allocations to population distribution, whilst also reflecting both projected 2024-25 costs and future plans. All Covid related national costs will need to be met from the funding in this allocation. Whilst this funding is not within the ringfenced tables, it is anticipated that all organisations deploy this funding on these areas to ensuring recurrent sustainable services and this will subject to regular monitoring and scrutiny to ensure this progress is delivered.

23. As in previous years, Health Boards should continue to take action to reduce all unnecessary and inappropriate variation and reduce waste. Health Boards are expected to implement the actions of national priorities on value and efficiency, implementing the agreed outputs of the national Value & Sustainability Board. Health Boards are also expected to fully implement the priority enablers set out by the Cabinet Secretary in the NHS Wales Planning Framework 2025-2028.

24. The Welsh Government will continue to hold a budget for the difference between the cost of prescribing and the cost of dispensing (excluding (WP10 (HP) funding, as this was included in the 2016-17 supplementary allocation).

HCHS Ring Fenced Services (Table B1)

25. The second component of the HCHS allocation is the funding allocated for ring fenced allocations. There is no flexibility about the use of this funding, although Health Boards are free to invest additional funding in these services to meet national priorities.

26. The DEL depreciation budget remains ring fenced and is a non–cash allocation, and reflects the detail issued to health boards 10th May 2023. There are no changes to the recurrent baseline allocations from 2024-25. In year allocation adjustments will be considered as part of the regular non-cash submission process.

27. The ring-fenced Palliative Care funding has been increased by an additional £1.000m for Hospices across Wales, previously issued on an in-year basis. This additional funding should be provided directly to hospices delivering core NHS services.

28. Funding for Mental Health has increased, see section below for detail.

29. Genomics allocations have been increased by £5.472 million to baseline 2024-25 approved recurrent funding.

30. As advised in paragraph 20, the £130.9 million uplift includes an equivalent 1.77% uplift on the ring-fenced allocations (Table B1) (excluding Mental Health and Depreciation amounts) and the Directed Expenditure Analysis (Table B2).

HCHS Directed Expenditure (Table B2)

31. Funding allocation adjustments have been made to the Directed Expenditure table, for agreed items (realignment of National Lymphedema funding between Aneurin Bevan and Swansea Bay / recovery from Aneurin Bevan for Training of Medical Emergency Response Incident Teams (MERIT) as work no longer being undertaken by the health

board / additional Genomics funding for Cardiff & Vale / SPR funding previously allocated on an in year basis).

Healthcare Agreements between Health Boards and with NHS Trusts

32. Health Boards and the Joint Commissioning Committee are expected to pass on an appropriate level of funding for relevant cost increases in Healthcare Agreements for services provided by other Boards and NHS Trusts, equivalent to the additional funding provided to commissioners. With the exception of centrally funded services and any agreed in-year funding, Welsh Government will not be allocating funding for underlying pressures and new cost growth directly to provider organisations, as this is an appropriate requirement for commissioning organisations to discharge.

33. A letter was issued 1st March 2024 from Hywel Jones to all Health Boards setting out the Welsh Government's expectations of the funding flows of funding that supports unavoidable demand and inflationary pressures from commissioners to providers; this principle and expectation continues to apply in 2025-26. The financial values of agreements should be confirmed promptly to enable provider organisations to confirm their Integrated Medium-Term Plans. You are reminded that organisations are expected to reach agreement without the need for arbitration as a key measure of effective relationships between NHS Wales organisations. Given the expectation of system progress on strengthened regional and collaborative working, any arbitration requirement will be seen as a failure of organisations ability to plan and deliver effective service arrangements. Organisations are to report on the status of obtaining signed agreements via the Financial Monitoring Return process. For the avoidance of any doubt, the 1.77% core uplift for demand and inflation is expected to unequivocally pass through from commissioners to providers.

34. Welsh Government will not be able to accept 2025-26 plans for consideration by the Cabinet Secretary for Health & Social Care if any funding agreements have not been finalised and agreed between commissioners and providers. In addition, Health Boards will not be able to assume the 'Core Cost and Demand Uplift for 2025-26' allocation as available funding within final submitted plans without confirmation that agreements are in place with other Health bodies within NHS Wales. You are required to confirm in writing to Judith Paget **by Friday 28th February 2025** that agreements are in place with other Health bodies for 2025-26 in order to assume this funding as part of final plan submissions.

PRIMARY CARE REVENUE

GMS Contract (Table C)

35. Contract negotiations have not been finalised for 2024-25. The GMS allocation is issued at this stage on the same basis as the recurrent 2024-25 allocation which excludes any contract uplift for 2024-25.

36. As advised in paragraph 18, a top slice adjustment for the agreed central procurement of Flu vaccines have been actioned.

37. A supplementary allocation will be issued when the 2024-25 contract agreement is confirmed.

Community Pharmacy Contract (Table E)

38. Contract negotiations have not been finalised for 2025-26. The Pharmacy allocation is issued at this stage on the same basis as the recurrent 2024-25 allocation.

39. A supplementary allocation will be issued when the 2025-26 contract agreement is confirmed. Details of the total contractual funding and the distribution of funding between core services, enhanced services, quality and workforce elements will be clarified after the supplementary allocation is issued.

Dental Contract (Table F)

40. Contract negotiations have not been finalised for 2024-25. The Dental allocation is issued at this stage on the same basis as the recurrent 2024-25 allocation, which excludes any contract uplift for 2024-25.

41. The allocation will be re-issued for 2025-26 when contract negotiations have been concluded, and agreement is given for a contractual uplift.

42. Health Boards are reminded that in terms of the ring fenced Dental Contract budget arrangements will continue as follows for the next year:
    - for Health Boards without two consecutively approved IMTPs, the ring fence will continue for 2025-26;
    - for those Health Boards with two consecutively approved IMTPs, the ring-fence is removed provided they continue to have their IMTP approved; and
    - to continue to ring-fence the Designed to Smile and Gwên am Byth oral health improvement programmes for all Health Boards in 2025-26.

43. We will continue to monitor and review the expenditure analysis provided by Health Boards, and we will make adjustments to ring fenced dental contract allocations should explanation on expenditure be considered inadequate.

44. Dental patient charges were increased 1st of April 2024. No changes were made to 2024-25 dental contract patient charge targets as a result of the increase, and any increased patient charge revenue have been utilised by health boards to offset the current shortfall against the targets set in baseline dental contract allocations. No adjustments have been actioned for 2025-26.

OTHER ISSUES

Capital

45. NHS infrastructure investment comprises strategic schemes delivered through the NHS All Wales Capital Programme. Investments include land and buildings as well as other physical assets including vehicles, medical and digital technology equipment. The investments cover all healthcare settings including acute, primary, community and social care.

46. Discretionary capital is that allocated directly to NHS organisations for the following priority areas:
    - meeting statutory obligations, such as health and safety and firecode;
    - meeting the fabric of the estate; and
    - the timely replacement of equipment.

See Table 6 for values of baseline discretionary capital funding for 2025/26

47. Whilst there is a significant uplift to the Health & Social Care capital budget in 2025/26, against a challenge backlog position and service development requirements continued pressures are anticipated against the programme for 2025-26 which will likely require choices and decisions to be made.

48. In addition to discretionary capital, capital funding will also be made available specifically as part of the Targeted Estates Fund, and All Wales Capital programme. In addition, ring-fenced funding has also been identified for the continuing delivery of digital investment programmes, equipment & diagnostic replacements, IFRS 16 requirements, and to support delivering improvements in productivity. The detail of these funding streams will be set out outside of this allocation letter. All approved funding amounts will be agreed with individual organisations based on scheme delivery profiles.

Mental Health

49. Mental health services will continue to be ring fenced in 2025-26. Compliance of individual organisations with the ring-fencing requirement will be monitored on an annual basis. Any organisation whose expenditure on mental health services falls below the ring-fenced quantum will be required to account for the shortfall in expenditure. Table 2 details the total amount of the mental health ring fence, shown by relevant allocation stream. This funding forms a floor, below which expenditure on core mental health services must not fall. This does not exclude mental health services from making efficiencies, but these savings must be re-invested in these services to meet cost increases and new developments.

50. £13.46 million has been added to the ring-fenced mental health allocation in the LHB revenue allocation for core costs and demand uplift (equivalent to 1.77%), which provides health boards with additional funding. This funding will contribute to funding unavoidable cost and demand growth in mental health services.

51. Funding of £27.469 million has been transferred from central budgets for Service Improvement Funding (SIF) from 2022-23 and 2023-24, and the mental health elements that are included in the total ring fenced allocation (primary care prescribing, GMS (QAIF and Supplementary Services) and Other primary care) have been updated (based on the 2022-23 WCR13 (NHS Programme Budgeting detail)).

52. This increases the total Mental Health ring fenced allocation to £830.6 million (in 2025-26). The detail is shown in Table 2 of the allocation, and the corresponding explanatory notes.

Infrastructure SIFT

53. Funding for infrastructure SIFT has been included as a Directed Expenditure Allocation. This funding must be used to support medical undergraduate education, and recipients of this funding will still be required to account for its use as part of the annual SIFT accountability agreements.

Substance Misuse

54. The Substance Misuse allocation remains ring fenced in 2025-26 and the table shows an agreed increase of £0.4 million (equivalent to 1.77%). Funding will be withheld from Health Boards (HB) until confirmation is received from the Chair of the relevant Area Planning Board (APB) that the use of these resources complements the delivery of the Welsh Government Substance Misuse Delivery Plan 2019-22 (and any subsequent Plan), this should happen no later than 30th June 2025. Welsh Government expects to see evidence of clear joint planning across the HB ring fence and the Substance Misuse Action Fund monies, with HBs taking due regard for their statutory duties and ensuring they contribute to areas of relevant pressures, including prescribing costs and meeting waiting list targets. Further detail is included in the explanatory notes accompanying the allocation.

Public Health (PHW), Health Education and Improvement Wales (HEIW), NHS Executive and Digital Health and Care Wales (DHCW)

55. Core funding for the above bodies for 2025-26 are not being issued with this allocation. Separate funding letters will be issued from policy leads alongside a mandate and remit letter for 2025-26.

Cross Border Financial Flows

56. To reflect cross border commissioning responsibility, Health Boards in Wales have been funded for English residents registered with their GPs and vice versa, in line with the Protocol agreed with the Department of Health & Social Care.

57. The impact of the 2025-26 uplift, above the core uplift provided in this paper, on Health Board plans will be considered once the tariff is published by NHS England.

Queries

58. If you have any queries about this circular, please contact Julie Broughton (0300 025 5747).

59. Further information surrounding specific policy issues and contact details are provided in the explanatory notes.

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Summary: Unified Budget Allocations - Total HCHS, Drug Prescribing and Primary Care Contracts Resource Limit 2025-26

	1	2	3	4	5	6	7	8
	2025-26 Recurrent HCHS and Prescribing Discretionary Allocation	2025-26 HCHS Ring Fenced Allocation	2025-26 Directed Expenditure	Total 2025-26 HCHS and Prescribing Revenue Allocation	2025-26 GMS Contract - Table C	2025-26 Community Pharmacy Contract - Table E	2025-26 Dental Contract - Table F	Total Revenue Resource Limit 2025-26
	£m	£m	£m	£m	£m	£m	£m	£m
Aneurin Bevan HB	1,329.162	254.371	1.545	1,585.078	106.894	36.808	34.643	1,763.424
Betsi Cadwaladr University HB	1,569.820	345.859	4.720	1,920.399	138.361	39.857	33.689	2,132.306
Cardiff and Vale University HB	949.173	210.948	24.081	1,184.202	80.158	26.115	30.848	1,321.324
Cwm Taf Morgannwg HB	1,043.358	208.616	2.823	1,254.797	82.500	31.185	24.982	1,393.464
Hywel Dda HB	898.355	178.764	0.715	1,077.833	76.246	24.535	20.884	1,199.498
Powys HB	303.402	62.147	0.442	365.992	35.285	5.942	7.575	414.793
Swansea Bay HB	880.176	218.181	10.414	1,108.771	68.601	24.540	25.112	1,227.024
Total	6,973.446	1,478.886	44.741	8,497.073	588.045	188.982	177.732	9,451.832

Table A1: Hospital, Community and Health Services and Prescribing (HCHSP) - Discretionary Allocation for 2025-26- £ million

	1	2	3	4
	2024-25 Recurrent HCHS and Prescribing Discretionary Allocation	Baseline Adjustments (Table A2)	Additional Recurrent funding (Table A3)	2025-26 Recurrent HCHS and Prescribing Discretionary Allocation
	£m	£m	£m	£m
Aneurin Bevan HB	1,211.377	92.673	25.112	1,329.162
Betsi Cadwaladr University HB	1,424.952	115.870	28.999	1,569.820
Cardiff and Vale University HB	874.787	56.203	18.183	949.173
Cwm Taf Morgannwg HB	968.012	55.763	19.584	1,043.358
Hywel Dda HB	811.312	70.151	16.891	898.355
Powys HB	281.742	16.122	5.538	303.402
Swansea Bay HB	820.692	42.923	16.560	880.176
Total	6,392.874	449.706	130.867	6,973.446

Table A2: HCHSP Allocation 2025-26 Baseline Adjustments - (Column 2, Table A1)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	Removal of 'Conditionally Recurrent funding 2023-24: Underlying deficit contribution'	Removal of 'Conditionally Recurrent funding 2023-24: Inflationary increase'	Recurrent funding 2023-24: Underlying deficit contribution & Inflationary increase	Conditionally Recurrent funding 2023-24: Underlying deficit contribution & Inflationary increase	Conditionally Recurrent funding: Transfer from ring fenced allocation	In year: Pay Mapping 2023-24	In year: Pay Mapping JCC 2023-24	Optometry contract reform (additional activity over and above 2024-25 baseline allocations)	Optometry contract reform (2024-25 pay agreement)	Topslice for Central Procurement of Flu Vaccines	2024-25 allocation: evidenced inflationary pressures from 2024-25	2024-25 allocation: Conditional funding (as per Judith Paget's letters 2 December 2024)	In Year: Revised 24-25 Cost Uplift Factor (CUF) England	In Year: Revised 24-25 Cost Uplift Factor (CUF) England JCC	C19 HB allocation realignments	NHS Wales Shared Services adjustments (Table 3)	Total Adjustments (Carried forward to Table A1, Column 2)
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Aneurin Bevan HB	(28.800)	(35.700)		64.500		42.972	6.378	2.223	0.767	(0.284)	9.545	31.000	0.031	0.041		-	92.673
Betsi Cadwaladr University HB	(33.300)	(41.300)		74.600	40.000	57.569	4.673	1.158	0.784	(0.698)	11.150		0.191	0.292	0.751	-	115.870
Cardiff and Vale University HB	(20.300)	(25.100)	45.400			41.719	5.295	2.023	0.667	(0.334)	6.804			0.029		-	56.203
Cwm Taf Morgannwg HB	(22.800)	(28.300)	51.100			40.281	4.628	2.025	0.579	(0.315)	7.475			0.027	1.063	-	55.763
Hywel Dda HB	(19.200)	(23.800)		43.000		32.897	3.630	0.958	0.487	(0.274)	6.449	26.000		0.023		(0.018)	70.151
Powys HB	(6.300)	(7.900)	14.200			7.164	1.383	0.107	0.132	(0.067)	2.178	5.000	0.182	0.044		-	16.122
Swansea Bay HB	(19.300)	(24.000)	43.300			34.145	3.332	0.610	0.484	(0.276)	6.399			0.025	(1.814)	0.018	42.923
Total	(150.000)	(186.100)	154.000	182.100	40.000	256.746	29.317	9.104	3.900	(2.248)	50.000	62.000	0.404	0.482	(0.000)	-	449.706

Table A3: Additional 2025-26 Recurrent Funding - (Column 3, Table A1)

	1	2
	Core Cost and Demand Uplift for 2025-26 (1.77%)	Total Additional Recurrent funding (Carried forward to Table A1, Column 3)
	£m	£m
Aneurin Bevan HB	25.112	25.112
Betsi Cadwaladr University HB	28.999	28.999
Cardiff and Vale University HB	18.183	18.183
Cwm Taf Morgannwg HB	19.584	19.584
Hywel Dda HB	16.891	16.891
Powys HB	5.538	5.538
Swansea Bay HB	16.560	16.560
Total	130.867	130.867

Table B1: HCHS Protected and Ring Fenced Revenue Allocations for 2025-26 £-million

Amounts in the table below have been increased (Core Uplift applied to Table A3)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Learning Disabilities	Depreciation (Table 4 Column 1)	Mental Health Services (Table 2 column 8)	Palliative care/ Bereavement/ Hospice funding	Genomics for Precision Medicine Strategy (inc new Genetic Tests)	Critical care funding (including JCC funding and PACU)	Critical care funding (JCC funding (was for EASC))	Organisation specific funding for performance and transformation	Funding for Planned and Unscheduled Care Sustainability for 23-24 onwards	Recurrent impact of funding for Planned Care Recovery	Value based Recovery (£14m)	Regional Integration Fund (incorporating previously allocated ICF), plus £1m Carers Funding added	Further Faster	Total 2025-26 HCHS Ring Fenced Allocation (carried forward to Summary Table)
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Aneurin Bevan HB	13.800	50.863	125.461	1.820	2.930	2.753	0.425		22.605	3.940	2.686	24.796	2.292	254.371
Betsi Cadwaladr University HB	17.214	39.819	167.116	2.653	3.532	3.529	-	42.000	27.102	7.445	3.126	29.668	2.654	345.859
Cardiff and Vale University HB	0.488	33.790	122.594	1.732	2.381	5.574	0.348		15.966	6.900	1.870	17.691	1.615	210.948
Cwm Taf Morgannwg HB	-	33.977	118.770	0.869	2.215	2.425	0.288		18.426	7.300	2.137	20.393	1.816	208.616
Hywel Dda HB	8.663	27.787	96.493	0.917	1.953	2.082	0.281		15.347	4.900	1.770	17.042	1.528	178.764
Powys HB	7.494	5.857	34.692	0.418	0.681	0.174	0.049		5.307	-	0.583	6.386	0.506	62.147
Swansea Bay HB	22.904	28.536	106.759	0.558	1.909	2.167	0.309		15.248	19.500	1.828	16.925	1.539	218.181
Total	70.562	220.630	771.886	8.967	15.601	18.704	1.700	42.000	120.000	49.985	14.000	132.901	11.950	1,478.886

1,471.484	**Opening position**
40.929	Additional MH funding (Table 2)
1.000	Additional Hospice at Home funding
5.472	Additional Genomics funding
-40.000	BCU: transfer to Discretionary
1,478.886	**2025-26 Closing Position**

Table B2 - HCHS Directed Expenditure Analysis

		Aneurin Bevan HB	Betsi Cadwaladr University HB	Cardiff and Vale University HB	Cwm Taf Morgannwg HB	Hywel Dda HB	Powys HB	Swansea Bay HB	Total	
1	Dental SIFT			0.820					0.820	
2	Mental Health CALL Helpline		0.314						0.314	
3	Radiotherapy		0.199				0.263		0.462	
4	Primary Care complaints			0.056	0.035				0.091	
5	Infrastructure SIFT	0.663	1.080	11.334	0.110			4.245	17.432	
6	SIFT, PHLS, R&D and PGMDE Depreciation (exc. Velindre)	0.021	0.595	3.638	0.131	0.039		0.304	4.728	
7	Blood Disorders funding		0.030	0.066					0.096	
8	Wales Analytical Prescribing Support Unit			0.310					0.310	
9	Short Term Wheelchair loans		0.280						0.280	
10	AWMSG			1.172					1.172	
11	WeMeRec			0.173					0.173	
12	Blood Borne Viral treatment centre funding	0.153	0.306	0.153	0.196	0.153		0.110	1.071	
13	Community Health Council funding						-		-	
14	Low Vision Service Wales (LVSW) - hosting					-			-	
15	Eye Health Examination Wales (EHEW) - hosting	0.060							0.060	
16	Assistive Technology (Staff costs)	0.055	0.067	0.044	0.042	0.037	0.013	0.035	0.293	
17	National Imaging Academy				1.500				1.500	
18	Brecon Group register			0.009					0.009	
19	Revised remuneration & time commitment (Chair WHSSC/EASC)				0.032				0.032	
20	111 roll out	-							-	
21	All Wales Specialist Paediatric Lymphedema Nurse							0.060	0.060	
22	DAN 24/7 helpline		0.150						0.150	
23	Genomics - Core Funding for AWMGS			3.030					3.030	Additional Genomics funding
24	Training of Medical Emergency Response Incident Teams (MERIT)	-							-	Funding removed from A Bevan for 25-26
25	National Lymphedema funding	-						0.464	0.464	Realignment between AB to S Bay
26	PH & W Coordinator Posts (WHIG)	0.040	0.079	0.096	0.109	0.058	0.035	0.124	0.541	
27	Endometriosis Nursing posts (WHIG)	0.051	0.061	0.051	0.061	0.051	0.055	0.051	0.383	
28	Quality & Care							0.525	0.525	
29	Velindre NHS Trust Chief Operating Officer Post	0.057		0.040	0.041	0.003	0.003	0.001	0.145	
30	AWTTC			1.166					1.166	
31	Cancer Support/ SLAs from Wales Cancer Network	0.273		0.893	0.294	0.348	0.023	1.143	2.974	
32	SLAs from Lymphedema Network	0.047		0.037	0.025				0.108	
33	UWIC Dental Contract SLA			0.050					0.050	
34	Swansea Graduate Entry scheme							2.296	2.296	
35	Swansea Clinical Medical School							0.459	0.459	
36	National Allied Health Professional Lead	-							-	
37	National Nursing Lead for Primary and Community Care	-							-	
38	National Lymphedema Network funding							0.210	0.210	
39	Innovation & Delivery Fund/Programme Management costs	-							-	
40	MSK Orthopaedic funding		1.150						1.150	
41	British Transplant Games funding			0.010					0.010	
42	Early Retirement Provision (ERP) funding						0.050		0.050	
43	Genomics Partnership Wales lease funding			0.406					0.406	
44	SpR allocation	0.125	0.409	0.528	0.249	0.025	-	0.386	1.722	Transfer: paid in year
45	Total (carried forward to Summary Table)	1.545	4.720	24.081	2.823	0.715	0.442	10.414	44.741	

41.008	**Start position**
0.000	Realignment of National Lymphedema funding £64k from AB to S Bay (row 25)
-0.025	MERIT funding (recovery from A Bevan)
1.722	SpR allocations
2.036	Additional Genomics allocation (C&V)
44.741	**Closing Position**

Table C: GMS Contract - £ million

	1	2	3	4
	Provisional allocation 2024-25	In year: Global Sum / PSP List Size Increase 2024-25	Topslice: Central procurement of Flu Vaccine costs	Allocation for 2025-26
	£m	£m	£m	£m
Aneurin Bevan HB	108.694	0.028	(1.828)	106.894
Betsi Cadwaladr University HB	139.796	0.397	(1.832)	138.361
Cardiff and Vale University HB	80.976	0.435	(1.253)	80.158
Cwm Taf Morgannwg HB	83.502	0.310	(1.312)	82.500
Hywel Dda HB	77.276	0.200	(1.230)	76.246
Powys HB	35.685	0.068	(0.468)	35.285
Swansea Bay HB	69.396	0.269	(1.064)	68.601
Total	595.325	1.707	(8.987)	588.045

Table E: Community Pharmacy Contract - £ million

	1	2	3
	Final allocation 2024-25	In year funding: 24-25 agreed uplift CPCF	Allocation for 2025-26
	£m	£m	£m
Aneurin Bevan HB	34.917	1.891	36.808
Betsi Cadwaladr University HB	37.649	2.208	39.857
Cardiff and Vale University HB	24.769	1.346	26.115
Cwm Taf Morgannwg HB	29.710	1.475	31.185
Hywel Dda HB	23.258	1.277	24.535
Powys HB	5.506	0.436	5.942
Swansea Bay HB	23.273	1.267	24.540
Total	179.082	9.900	188.982

Table F: Dental Contract - £ million

	1
	Provisional allocation for 2024-25 and 2025-26
	£m
Aneurin Bevan HB	34.643
Betsi Cadwaladr University HB	33.689
Cardiff and Vale University HB	30.848
Cwm Taf Morgannwg HB	24.982
Hywel Dda HB	20.884
Powys HB	7.575
Swansea Bay HB	25.112
Total	177.732

Table 1: Substance Misuse Funding
(Memorandum table)

	1	2	3
	2024-25 Substance Misuse Ring-Fenced Funding	2025-26 Core Cost and Demand Uplift (1.77%)	2025-26 Substance Misuse Ring-Fenced Funding
	£m	£m	£m
Aneurin Bevan HB	3.402	0.078	3.480
Betsi Cadwaladr University HB	6.264	0.090	6.354
Cardiff and Vale University HB	2.916	0.057	2.972
Cwm Taf Morgannwg HB	4.031	0.061	4.092
Hywel Dda HB	2.410	0.053	2.463
Powys HB	0.716	0.017	0.733
Swansea Bay HB	3.173	0.052	3.224
Total	22.912	0.407	23.319

Table 2 - Total Mental Health Ring Fenced

	1	2	3	4	5	6	7	8	9
	2024-25 Initial HCHS Ring-Fenced Allocation	Service Improvement Funding (SIF 22-23)	Service Improvement Funding (SIF 23-24)	Core Cost and Demand Uplift (1.77%) 2025-26	2025-26 Final HCHS Ring Fenced Allocation	Primary Care Prescribing	GMS (QAIF and SS)	Other Primary Care	2025-26 Total Mental Health Ring Fenced Allocation
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Aneurin Bevan HB	117.753	4.199	0.977	2.532	125.461	7.131	0.628	3.089	136.309
Betsi Cadwaladr University LHB	157.956	5.033	1.170	2.956	167.116	8.212	0.486	2.621	178.435
Cardiff and Vale University HB	116.826	2.965	0.689	2.114	122.594	5.689	0.559	3.017	131.859
Cwm Taf Morgannwg HB	112.550	3.422	0.796	2.001	118.770	6.166	0.531	2.741	128.208
Hywel Dda HB	91.337	2.851	0.662	1.643	96.493	5.287	0.227	2.299	104.306
Powys HB	32.935	0.986	0.229	0.543	34.692	1.021	0.064	1.306	37.083
Swansea Bay HB	101.599	2.831	0.658	1.670	106.759	4.930	0.742	1.959	114.390
Total	730.957	22.287	5.182	13.460	771.886	38.436	3.237	17.032	830.591

Updated using 2022-23 NHS Programme Budgeting returns

Table 3 - Shared Services Funding / Top Slice

	106	107	108	109	110	111	112	113	114			
	23-24 Pay Costs : as per Pay Mapping exercise	Recruitment Post to TUPE back to Swansea Bay (ML): Correction to 23-24 baseline change	Vaccination Band 7 post	Increased demand for Sterile Medicines : top slice and funding to NWSSP	Central Procurement of Flu vaccines: Admin costs	Optometry Reform: Clinical Waste costs	Foundation Economy	Core Uplift 2025-26 (0.5%)	Total Shared Services Funding 2025-26		Total Shared Services Top-Slice 2024-25	Recurrent Adjustment 2025-26 (Table A2)
	£m	£m	£m	£m	£m	£m	£m	£m	£m		£m	£m
Aneurin Bevan HB									5.206		5.206	-
Betsi Cadwaladr University LHB									6.456		6.456	-
Cardiff and Vale University HB									5.449	33.080	5.449	-
Cwm Taf Morgannwg HB									4.021		4.021	-
Hywel Dda HB		0.018							3.968		3.950	(0.018)
Powys HB									1.010		1.010	-
Swansea Bay HB		(0.018)							6.970		6.988	0.018
NWIS									(0.028)			
Welsh Government	5.916		0.064	0.038	0.542	0.086	0.125	0.440	55.442			
TOTAL	5.916	-	0.064	0.038	0.542	0.086	0.125	0.440	88.494		33.080	-
Welsh Ambulance Services NHST									0.656			
Velindre NHST									0.527			
Public Health Wales NHST									0.445			
HEIW									0.012			
DHCW									0.083			
OVERALL TOTAL	5.916	-	0.064	0.038	0.542	0.086	0.125	0.440	90.217			

Table 4 - Depreciation Funding Adjustment

	1
	2025-26 allocation
	£m
Aneurin Bevan HB	**50.863**
Betsi Cadwaladr University HB	**39.819**
Cardiff and Vale University HB	**33.790**
Cwm Taf Morgannwg HB	**33.977**
Hywel Dda HB	**27.787**
Powys HB	**5.857**
Swansea Bay HB	**28.536**
Total	**220.630**

No change in 25-26

Commissioner > Provider v	**(ABMU) now SBU**	***Bridgend***	**Aneurin Bevan**	***Bridgend***	**BCU**	***Bridgend***	**Cardiff and Vale U**	***Bridgend***	**Cwm Taf**	***Bridgend***	**Hywel Dda**	***Bridgend***	**Powys**	***Bridgend***	**SIFT**	**Postgrad Dean**	**R&D**	**PHLS**	**Other**	**Total**
	£m	***£m***	**£m**		**£m**		**£m**		**£m**		**£m**		**£m**		**£m**	**£m**	**£m**	**£m**	**£m**	**£m**
Depreciation																				
Non-WHSSC																				
ABMU	13.268	*5.524*	0.034	*0.020*	0.000	*0.000*	0.081	*0.504*	0.040	*0.166*	0.827	*0.010*	0.263	*0.006*	0.242	0.088	0.002	0.091	0.168	**15.104**
Aneurin Bevan	0.000	*0.000*	18.087		0.000		0.000		0.000		0.000		0.000		0.000	0.000	0.021	0.000	0.000	**18.108**
BCU	0.000	*0.000*	0.000		26.987		0.000		0.000		0.000		0.000		0.235	0.349	0.000	0.011	0.000	**27.582**
Cardiff and Vale U	0.078	*0.032*	0.483		0.009		10.518		0.288		0.070		0.015		2.698	0.045	0.839	0.056	1.475	**16.574**
Cwm Taf	0.113	*0.047*	0.020		0.000		0.675		17.781		0.010		0.006		0.000	0.012	0.000	0.000	0.000	**18.617**
Hywel Dda	0.000	*0.000*	0.000		0.000		0.000		0.000		12.846		0.000		0.002	0.020	0.003	0.014	0.000	**12.885**
Powys	0.000	*0.000*	0.000		0.000		0.000		0.000		0.000		3.174		0.000	0.000	0.000	0.000	0.000	**3.174**
Velindre	0.087	*0.036*	0.489		0.000		0.357		0.267		0.019		0.026		0.020	0.060	0.039	0.000	0.599	**1.962**
NWIS	0.000	*0.000*	0.000		0.000		0.000		0.000		0.000		0.000		0.000	0.000	0.000	0.000	5.903	**5.903**
WAST	0.000	*0.000*	0.000		0.000		0.000		0.000		0.000		0.000		0.000	0.000	0.000	0.000	0.000	**0.000**
PHW	0.000	*0.000*	0.000		0.000		0.000		0.000		0.000		0.000		0.000	0.000	0.000	0.000	1.116	**1.116**
12-13 Allocation (adj 19/20 Bridgend)	**13.546**	***5.639***	**19.113**	***0.020***	**26.996**	***0.000***	**11.631**	***0.504***	**18.376**	***0.166***	**13.772**	***0.010***	**3.484**	***0.006***	**3.197**	**0.574**	**0.904**	**0.172**	**9.261**	**121.025**
13-14 Baseline adjustments:																				
Velindre resource mapping adjustment	0.002	*0.040*	0.169		0.000		0.119		0.121		0.008		0.008						(0.599)	**(0.173)**
PHWT Removal of Savings from 2012/13 DV exercise	0.000		0.000		0.000		0.000		0.000		0.000		0.000		0.000	0.000	0.000	0.000	(0.101)	**(0.101)**
Velindre Removal of Savings from 2012/13 DV exercise	0.000	*(0.002)*	(0.010)		0.000		(0.008)		(0.007)		(0.000)		(0.001)		0.000	0.000	0.000	0.000	0.000	**(0.026)**
LHB Removal of Savings from 2012/13 DV exercise	(1.987)	*(0.774)*	(2.100)		(2.400)		(2.866)		(1.719)		(1.022)		(0.234)		0.000	0.000	0.000	0.000	0.000	**(12.328)**
13-14 Baseline allocation (adj 19/20 Bridgend)	**11.561**	***4.903***	**17.171**	***0.020***	**24.596**	***0.000***	**8.876**	***0.504***	**16.771**	***0.166***	**12.757**	***0.010***	**3.257**	***0.006***	**3.197**	**0.574**	**0.904**	**0.172**	**8.561**	**108.397**
14-15 Baseline adjustments:																				
LHB Baseline & Approved Strategic adjustment	2.430	*0.946*	4.110		3.469		3.492		3.601		2.200		(0.451)							**18.851**
Velindre Baseline & Approved Strategic adjustment	0.012	*0.194*	0.552		0.000		0.412		0.462		0.081		0.046							**1.564**
NWIS Baseline & Approved Strategic adjustment																			4.010	**4.010**
NWSSP Baseline & Approved Strategic adjustment																			0.530	**0.530**
PHW Baseline & Approved Strategic adjustment																			2.332	**2.332**
2015-16 Baseline allocation (adj 19/20 Bridgend)	**14.003**	***6.043***	**21.833**	***0.020***	**28.065**	***0.000***	**12.780**	***0.504***	**20.833**	***0.166***	**15.038**	***0.010***	**2.852**	***0.006***	**3.197**	**0.574**	**0.904**	**0.172**	**15.433**	**135.684**
2016-17 & 2017-18 No Adjustments (adj 19/20 Bridgend)																				
2018-19 Baseline adjustments:																				
LHB Baseline & Approved Strategic adjustment	3.464	*1.351*	3.607		(0.699)		2.588		2.581		1.156		0.205							**12.902**
PHW Baseline & Approved Strategic adjustment																			0.056	**0.056**
NWSSP Baseline & Approved Strategic adjustment																			1.021	**1.021**
NWIS Baseline & Approved Strategic adjustment																			(0.429)	**(0.429)**
Velindre Baseline & Approved Strategic adjustment	0.012	*0.184*	0.524		0.000		0.391		0.438		0.077		0.044							**1.486**
2018-19 Baseline allocation (adj 19/20 Bridgend)	**17.479**	***7.578***	**25.964**	***0.020***	**27.366**	***0.000***	**15.759**	***0.504***	**23.853**	***0.166***	**16.271**	***0.010***	**3.101**	***0.006***	**3.197**	**0.574**	**0.904**	**0.172**	**16.081**	**150.720**
21-22 HEIW Baseline Allocation																			0.520	**0.520**
2022-23 Baseline allocation	**17.479**	***7.578***	**25.964**	***0.020***	**27.366**	***0.000***	**15.759**	***0.504***	**23.853**	***0.166***	**16.271**	***0.010***	**3.101**	***0.006***	**3.197**	**0.574**	**0.904**	**0.172**	**16.601**	**151.240**
No changes 22-23																				
23/24 adjustments HB	**7.307**		**20.347**		**7.946**		**14.006**		**6.056**		**7.645**		**1.365**							**64.672**
23/24 adjustments DHCW																			**(1.417)**	**(1.417)**
23/24 adjustments NWSSP																			**2.248**	**2.248**
23/24 adjustments VT																			**0.000**	**0.000**
23/24 adjustments PHW																			**1.330**	**1.330**
23/24 adjustments WAST	**0.033**		**0.054**		**0.084**		**0.039**		**0.042**		**0.045**		**0.024**							**0.321**
23/24 adjustments HEIW																			**0.053**	**0.053**
2024-25 Baseline allocation	**24.819**	***7.578***	**46.365**	***0.020***	**35.396**	***0.000***	**29.804**	***0.504***	**29.951**	***0.166***	**23.961**	***0.010***	**4.490**	***0.006***	**3.197**	**0.574**	**0.904**	**0.172**	**18.815**	**218.447**
WHSSC																				**0.000**
ABMU	1.708	*0.711*	0.135	*0.076*	0.021	*0.000*	0.070	*0.098*	0.032	*0.133*	1.250	*0.015*	0.094	*0.002*						**3.310**
Aneurin Bevan	0.000	*0.000*	0.000		0.000		0.000		0.000		0.000		0.000							**0.000**
BCU	0.000	*0.000*	0.000		0.446		0.000		0.000		0.000		0.000							**0.446**
Cardiff and Vale U	0.338	*0.141*	1.337		0.057		1.675		0.875		0.254		0.093							**4.629**
Cwm Taf	0.000	*0.000*	0.076		0.000		0.098		0.844		0.015		0.002							**1.035**
Hywel Dda	0.000	*0.000*	0.000		0.000		0.000		0.000		0.099		0.000							**0.099**
Powys	0.000	*0.000*	0.000		0.000		0.000		0.000		0.000		0.000							**0.000**
Velindre	0.160	*0.067*	0.363		0.000		0.288		0.254		0.131		0.054							**1.249**
WAST	1.220	*0.508*	2.058		3.177		1.476		1.627		1.692		0.914							**12.164**
PHW	0.000	*0.000*	0.000		0.000		0.000		0.000		0.000		0.000							**0.000**
12-13 Allocation (adj 19/20 Bridgend)	**3.426**	***1.427***	**3.969**	***0.076***	**3.701**	***0.000***	**3.607**	***0.098***	**3.632**	***0.133***	**3.441**	***0.015***	**1.157**	***0.002***	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**22.932**
13-14 Baseline adjustments:																				**0.000**
Velindre resource mapping adjustment	0.011	*0.004*	0.069		0.000		0.050		0.035		0.004		0.004							**0.173**
Velindre (Removal of Savings from 2012/13 DV Exercise)	(0.004)	*(0.001)*	(0.008)		0.000		(0.006)		(0.005)		(0.003)		(0.001)							**(0.027)**
WAST (Additional Funding Req'd from 2012/13 DV Exercise)	0.010	*0.004*	0.017		0.026		0.012		0.013		0.014		0.008							**0.100**
13-14 Baseline allocation (adj 19/20 Bridgend)	**3.444**	***1.434***	**4.047**	***0.076***	**3.727**	***0.000***	**3.663**	***0.098***	**3.675**	***0.133***	**3.455**	***0.015***	**1.167**	***0.002***	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**23.178**
14-15 Baseline adjustments:																				**0.000**
WAST Baseline & Approved Strategic adjustment	0.048	*0.018*	0.079		0.121		0.056		0.061		0.065		0.035							**0.464**
2015-16 Baseline allocation (adj 19/20 Bridgend)	**3.492**	***1.452***	**4.126**	***0.076***	**3.848**	***0.000***	**3.719**	***0.098***	**3.736**	***0.133***	**3.520**	***0.015***	**1.202**	***0.002***	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**23.642**
2017-18 and 2018-19 No Adjustments																				**0.000**
2018-19 Baseline adjustments:																				**0.000**
WAST Baseline & Approved Strategic adjustment	0.225	*0.088*	0.373		0.575		0.267		0.291		0.306		0.165							**2.202**
2018-19 Baseline allocation (adj 19/20 Bridgend)	**3.717**	***1.540***	**4.499**	***0.076***	**4.423**	***0.000***	**3.986**	***0.098***	**4.026**	***0.133***	**3.826**	***0.015***	**1.367**	***0.002***	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**25.844**
No changes between 2022-23 and 2024-25																				
																				0.000
Total 2025-26 Baseline Allocation	**28.536**	***9.118***	**50.863**	***0.096***	**39.819**	***0.000***	**33.790**	***0.602***	**33.977**	***0.300***	**27.787**	***0.026***	**5.857**	***0.008***	**3.197**	**0.574**	**0.904**	**0.172**	**18.815**	**244.292**

NWIS became DHCW in 2022-23

Table 5: Recurrent Primary Care Development Funding (Already in Discretionary Baseline - not additional funding)
(Memorandum table only)
Amounts in the table below have been increased (core uplift applied to Table A3)

	1	2	3	4	5	6	7	8	9	10	11
	IMTP and Workforce	Cluster funding	Additional Cluster funding added 2024-25	SPPC Funding (previously Pathfinders)	Wet AMD	Inverse Care Law	Occupational Health for GPs	Programme manager funding	Funding for local communication activity in primary care	National Director and Strategic Programme Lead for Primary Care	Total Amount (Already included in discretionary baseline)
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Aneurin Bevan HB	5.064	1.880	1.896	0.715	-	0.360	0.038	-	0.020	-	9.973
Betsi Cadwaladr University HB	5.628	2.210	2.236	0.840			0.045		0.020		10.979
Cardiff and Vale University HB	3.805	1.414	1.351	0.537			0.031		0.020		7.158
Cwm Taf Morgannwg HB	4.362	1.515	1.513	0.575	0.019	0.360	0.030		0.020		8.394
Hywel Dda HB	2.898	1.284	1.291	0.488	-		0.022		0.020		6.003
Powys HB	1.140	0.453	0.416	0.172	-		0.010		0.020		2.211
Swansea Bay HB	3.047	1.244	1.297	0.473			0.024		0.020		6.105
Total	25.944	10.000	10.000	3.800	0.019	0.720	0.200	-	0.140	-	50.823

Adjusted as per letter from Alex Slade

Adjusted as per letter from Alex Slade

To NHS Exec (SPPC)

To NHS Exec (SPPC)

No change in 25-26

Summary: Baseline discretionary capital funding 2025-26

	1
	2025-26 Baseline discretionary capital funding
	£m
Health Boards	
Aneurin Bevan HB	12.875
Betsi Cadwaladr University HB	17.000
Cardiff and Vale University HB	17.000
Cwm Taf Morgannwg HB	12.000
Hywel Dda HB	10.000
Powys HB	2.700
Swansea Bay HB	13.875
HEIW	0.100
Digital Health Care Wales	3.250
Total (Health Boards)	88.800
NHS Trusts	
Velindre	2.000
NHS Wales Shared Services Partnership	1.250
Public Health Wales	1.700
Welsh Ambulance Services	6.250
Total (NHS Trusts)	11.200
Total	100.000

Agenda Item	2.1.1

Unapproved Minutes of the Planning Performance and Finance Committee

Date and Time of Meeting	Thursday 14th November 2024 at 14:00pm
Venue	Virtual via Microsoft Teams

	Patsy Roseblade	Chair/Independent Member
	Carolyn Donoghue	Independent Member
	Dilys Jouvenat	Independent Member
	Hayley Proctor	Independent Member
In Attendance	Linda Prosser	Executive Director of Strategy and Transformation
	Sally May	Executive Director of Finance & Procurement
	Gethin Hughes	Chief Operating Officer
	Elizabeth Beadle	Assistant Director of Transformation
	Ross Whitehead	Director of Commissioning, 111 and Ambulance JCC (in part)
	Emma Walters	Head of Corporate Governance & Board Business
	Kathrine Davies	Corporate Governance Manager
Meeting Observers	Donna White	Senior Finance Manager, Planned & Unscheduled Care

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, those observing and colleagues joining for specific agenda items. The format of the proceedings in its virtual form were also noted. Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed. The Committee Chair advised that at the end of the meeting, she would be seeking Members views as to how the meeting went.
1.2	**Apologies for Absence**
	Apologies were received from:

	• Gareth Watts - Director of Corporate Governance/Board Secretary • Julie Denley - Deputy Chief Operating Officer/Director of Primary, Community, Mental Health & LD • Nathan Couch - Audit Wales • Anthony Gibson - Deputy Medical Director, Acute Services
1.3	**Declarations of Interest**
	There were no declarations received.
2.	**CONSENT AGENDA BUSINESS**
2.1 ITEMS FOR APPROVAL	
2.1.1.	**Unconfirmed Minutes of the Meeting held on 27 August 2024**
Resolution	The minutes were **APPROVED** as an accurate record. The Chair extended her thanks to R. Rowlands, Vice Chair for stepping in to Chair the meeting held on the 27 August 2024 at short notice.
2.1.2	**Unconfirmed Minutes of the In Committee Meeting held on 27 August 2024**
Resolution:	The minutes were **APPROVED** as an accurate record.
2.1.2.	**Outcome of Committee Self-Effectiveness Survey & Improvement Plan** The Chair advised that the Survey would be discussed as part of Agenda Item 7.1 Legacy Matters.
2.2 ITEMS FOR NOTING	
2.2.1.	**Months 5 and 6 monitoring returns to Welsh Government**
Resolution	Members **NOTED** the contents of the Months 5 & 6 Monitoring Returns submitted to Welsh Government.
2.2.2.	**Annual Cycle of Business 2023-2024**
Resolution	The Annual Cycle of Business was **NOTED**.
2.2.3.	**Action Log**
	The Chair advised that the Action Log would be discussed as part of Agenda Item 7.1 Legacy Matters

3.	**MAIN AGENDA**
3.1	**Matters arising not previously contained within the Action Log**
Resolution	There were no further matters raised.
4.	**COMMITTEE BUSINESS MATTERS**
4.1	**Organisational Risk Register**
	E. Walters presented the report for the Committee to review, discuss and consider whether the assigned risks had been appropriately assessed.

	Members were advised that this was the September iteration of the Risk Register and that the November iteration had been agreed by the Executive Management Board on the 11th November and would be presented to the Quality & Safety Committee at their meeting next week. The Chair referred to Risk 5755 for the Children and Families Care Group that was referred to in the cover report and advised that the comments in relation to the change of consequence were not clear in explaining the change and had been described much more clearly within the legacy document. E. Walters advised that she would feed this back to the Assistant Director of Governance & Risk outside of the meeting.
Resolution	The Committee **DISCUSSED** and **NOTED** the report.
Action:	To feedback the comments in relation to Risk 5755 regarding the change of consequence description.
5.	**IMPROVING CARE**
5.1	**Integrated Performance Dashboard**
	L. Prosser and G. Hughes presented the Integrated Performance Dashboard. C. Donoghue referred to page 14 and the comment in relation to adult mental health services and having care plans in place, the results of which were low and were presenting challenges in regards to completion. C Donoghue queried whether there were specific challenges in relation to the medical lead. G. Hughes advised that there were currently significant gaps with adult psychiatrists and added that the Care Group were looking at mitigations to resolve this. C. Donoghue made reference to page 29 which referred to the validation of the waiting list within dermatology and clinical priority not being identified, which she felt was not specific given that the clinical priority had not been indicated. G. Hughes advised that he would review and would provide a response outside the meeting. The Chair referred to page 4 and the frontline staff flu vaccination uptake and queried what actions could be taken to encourage more staff to receive the vaccination. L. Prosser advised that this was discussed at the Executive Leadership Group and advised that the vaccination rate was currently around 20%. L Prosser added that there was significant visibility on the website with regard to communications advertising the walk-in clinics and advised that consideration was being given to management cascade in order to try to understand the lack of engagement. H. Procter, in response, advised that she experienced difficulty when trying to book a vaccination online and added that there was only a two week window to access appointments at the Royal Glamorgan Hospital, which resulted in herhaving to travel to Dewi Sant Hospital. L. Prosser advised that all

	appointment slots had now closed, with drop in sessions now being offered. Members noted that vaccinators were attending all wards to offer the vaccine and noted that a staff Q&A was held yesterday which was hosted by the Chief Executive. The Chair referred to ambulance handover on page 15 of the report and suggested that it would be helpful to see a graph that specifically showed handover delays and the red performance contained within the report in a similar style of the graph contained in the Red Performance Report. L. Prosser confirmed that she would be happy to look into including this data in future reports. The Chair commented that it was pleasing to see 100% on immediate release on red calls for all sites. The Chair advised that for information purposes the charts on page 18 were not visible when viewing them on a laptop. The Chair referred to page 29 regarding Ophthalmology on the Princess of Wales site and queried whether outsourcing had now taken place. G. Hughes advised that this related to follow up patients not booked (FUNB) and advised that as a result of job plan changes due to the critical incident at the Princess of Wales Hospital, surgeons that would have had operating lists were not currently operating which had resulted in the FUNB list having to be validated in order to address the position. G. Hughes advised that a large proportion of patients should be eligible for discharge and added that work was being undertaken to validate the position. G. Hughes added that in terms of a general piece of work in Ophthalmology a review was being undertaken by the Team to determine how they could continue to deliver the core service and advised that an investment of £7m has been provided to the South East Wales region to address the ophthalmic backlog. Members noted that with Aneurin Bevan UHB were leading on this, with consideration being given to outsourcing and insourcing in order to clear the 104 week position.
Resolution	The Committee **DISCUSSED** and **NOTED** the report.
Action:	To review the validation of the dermatology waiting list referred to on page 29.
5.2	**Six Goals for Urgent and Emergency Care** G. Hughes shared the presentation that provided an update on the Six Goals Programme Board. The Chair queried whether GPs were recharged when they were paid for the GP service twice, once in primary care and then in the Emergency Department. G. Hughes confirmed that they were not recharged due to the level of administration required and recharging would outweigh the benefits.

	G. Hughes advised that at the Board Development session in December a presentation would be shared on the Development of Primary and Community Care which would include an update on how GP demand and emergency services could be joined up so that there were less demarcation lines and would enable patients to be treated as close to their homes as possible. Members noted that this approach was part of the primary care strategy.
Resolution:	The Highlight Report was **NOTED.**
5.3	**Red Performance** R. Whitehead presented the report and provided a presentation and update on the performance related to red calls presenting to the Welsh Ambulance Services University NHS Trust in the Cwm Taf Morgannwg (CTM) area. D. Jouvenat queried what the term CHARU meant. R. Whitehead confirmed that it related to Cymru High Acuity Response Unit and was mainly targeted at red for patients that have experienced a cardiac arrest. The response target was 24.2% in August which was the highest rate and an improvement in outcomes as being see for this cohort of patients. G. Hughes advised that the Chief Ambulance Commissioner had previously presented data to the Board which had identified the lack of Advanced Paramedic Practitioners (APP's) in CTM, with numbers being significantly lower than other parts of Wales. G Hughes advised that it would be helpful to receive an update on recruitment into these roles. The Chair referred to the graph on page 2 that outlined hourly and daily demand and queried whether the figures were for all Wales. R Whitehead confirmed that the figures only related to Cwm Taf Morgannwg and it was an accumulative total of the two year period. The Chair referred to the Welsh Ambulance Service Trust (WAST) continually reviewing their rosters in order to make efficiencies within the service and to be able to attend incidents more quickly and efficiently and queried whether this had resulted in improvements. R. Whitehead advised that the latest roster had been completed and added that he would be able to confirm the position outside of the meeting. The Chair queried whether there had been an assessment of the red calls that were recorded as red as per the data, compared to the actual acuity of the patient where the paramedic or clinician was on site and what percentage would have actually been red. R. White advised that some of that work had been completed and had led to some changes in that much of the growth in red demand was being driven by how the clinical triage system treated patients with breathing difficulties.

	R. Whitehead added that when reviewing the notes of the incidents there was a very high proportion of them not meeting the definition of red and some of that work had now seen a reduction in the overall number of resources sent to every red call, with a single response now being provided as opposed to a multiple response. R. Whitehead confirmed that there was further work to be undertaken with the introduction of clinical screening. The Chair referred to the percentage of delays that were caused by WAST, which were showing as 25% and advised that it would be helpful to be provided with information on this so that the Committee could gain a bigger picture of what was happening. R. Whitehead advised that the 25% was referencing in terms of process delays for responding to that red call. R. Whitehead confirmed that they could look at providing this information for a future meeting.
Resolution	The report and presentation was **NOTED.**
Action	To review the latest WAST roster outside of the meeting and feedback on the outcome.
Action	To provide further information on the 25% of delays caused by WAST to a future meeting of the Committee.
5.4	**Multi Agency Event at Princess Wales Hospital (POW)** G. Hughes presented the report on the outcome of the Multi Agency Event that was undertaken at POW to support improved patient flow, recognise and unblock delays, as well as challenge, improve and simplify the discharge process. The Chair advised that she had read the report whilst considering the recent issues that had occurred at POW and queried how much of this was still relevant, and queried whether Local Authorities had they stepped up in order to help the Health Board manage the situation that had arisen during the critical incident. G. Hughes confirmed that good engagement had been received from all of the Local Authorities and advised that whilst there had been an initial decrease in the volume of delays experienced within the Bridgend Local Authority area, delays had started to increase recently which was in the process of being addressed by teams.
Resolution:	The Committee **NOTED** the report.
5.5	**Taff Vale Practice Proposed Branch Closures** G. Hughes provided the Committee with an update on the proposed closure of Taff Vale Practice branches. C. Donoghue advised that given the strength of feeling in relation to the closures it was good to hear that Llais were involved and queried whether they had a sense of patient feedback so far. G. Hughes advised that nothing had been escalated and there had been no specific activity on social media. L. Prosser advised that whenever a proposal change arises the barrier would always be public transport. She added that people were resourceful and would find ways of getting to where they needed to be. L Prosser advised that more

	attention needed to be paid to public transport barriers when undertaking service change proposals and advised of the need to ensure contingencies were put into place where public transport barriers were evident. The Chair queried where this item would be monitored after the meeting today. E. Walters confirmed that the position would be monitored via the new Operational Delivery Committee.
Resolution	The Committee **DISCUSSED** and **NOTED** the update.
	Princess of Wales Hospital (POW) Building Update L. Prosser presented the report that provided the Committee with an update on the progress in relation to the building issues at the POW Hospital. The Chair advised that whilst it was important that the Accountable Officer letter had been published in the public domain, she advised that she was concerned that the figures were currently estimated given the possibility that further funding would become available. S. May confirmed that in terms of the Business Case, this was approved at the end of October and submitted to Welsh Government on the 1st November, with approval being received on the 8th November. S. May advised that ahead of that approval some early work had been undertaken due to £500k being made available to the Health Board from Welsh Government. S. May confirmed that in terms of approvals there was £24.5m associated with the roof, the fire enforcement work, new windows, electrical works and the temporary intensive care unit. There was also £2.5m included for increasing the bed capacity at Ysbyty Cwm Cynon and Ysbyty George Thomas which would provide longer term decant solutions. S. May added that appropriate procurement elements including notices had been put into place and that Welsh Government had worked rapidly to get this approval of this magnitude through in such a short space of time. G. Hughes confirmed that with regard to the bed capacity, there was a residual gap of 75 beds, some of which had been mitigated. He added that the Health Board had lost 79 operating sessions and 29 endoscopy sessions which would have an impact on planned and routine care. Members noted a proposal had been submitted to Welsh Government for £16.427m for this year and a further £11m for next year in order to put additional capacity into place which would include four mobile theatres and two additional endoscopy rooms on a temporary basis. G. Hughes added that some patient pathways had been changed for stroke and trauma to the Royal Glamorgan Hospital (RGH) and all non-ambulatory medicine and surgery diverted to RGH which was now running at full capacity with a possible risk to planned care performance of 6.5k patients breaching before the

	end of the year. Members noted that the Team were working on a plan to mitigate this risk. S. May advised that an assurance meeting with Welsh Government had been held on the 11th November in order to discuss progress and service impacts and the Health Board were requested to submit a formal paper. S. May confirmed that the capital funding had been approved confirmation was being awaited in regards to the revenue impacts. L. Prosser advised that it was worth noting that a formal update would be provided to the Health Board at the November 2024 public Board meeting. G. Hughes wanted to put on record the response from the estates, capital, operational and clinical teams and the level of flexibility from all staff which had been exceptional and extraordinary and added that it was CTM at its best in responding to this challenge. G. Hughes added that they had also received fantastic support from the Royal College of Nursing (RCN).
6.	**SUSTAINING OUR FUTURE**
6.1	**Month 6 Finance Report**
	S. May presented the Month 6 Finance Report and provided a verbal update on Month 7. The Chair queried whether Welsh Government would be likely to take the same approach in relation to the National Insurance increase issues which would have a significant impact. S. May advised that whilst she expected this to be the case, a discussion would need to be held with Welsh Government to determine the position. The Chair referred to the additional money referred to for dealing with performance issues in relation to the POW roof and queried whether that would be offset with the additional allocation that had been identified. S. May advised that it was unclear at this point and added that this was being handled in two parts, planned care and the other costs that had been put forward of £4.4m. However, there was a possibility that it could come out of the fair share money. S. May advised that alongside this there was the understanding of the flow of funds that sits underneath it and if you were to look at the spend per waited head then CTM would be one of the lowest. The team were in the process of analysing the position which would be shared at the next meeting of the Operational Delivery Committee, which would provide a helpful counter balance.
Resolution	The Committee **NOTED** the report.
6.2	**Month 6 Finance Performance Report** S. May presented the Month 6 Finance Performance Report.
Resolution	The Committee **DISCUSSED** and **NOTED** the report.

6.3	**Integrated medium Term Plan** E. Beadle presented the report. S. May advised that given that the revised budget would not be going to the Senedd until the 10th December 2025 the allocation letter might be slightly delayed. E. Beadle advised that given that the Health Board had not yet received the formal planning guidance from Welsh Government, work was being undertaken on the likely expectations and commissioning intentions that set the framework.
Resolution	The Committee **NOTED** the report with particular consideration of the risks to delivery of a balanced financial plan alongside delivery of the Health Board's objectives
6.4	**Capital Update** S. May presented the report. S. May advised that the report had been produced for the October meeting of the Committee that had been stood down and had not been updated to include the pre Princess of Wales Hospital works, the associated additional beds at Ysbyty Cwm Cynon and Ysbyty George Thomas and the £2.7m slippage applied to medical equipment. The Chair queried whether Llantrisant Health Park would be delayed or whether it was likely that the Health Board would still receive the funding for it to progress. S. May confirmed that whilst it had a separate project team and there were some challenges, there was still an expectation that this would be presented to the Infrastructure Investment Board in November. L. Prosser advised that the Llantrisant Health Park was a separate programme and was facing potential delays due to having to wait until the end of November, however, given external discussions at very senior level it was likely that CTM would get the approval to continue with the programme and no delay with the funding. S. May in response, advised that they have had to incur costs that they did not have an allocation for at the moment which was a risk. The Chair referred to the IT software and queried where that was on the priority list. S. May advised that this would be subject to a separate allocation and time line that was not reflected within this.
Resolution	The Committee **NOTED** the funding position for 2024/25, commitments made against this allocation and the bid submitted to Welsh Government for additional year-end funding; **NOTED** the spend to date, risks re delivery and plans in place to deliver a breakeven position; **NOTED** the priority schemes submitted to

	Welsh Government as part of the all Wales NHS prioritisation framework and work progressing on a number of these schemes.
7.	**Legacy Matters**
7.1	**Planning Performance & Finance Committee Final Close-down legacy Report – April – November 2024** E. Walters presented the final close-down report of the Committee for the period April – November 2024.
Resolution	The report was **ENDORSED FOR BOARD APPROVAL.**
8.	
8.1	**Forward Work Plan**
	The Forward Work Plan was discussed under Agenda Item 7.1 Legacy Matters.
8.2	**Committee Highlight Report to Board**
	It was agreed that the Corporate Governance team would draft the Highlight report for approval by the Committee Chair and Executive Leads.
8.3	**Any Other Urgent Business** There was no urgent business to raise on this occasion.
8.4	**How did we do in this meeting** The Chair advised members that should they have any comments following the meeting then these needed to be emailed to the Corporate Governance Team. The Chair extended her thanks to all Members and attendees for their contribution and attention to detail over the last few years.
9.	**DATE AND TIME OF NEXT MEETING**
8.1	Operational Delivery Committee – 28 January 2025 at 9:30 am

Agenda Item	10.1.1a

Unapproved Minutes of the Planning Performance and Finance (CLOSED) In Committee Meeting

Date and Time of Meeting	Thursday 14th November 2024 4:30 pm
Venue	Virtual via Microsoft Teams

Members Present	Patsy Roseblade	Chair/Independent Member
	Dilys Jouvenat	Independent Member
	Carolyn Donoghue	Independent Member
	Hayley Proctor	Independent Member
In Attendance	Linda Prosser	Executive Director of Strategy and Transformation
	Sally May	Executive Director of Finance & Procurement
	Gethin Hughes	Chief Operating Officer
	Elizabeth Beadle	Assistant Director of Transformation
	Emma Walters	Head of Corporate Governance & Board Business
	Kathrine Davies	Corporate Governance Manager
Meeting Observers	Donna White	Senior Finance Manager Planned & Unscheduled Care

Agenda Item	Meeting Business
1.	**PRELIMINARY MATTERS**
1.1	**Welcome and Introductions**
	The Chair **WELCOMED** everyone to the meeting.
1.2	**Apologies for Absence**
	• Gareth Watts - Director of Corporate Governance/Board Secretary • Julie Denley - Deputy Chief Operating Officer/Director of Primary, Community, Mental Health & LD • Nathan Couch - Audit Wales • Rachel Rowlands – Independent Member
1.3	**Declarations of Interest**
	G. Hughes declared that he was Chair of the Endoscopy Group.
2.	**MAIN AGENDA**

2.1	**Regional Diagnostic Programme – Endoscopy and Radiology Business Cases** L. Prosser and E. Beadle presented the report and provided a presentation. L. Prosser advised that whilst the Business Cases were in the process of being finalised, she thought it would be helpful to provide the Committee with an update on the progress prior to the Business Case being presented to the November 2024 Board meeting for approval. The Committee discussed the Business Cases in detail and agreed that any approval would have to be contingent on the capital and revenue being agreed as far as able in the first instance. The Committee discussed the costs in relation to the presumed partner and whether the partner recognised the importance of the caveats and the costs that might be incurred. Further detail and assurance was required in relation to costs incurred and any withdrawal costs. L. Prosser outlined the expectation that the price will align to the relevant English CDC tariff E. Beadle suggested that and update could be provided to the Corporate Governance Team for circulation to Committee Members following the Regional Diagnostic Board Meeting Taking place on Tuesday 19 November.
Resolution	The Business Case update was **NOTED**. The Committee sought further assurances on the associated business cases prior to them being received at the November Board Meeting and agreed that any approval would have to be contingent on the Capital and Revenue being agreed first. Subject to Board approval, the business cases will be considered at the Regional Diagnostics Board and required approvals will be sought from Aneurin Bevan and Cardiff and Vale University Health Boards. Arrangements will be made to formally present these two business cases to Welsh Government.
Action	Further detail to be provided following the Regional Diagnostic Board.
3.	**CLOSE OF MEETING**

Agenda Item
10.1.2

Operational Delivery Committee

RATIFICATION OF CHAIRS ACTION: APPROVAL OF THE ALL-WALES JOB EVALUATION POLICY & PROCEDURE

Dyddiad y Cyfarfod / Date of Meeting	28/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
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**
Welsh Partnership Forum	20/11/2024	Endorsed for approval
Urgent Chair's Action – People & Culture Committee Members by Email	10/12/2024	Approved

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 The purpose of the report is to present the All Wales Job Evaluation Policy and Procedure, which has been endorsed for implementation by the Welsh Partnership Forum.

1.2 A request seeking urgent support for approval of policy was circulated on the 10 December 2024 following agreement with the People & Culture Committee Chair. This resulted in the following responses indicating support from Committee IMs:

- Dilys Jouvenat – Independent Member (Committee Chair)
- Geraint Hopkins – Independent Member
- Hayley Proctor – Independent Member

This was approved on the 16 December 2024 and the Assistant Director of Governance, Policy and Risk was notified.

2. Specific Matters for Consideration

2.1 All Wales Job Evaluation Policy & Procedure

2.2 The Welsh Partnership Forum has recently developed in partnership, an All-Wales Job Evaluation Policy and Procedure. The new policy was approved at the Welsh Partnership Forum meeting held on 20 November 2024. This All Wales Policy applies to all NHS Wales employees.

2.3 The purpose of the policy:

Sets out the requirements for fulfilling the National Agenda for Change Job Evaluation Scheme, across NHS Wales, to ensure a consistent approach across all organisations.

The Policy is available in English and Welsh and has been equality impact assessed.

2.4 The Local Partnership Forum endorsed the All-Wales Flexible Pensions Policy on 1st October 2024, to be presented to the Operational Delivery Committee for approval on the 28 January 2025.

3. Key Risks / Matters for Escalation

3.1 This policy has been developed in line with the nationally agreed NHS Job Evaluation Scheme.

Introduced in 2004, the scheme is used to determine the pay bands for all staff on Agenda for change (AfC) contracts and relies on consistent application within organisations and across the service.

The scheme is based on fairness and equality in line with equal pay legislation and is a continuing requirement as organisations develop new services and roles and incorporate the job evaluation process into procedures, particularly, but not exclusively, organisational change and service improvement.

The Job Evaluation Handbook contains guidance on interpreting and applying the AfC Job Evaluation scheme and National Job Profiles which have been development nationally and approved by the Executive on behalf of Staff Council.

4. Assessment

5. Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Creating Health If more than one applies, please list below: Inspiring our People
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: 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))*	Learning, Improvement & Research If more than one applies, please list below: Leadership
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Equitable If more than one applies, please list below: Person Centred
	No - Not Applicable

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☐
	Outcome for Equality POSITIVE All People Policies are subject to an EWLIA Outcome for Welsh Language POSITIVE People Policies are available in Welsh	If no, please include rationale below: N/A
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
	There could be legal implications if the policies are not adhered to, as identified and if applicable.	
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 Operational Delivery Committee is asked to **RATIFY** the **APPROVAL** of the All-Wales Job Evaluation Policy & Procedure undertaken via Chair's Urgent Action as set out above.

6. Next Steps

6.1 Following approval, the policy will be uploaded onto SharePoint and distributed across the Health Board for immediate implementation.

Job Evaluation
Policy and Procedure

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru yn Gweithio mewn Partneriaeth
NHS Wales Working in Partnership

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Section 1

Policy scope, principles and benefits

1.Introduction

This policy has been developed in line with the nationally agreed NHS Job Evaluation Scheme

Introduced in 2004, the scheme is used to determine the pay bands for all staff on AfC contracts and relies on consistent application within organisations and across the service. The scheme is based on fairness and equality in line with equal pay legislation and is a continuing requirement as organisations develop new services and roles and incorporate the job evaluation process into procedures, particularly, but not exclusively, organisational change and service improvement.

The Job Evaluation Handbook contains guidance on interpreting and applying the AfC JE scheme and National Job Profiles, which have been developed nationally and approved by the executive on behalf of Staff Council.

This policy and procedure will set out the requirements for fulfilling the scheme across Wales to ensure a consistent approach across organisations.

2.Policy statement

NHS Wales is committed to the fair and consistent application of the Agenda for Change (AfC) NHS job evaluation scheme (JE) both at national and local organisation level.

This is in line with the commitment of employers, trades union representatives and Welsh Government to work in partnership to maintain a fair and consistent NHS pay system which supports NHS Service modernisation and delivery and meets the reasonable career aspirations of staff.

3.Scope

This policy applies to all staff employed under Agenda for Change terms and conditions of service

4.Principles

The aim of this policy is to ensure that all NHS Wales organisations are consistent in their application of the national job evaluation scheme. In addition, the policy sets out the process for approval and application of NHS Wales Job Descriptions where they are available and the review of these job descriptions on a three yearly cycle.

Section 2

5. Governance Arrangements

All employers in NHS Wales are required to ensure they have effective systems and arrangements in place to discharge their AfC responsibilities. They are accountable for ensuring compliance with AfC policy and the NHS Wales Job Evaluation Scheme Handbook.

Specific actions include –

- Working in partnership at a local level with an appointed Management and Staff Side Job Evaluation Lead (see annex 1). Organisations should provide facilities time to staff side leads to enable them to participate in JE lead work. This does not include sitting on panels which should be treated in the same way as management JE panel members.
- Provide suitably funded job evaluation support who can provide guidance and administration of the job evaluation processes.
- Have trained job evaluation trainers to provide training in the various job evaluation packages (see annex 2).
- Have an appropriate number of both management and staff side trained JE practitioners in matching, analysis, evaluation and consistency checking.
    - Management practitioners can be anyone who is not representing a union.
    - Staff practitioners do not need to be, accredited trade union representatives, but they should be employed by their local organisation and be nominated by and accountable to their local trade union branch and/or staff side. When sitting on panels staff side practitioners should not use facilities time but be released from their substantive role in the same way a management practitioner is.
- Ensure appropriate records and information is kept on CAJE (Computer Aided Job Evaluation System) to be able to provide
    - Local and NHS Wales monitoring and consistency checking of activity.
    - Robust notes on decisions and audit trails that would stand up in legal proceedings.

6. Job Descriptions

6.1. NHS Wales Approved National Job Descriptions

NHS Wales Job Descriptions are intended to ensure consistency in role descriptions for key roles across NHS Wales organisations. The aim of this is to facilitate movement and progression, together with ensuring equal pay for equal value within and across organisations. As these form part of National terms and Conditions, where an NHS Wales approved job description is in place, organisations must use this Job Description for relevant roles. These Job Descriptions will be subject to review on a minimum 3-year cycle to ensure they are up to date. These are available through the Wales Job Evaluation web pages https://www.nhsconfed.org/wales/nhs-wales-employers/job-evaluation and will be added to as NHS Wales job descriptions are developed.

6.2. Job Descriptions

An NHS Wales Job Description Template has been developed to -

- address attraction and recruitment challenges arising from overly lengthy job descriptions that didn't really identify what the job was about
- Aid in sharing approved job descriptions across Wales
- Increase the creation of NHS Wales Job descriptions

Where an NHS Wales approved Job Description is not available, the Job Description template must be used for all new job descriptions and/or when a job description is used for recruitment purposes. All AfC staff must have an up to date and agreed job description that describes the role, and the tasks required of them to carry out their job. It should not be about the individual person in the role. It is the means by which our employees understand what has to be achieved and can be used to determine criteria by which their performance

will be assessed. There is guidance on writing job descriptions in the Introduction to Job Evaluation and Writing Job Descriptions guide.

6.3. Organisation Job Descriptions

Where NHS Wales Approved Job Descriptions are not suitable for particular roles, organisations may have their own library of generic job descriptions which can be used. Again, these should be on the NHS Wales Job Description Template and should be subject to a three-year review to ensure they are still fit for purpose.

6.4. Individual Job Descriptions

It is important to remember that where there is no suitable NHS Wales or organisation job description then job descriptions for individual roles should be developed, remembering that this is for the role and not the person in the role.

6.5. Reviewing Job Descriptions to ensure they are up to date

All staff must have the duties that they undertake reviewed against their job description on an annual basis as a minimum to ensure they reflect the role to be carried out. Organisations must develop their own local process to undertake this, ensuring it is part of the PADR process and where a job description is more than 3 years old it must be reviewed in full.

Organisations must ensure that members of staff are undertaking the role detailed in their job description. Where this is not the case then organisations must –

- Allocate an appropriately banded job description for the role being undertaken which may involve a re-banding of pay
- Review the wider role in the department which may involve ensuring that the member of staff works to their current job description

It is also important to review the job description when roles are redesigned, changed as a consequence of service redesign, or a vacancy occurs. Organisations must check whether there is an appropriate NHS Wales approved or local job description to fit the role before developing a new job description.

Depending on the level of change to role the following options would be available –

- Identify if there is an NHS Wales Job Description that better matches the role required and the duties being undertaken
- Agree no changes to the job description - no further action
- Agree changes to the job description. The job evaluation team must be consulted to assess the job description in partnership. The outcome will be -
    - Advice that the changes have no effect on the current pay band.
    - Advice that a re-evaluation of pay band is required.

Organisations should have clear processes on how changes to roles will be identified and verified. Any changes must go through the job evaluation process to ensure robust and auditable outcomes

Where job descriptions cannot be agreed there must be an attempt to reach agreement using an early resolution approach. If an agreement cannot be reached and there is no resolution, then employees can choose to use the Wales Respect and Resolution policy.

6.6. Re-evaluation of Changed Jobs (Re-evaluation of Pay Band)

Where it is agreed that the demands of the post have changed significantly, a re-evaluation of the post needs to be carried out which should assess the whole job.

The result could be being allocated a NHS Wales Job Description or when none exists by submitting a new agreed job description which details the skills and responsibilities applicable to the post.

If the banding outcome changes as a result of re-evaluation, that change should be backdated to when the postholder and manager agree that the job had changed. This could vary depending on how long the member of staff has been carrying out the duties or the time it has taken to develop and match the new job description. This date should be agreed before the re-evaluation takes place.

Disputes about back-dating should be resolved through local procedures.

7. Job Evaluation Process

In order to assign an appropriate pay band to a job description it must go through the job evaluation process. The full process for both job matching, job evaluation and consistency checking is available in the NHS Job Evaluation Scheme Handbook. Procedures should be consistent across Wales for ease of monitoring (see annex 3).

8. New and Updated National Job Profiles

From time-to-time new national job profiles are developed or current ones updated via requests from employers and trade unions. Employers will want to prepare for this in advance by ensuring that job descriptions are up to date, and staff are undertaking the duties against the job description. Organisations will need to ensure they have sufficient job evaluation capacity to handle an increase in activity when this occurs.

9. Further Advice

The full process for both job matching, job evaluation and consistency checking is available in the NHS Job Evaluation Scheme Handbook.

Further advice can be sought from your local Job Evaluation Leads the NHS Wales Job Evaluation Lead and if required this can be escalated up to the UK Job Evaluation Group (JEG).

Annex 1

Outline for Organisation Job Evaluation Scheme Leads

The benefit to the organisation of appointing JE Leads is to ensure the organisation is applying the Job Evaluation Scheme in line with that nationally agreed, which will ensure roles are appropriately banded and the graded scheme is consistently applied.

The role of the Job Evaluation Leads (JE Leads) is to support the organisation to maintain specialist detailed knowledge of the NHS Job Evaluation Scheme and processes. They will be experienced JE practitioners, with one representing management and one representing, and appointed by, a recognised trade unions/staff side in the organisation.

Partnership working is an essential requisite of the JE Scheme, and it is essential that the organisation has a partnership pair of job evaluation leads, together they share the responsibility and ownership of the JE processes and how they operate within the organisation, supports the transparency and integrity of the process.

Working in Partnership the JE Leads have a joint responsibility to

- Ensure that nationally agreed good practice guidelines contained in the NHS Job Evaluation Handbook and supplementary guidance sent out by the NHS Staff Council are integrated into the organisation's job evaluation policies and practices.
- Keep up to date on NHS Job Evaluation developments and share recommended practice locally, keeping Job Evaluation practices up to date and relevant to the organisation.
- Work with management and staff side to ensure that Job Evaluation Policies and Procedures are monitored and reviewed in partnership.
- Provide advice and guidance to employees, managers, and accredited staff representatives about good practice in job evaluation process, on all aspects of the scheme and the interpretation of the organisations JE policies. For example, the evaluation of new and changed jobs.
- To ensure that there are adequate numbers of trained job matchers and evaluators to meet the demands of the organisation including keeping an up-to-date register of trained matchers and evaluators.
- Alert the organisation to any failures in process or operation of the JE process which may expose the organisation to equal pay challenges.
- Keep an overview on the management and storage of documentation involved in job evaluation so that a clear audit trail is maintained in the recording of panel decisions and JE processes.
- Have an awareness of the national Job Evaluation Group (JEG) and provide a link to the national group in terms of seeking their technical advice and guidance where required.

Technical competence

- Trained in all aspects of the NHS Job Evaluation Scheme including Job Matching, Job Evaluation and Job Analyst and Consistency checking
- Be the technical experts and advise the organisation on the application of the Scheme

- Understanding of equal pay legislation
- Ability to implement and ongoing maintenance of the JES within organisation
- Working knowledge of CAJE or other similar electronic system for storage and audit of outcomes.
- Keep their own technical knowledge up to date by undertaking refresher training as required and accessing NHS Employers websites for up-dates on profiles etc.

Behavioural competence

- A commitment to working in partnership and ensuring this is embedded within the organisation's JE Scheme processes
- A commitment and ability to challenge poor practice in order to ensure the credibility and governance of the scheme is maintained.
- Resilience
- Ability to influence others
- Ability to mediate and build consensus when opinions differ
- Ability to work as part of a Team, build local capacity for panels and ensure succession planning
- Ability to maintain confidentiality and to convey the importance of this to those involved in the scheme.

Skills

- High level attention to detail
- Ability to analyse a large amount of information and draw conclusions from the data.

Support for JE Leads

It is important that JE Leads are given the necessary support and resources to enable them to undertake their roles effectively. This may include, but is not limited to, access to computer systems, administration support, finance to support the individual practitioners training and panel members training.

Annex 2

Job Evaluation Training

Organisations need to ensure that staff are trained in the matching, analysis, evaluation and consistency checking processes of the NHS JE Scheme for continuity

Every job evaluation practitioner is required be up to date on current practices, before they take part in local panels/processes.

It is essential that organisations keep a register of names of practitioners and trainers.

JEG has developed a number of courses that cover the full scope of the NHS Job Evaluation Scheme. All courses should be completed in order, as the second, third and fourth courses require attendees to have a level of experience in NHS job evaluation. This training is endorsed by the NHS Staff Council.

In Wales, we have our own trained trainers delivering the JEG courses at a local and national level. There are no costs to organisation other than the release of time for the trainers and the provision of training materials. Each organisation should have its own JE trainers in partnership who will provide training in their own organisation and also assist in training across Wales where needed. By using shared trainers across Wales, it enables training to be provided free of charge.

The following JEG accredited courses are available and can be delivered face-to-face and virtually.

Stage 1 - Job Matching Course (2 days)

A course for new and inexperienced members of staff in job evaluation.

Job matching is the main method of undertaking job evaluation (JE) within the NHS.

All practitioners that sit on matching panels should be trained to ensure they understand the scheme and the methodology it uses. As all JE work should be completed in partnership, we try to run this course with equal numbers of management and staff-side representation.

Stage 2 - Consistency Checking Course (1 day)

This is a course for those who have already completed the job matching course, with a good understanding of job evaluation and a desire to undertake consistency checking in their organisation.

All job evaluation outcomes must go through consistency checking. This work is often undertaken by the two job evaluation leads, or alternatively, an experienced partnership pair who are up to date in JE practices.

Stage 3: Job analysis and Job evaluation (2 days)

This course is course designed for experienced job matchers who will have some understanding of how to assign values across the 16 factors.

On the rare occasion that a role is so specialised and unique that it cannot be matched to a national job profile, it must be fully evaluated. This requires analysis and evaluation by trained practitioners of the job analysis questionnaire that is agreed by the post holder and/or line manager. Most roles match to profiles, so an organisation would not need to train all practitioners in analysis and evaluation, but a select few, experienced practitioners.

Stage 4: Refresher training (1 day)

This is a condensed course to be completed by job evaluation practitioners who may need a refresher to remain up to date with job evaluation practices.

WALES JOB EVALUATION UNIT COURSES

CAJE Administrators Course (1/2 Day)

This course is for those who are responsible for the administration of the Computer Aided Job Evaluation (CAJE) system. All new administrators must attend this course to ensure consistency and good practice across Wales. Having a standard approach to using the system enables organisations to undertake local consistency checks and have a good auditable trail for all job evaluation outcomes.

Train the Trainer (1 day)

This course is for experienced JE practitioners to provide JE training in their own organisation and across Wales.

Delegates must have completed the full 2-day job matching training and be experienced in panel work. To deliver the job analysis job evaluation training they must have also completed this course themselves.

Delegates can be either management or staff side job matching practitioners and should be confident in delivering training to an audience and have an engaging interactive aptitude to support all learning types

Annex 3

Job Evaluation Process

In order to assign an appropriate pay band to a job description it must go through the job evaluation process.

This should be carried out using the Computer Aided Job Evaluation (CAJE) web-based system. Members of the job evaluation team must be trained to use the system to ensure consistency across Wales and have their own login details. Job descriptions should be numbered with the agreed Wales code which enables organisations and Wales monitoring to easily identify roles. All new job descriptions and re-evaluation of pay bands should be entered onto CAJE as a new job with a new job match reference code e.g. 2024/0012

The following has been taken form the NHS Job Evaluation Scheme where you can find the full processes.

Job Matching

Job matching is an analytical way of evaluating as many different jobs as possible to nationally evaluated profiles in the most efficient and consistent manner possible. Job matching avoids the need for many local evaluations

- Job matching is carried out by a panel of between three and five representatives comprising both management and staff side, who must have been trained as job matchers in the NHS Job Evaluation Scheme. The majority of roles are expected to match to a national profile.
- Once matched it must be checked for both quality and consistency by two trained JE practitioners in partnership.
- The outcome, including a copy of the matched job report, should be sent to the relevant manager following the local processes and procedures in place. Where there is a job holder in the role the outcome must also be notified to the member(s) of staff, including a copy of the matched job report, details of the proposed pay banding and what to do in case of disagreement.

Job Evaluation

Local evaluation is much more detailed and thorough than job matching, so it is important to be sure that a local evaluation is necessary before starting the process.

A job will need to be evaluated, where an attempt has been made to match them to one or more national profiles, but this has not proved possible, for example unusual and/or very specialist clinical and non-clinical NHS roles or jobs going through role re-design.

- As part of the full job evaluation process the member of staff (where there is one) and manager compete a job analysis questionnaire (JAQ) which is analysed by two representatives comprising both management and staff side, who must have been trained as job analysts in the NHS Job Evaluation Scheme.

- Once the JAQ has been agreed the job evaluation is carried out by a panel of between three and five representatives comprising both management and staff side, who must have been trained as job evaluators in the NHS Job Evaluation.
- Once evaluated it must be checked for both quality and consistency by two trained JE practitioners in partnership.
- The outcome, including a copy of the evaluation job report, should be sent to the relevant manager following the local processes and procedures in place. Where there is a job holder in the role the outcome must also be notified to the member of staff, including a copy of the evaluation job report, details of the proposed pay banding and what to do in case of disagreement.

Review Process

In the event that groups of staff or individuals are dissatisfied with the result of matching or evaluating they may request a review which must be submitted within three months of notification of the original panel's decision.

All reviews must be entered onto CAJE using the original job match reference code and adding an 'R' to the end of the job match reference to indicate it is a review e.g. 2024/0012R

- In order to trigger a review, the jobholder(s) must provide details in writing of where they disagree with the match or evaluation and evidence to support their case. It is good practice for organisations to have a review evidence form listing the factors for the jobholder(s) to complete. Jobholders only need to provide information on the factors where they disagree.
- The review must be carried out in partnership by a panel of between three and five representatives comprising both management and staff side, the majority of whom should be different from the original panel.
- A review panel will –
  - Confirm the same match / evaluation outcome.
  - Confirm a match to a different profile or make a different evaluation. The band can go up or down.
  - Possibility of referring the job for full evaluation (JAQ).

Once the full job evaluation process has been completed the job holder has no right of appeal beyond the review panel if their complaint is about the banding outcome. However, in the event that the jobholder can demonstrate that the process was misapplied they may use the All-Wales Respect and Resolution policy. Where this is upheld, a possible remedy may be to use a new panel or escalate to the Wales Job Evaluation Lead who can arrange for a new panel outside of the organisation.

NHS Wales Approved/ Shared Job Descriptions

NHS Wales Approved Job Descriptions do not need to and should not be taken through organisational job evaluation processes.

However, there are occasions where organisations may want to use a job description that hasn't been through their own job evaluation process. For example: There is a job description available that has been through the evaluation process in another NHS Wales organisation and has been agreed for sharing at All-Wales level.

Jobs that have been approved for wider sharing must be uploaded to your own CAJE account and advice has been produced by the NHS Job Evaluation Group (JEG) to support employers when using a job description that has been developed and banded by another organisation. In all these situations the employer must ensure that:

- They are satisfied and can prove that the job matches to a national profile or evaluates at the stated band **AND**
- The outcome is consistent with other jobs within that employer **AND**
- They have an audit trail demonstrating that the pay band can be justified.

Wales has an agreed process for sharing of job descriptions which have been banded by other NHS organisations in Wales (see annex 4). It is important to remember that when adding a Wales or Shared job description to your CAJE account you use the same job match reference to allow for the monitoring of use.

Updating Job Descriptions

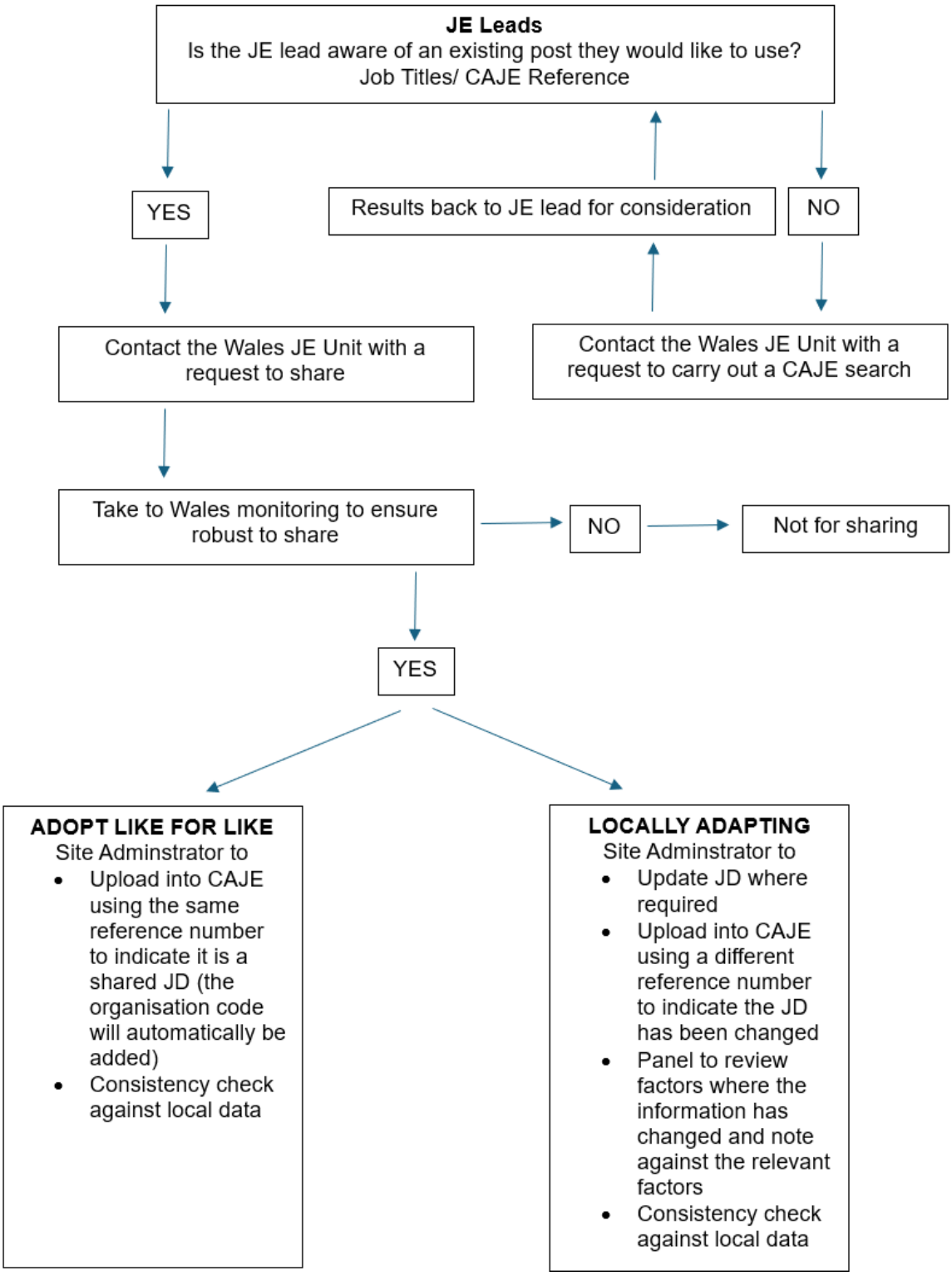
A substantial amount of job evaluation work involves updating/amending job descriptions that have already been matched/evaluated or using a pre-banded job description to develop a new one i.e. basing the job description on one that already has a band outcome.

These must be assessed by the job evaluation team in partnership to see if the changes impact upon the pay band.

The process for dealing with these types of updated/amended jobs can be found in Annex 5.

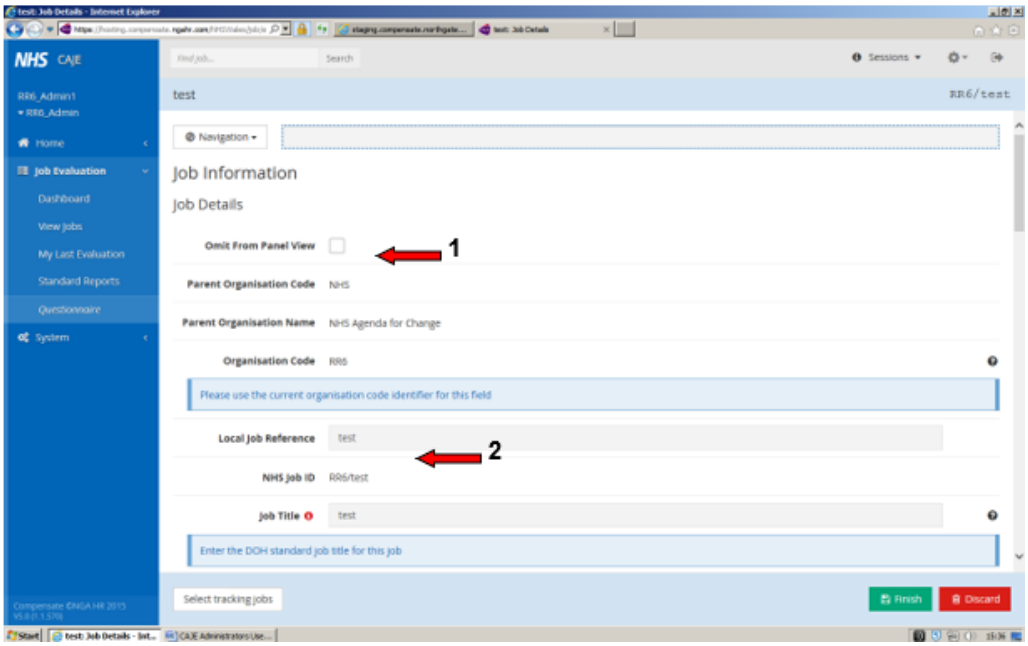
Annex 4

Wales Process for Sharing of Job Descriptions



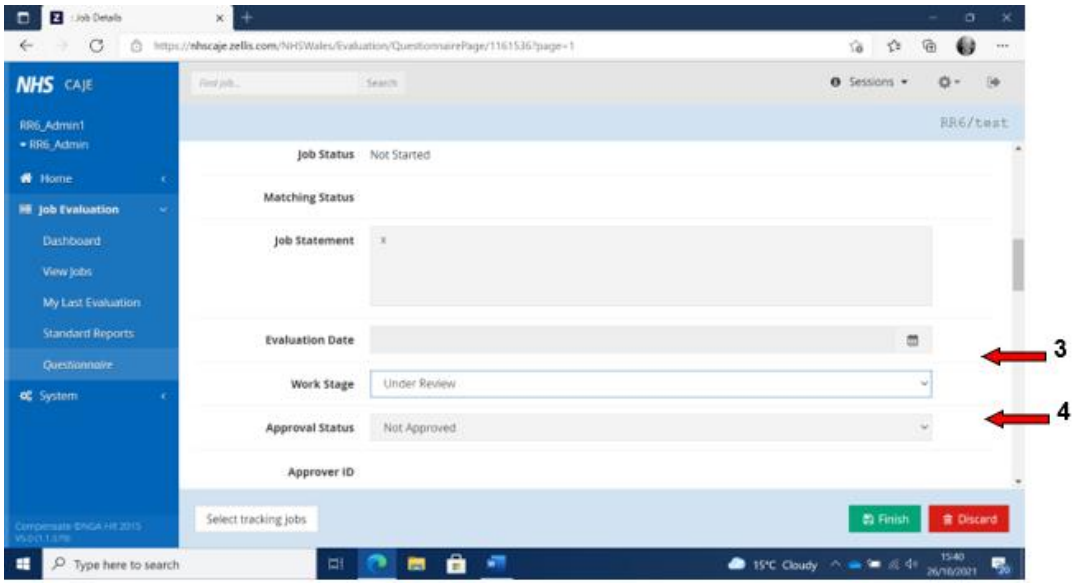
Adopting the JD Like for Like

In CAJE add a New Evaluation and complete the Job Details page as you would usually when adding a job but remembering the following:



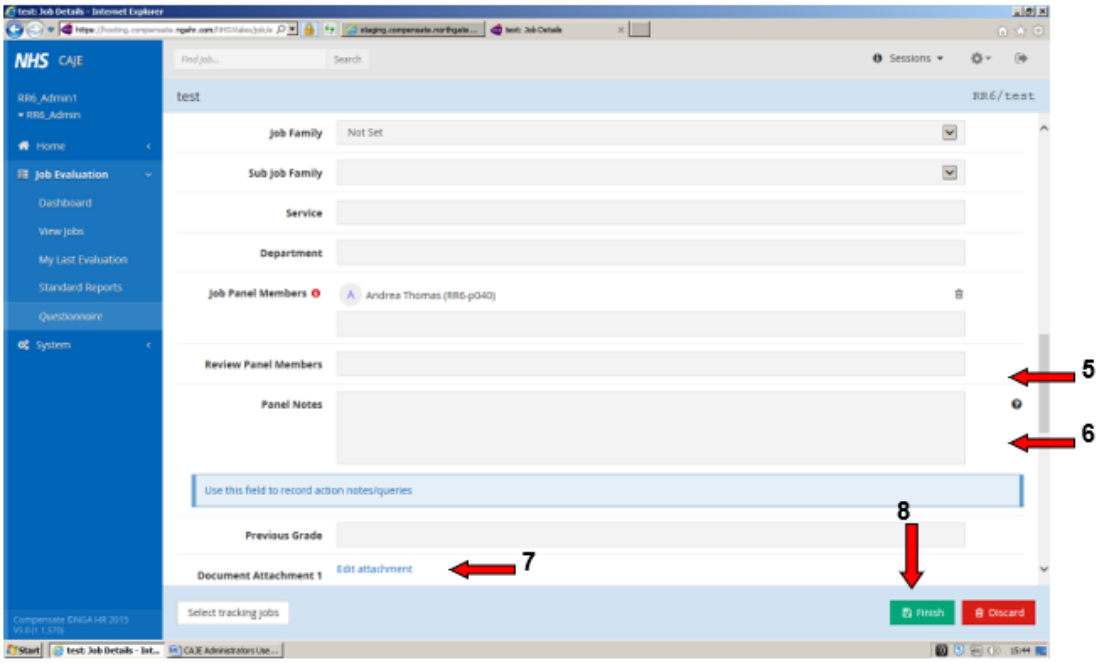
1 Click in the 'Omit from Panel View' box.

2 Add in the same CAJE reference - Please use the same reference code when adding to CAJE. This helps identify it as a shared JD. (Your Org Code will automatically be added by CAJE)



3 The evaluation date should be the date job description was approved for sharing

4 Change both ‘Work Stage’ and ‘Approval Status’ to ‘Approved’



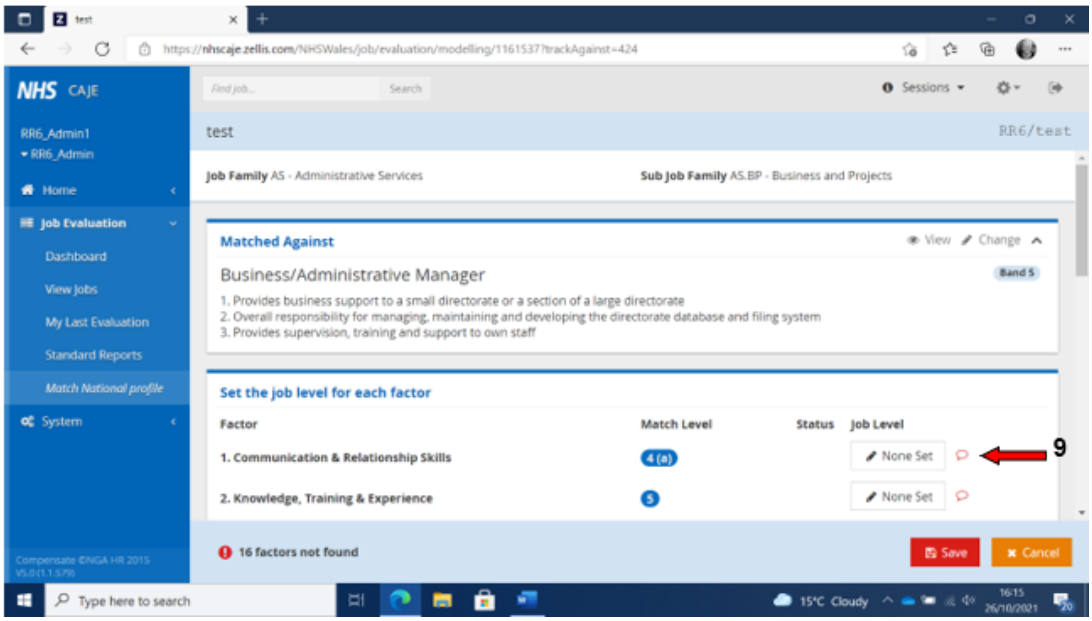
5 Job Panel Members should be the person entering the job onto the system

6 Add a panel note for audit trail e.g., ‘Matched by ABMUHB code RVC/2017/0093 and approved at Wales Monitoring for wider sharing’ or ‘Wales job description CYM/Wales/2024/0003’

7 Upload your JD

8 Finish and proceed to Profile Matching

9 Chose the same profile that was originally used and copy ALL the information and scores from the Job Match report into CAJE as if you were carrying out a job match and save. This is ready for partnership consistency checking against organisation data before release



Locally Adapting the JD

Follow the steps above, however as this will be looked at by a panel you will need to –

1 Give the JD your own CAJE reference code because you are changing the JD

2 Enter the panel members details

3 Make a note in the panel notes that the JD has been adapted e.g., 'Matched by ABMUHB code RVC/2017/0093 and adapted for local use'

4 The panel should review the information that has been changed or updated, all other scores should remain the same

5 Once completed and save you should follow through your usual local consistency checking and approval steps.

Annex 5

Wales Process for Updated/Amended Job Descriptions

In order to know how many jobs of this type are being processed and to ensure an audit trail the following process should be followed using CAJE.

This process should only be followed where updates and amendments are not significant enough to change the band. This assessment should be carried out in partnership by the job evaluation team.

All jobs that have been updated or amended should use the same job match reference code and add an 'A' to the end of the job match reference to indicate it is an amended job description e.g. 2024/0012A and a number relating to the number of times this original JD has been used.

Only original job descriptions should be used when updating but these can be used several times to create different jobs. Therefore, you may have

- 2024/0012A1
- 2024/0012A2
- 2024/0012A3.

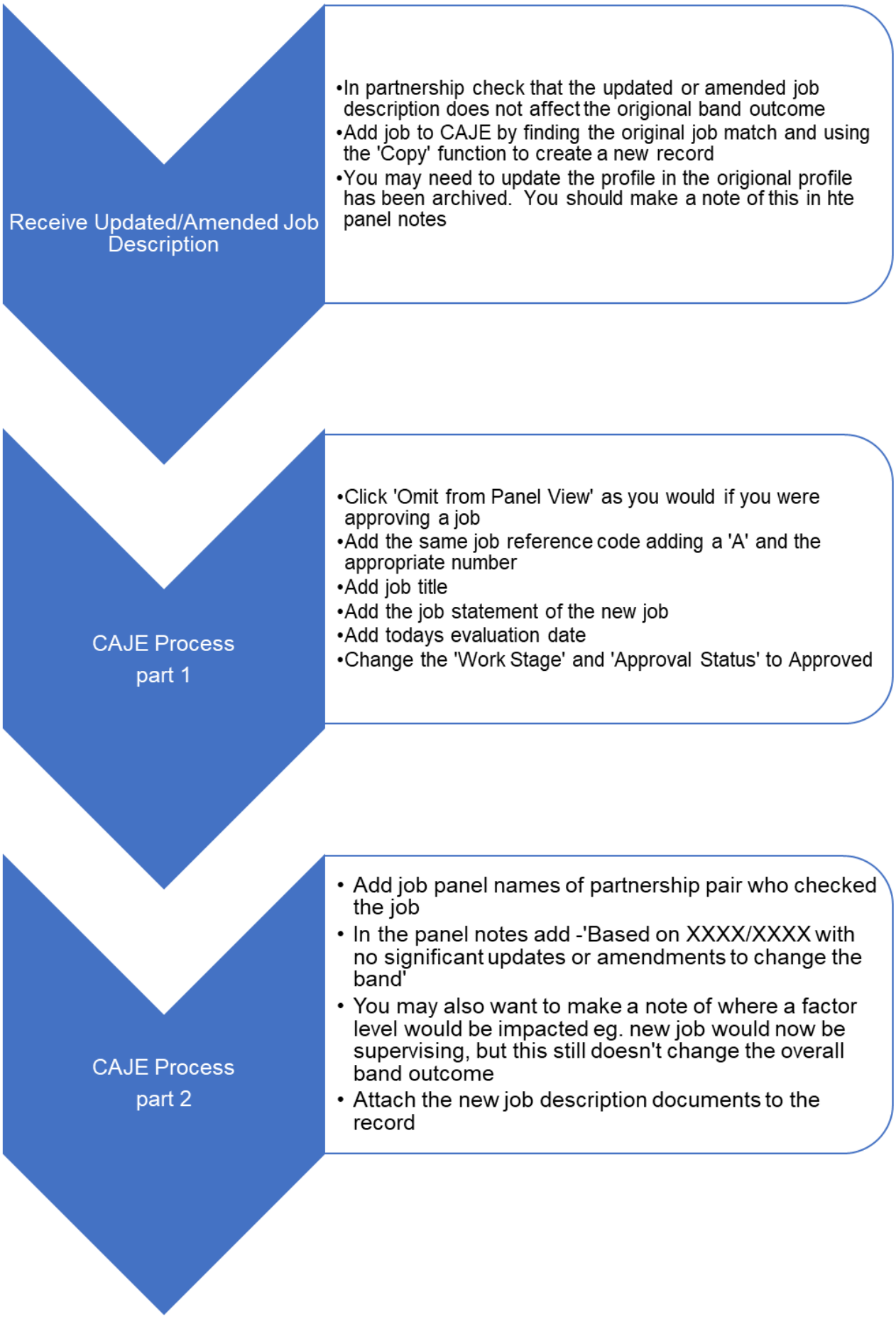
They may or may not have the same job title. For example, Radiology Secretary 2024/0012 may become –

- Radiology Secretary 2024/0012A1
- Rheumatology Secretary 2024/0012A2
- Clinical Secretary Radiology Secretary 2024/0012A3

As an audit trail it is clear to see that job description 2024/0012 has been updated or amended but the changes were not significant enough for it to need matching.

You should not use Rheumatology Secretary 2024/0012A2 as a basis for updating or amending as this is not an original JD. You should refer the manager to Radiology Secretary 2024/0012.

The approval date on the job description should be the date it was checked.


Receive Updated/Amended Job Description
•In partnership check that the updated or amended job description does not affect the origional band outcome
•Add job to CAJE by finding the original job match and using the 'Copy' function to create a new record
•You may need to update the profile in the origional profile has been archived. You should make a note of this in hte panel notes
CAJE Process part 1
•Click 'Omit from Panel View' as you would if you were approving a job
•Add the same job reference code adding a 'A' and the appropriate number
•Add job title
•Add the job statement of the new job
•Add todays evaluation date
•Change the 'Work Stage' and 'Approval Status' to Approved
CAJE Process part 2
• Add job panel names of partnership pair who checked the job
• In the panel notes add -'Based on XXXX/XXXX with no significant updates or amendments to change the band'
• You may also want to make a note of where a factor level would be impacted eg. new job would now be supervising, but this still doesn't change the overall band outcome
• Attach the new job description documents to the record

Equality Impact Assessment Template

For:	Job Evaluation Policy
Date form completed:	25/03/2024
Name of Completer	*Louise Bannister*

Outline

The purpose of the Job Evaluation Policy is to provide a guide to the PTHB staff of the various Job Evaluation processes, providing explanations of the eligibility for each process.

Background

This Policy has been developed with the intention of condensing the format of the guidelines to the Job Evaluation process for members of staff, which has been achieved by implementing a toolkit for each Job Evaluation process to provide clear and concise guidance.

Engagement has taken place with HR Business Partners and service users who participate in the JE process on a regular basis.

Welsh Language

PTHB Job Evaluation promotes and supports the use of Welsh Language within their Job Descriptions. The Welsh Language Skills Requirement Toolkit is included within the Job Evaluation Authorisation Form for managers to assess their Welsh Language requirements. Advert text is essentially required bilingually which is obtained via Powys.WelshTranslations@wales.nhs.uk

How does Job Evaluation service promote Equality?

Embedded within all the Job Evaluation training presentations are the principles of the NHS Job Evaluation Scheme which includes Equality, avoidance of bias, ensure the job description is non-discriminatory, compares jobs fairly and assesses job roles as opposed to the post holders.

Job Evaluation Training

The consecutive two-day training for Job Matching is available bi-monthly.

Job Matchers/Consistency Panellists/JAQ require training to be available to undertake Job Evaluation matching and evaluating. It is therefore imperative that a continual process of recruitment is undertaken.

Equality Impact Assessment Template

Challenges for the Job Evaluation service

Panellist Resources

The success and timely completion of the Job Matching process is reliant on trained staff being released from their normal duties on a weekly/regular basis.

Resource implications are carefully monitored on a quarterly basis between the Staff and Management Side Leads.

Managers may need support from the JE Team or HR Advisors with the Job Evaluation process overall.

Conclusion

The Job Evaluation Policy has been updated to reflect current best practice and has been consulted upon and endorsed by WPRG in March 2024.

The implementation of the JE Toolkit is to streamline the JE process to save time and resources for staff and management.

The new streamlined Toolkit will be monitored as to its success to improve service delivery overall.

Equality Impact Assessment Table

Please see the table below which shows that the impact on the various groups have been considered and assessed.

Equality Impact Assessment Template

Equality Impact Assessment Template

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	Persons are not differentiated any differently in the Job Evaluation process in terms of age. Equality is at the centre of Job Evaluation in its entirety, along with avoidance of bias. The JE process evaluates the role to be undertaken and not the person in the role. There is no evidence to suggest that the policy would have a positive or negative impact.		
Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	Persons with a disability are not differentiated any differently in the Job Evaluation process. Equality is at the centre of Job Evaluation in its entirety, along with avoidance of bias. The JE process evaluates the role to be undertaken and not the person in the role.		

Equality Impact Assessment Template

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
	There is no evidence to suggest that the policy would have a positive or negative impact.		
People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	Persons with different genders are not differentiated any differently in the Job Evaluation process. Equality is at the centre of Job Evaluation in its entirety, along with avoidance of bias. The JE process evaluates the role to be undertaken and not the person in the role. There is no evidence to suggest that the policy would have a positive or negative impact.		
People who are married or who have a civil partner.	Persons with are married or who have a civil partner are not differentiated any differently in the Job Evaluation process. Equality is at the centre of Job Evaluation in its entirety, along with avoidance of bias. The JE process evaluates the role to be		

Equality Impact Assessment Template

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
	undertaken and not the person in the role. There is no evidence to suggest that the policy would have a positive or negative impact.		
Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	Women who are in this category are not differentiated any differently in the Job Evaluation process. Equality is at the centre of Job Evaluation in its entirety, along with avoidance of bias. The JE process evaluates the role to be undertaken and not the person in the role. There is no evidence to suggest that the policy would have a positive or negative impact.		
People of a different race, nationality, colour, culture or ethnic origin including non-English speakers,	Equality is at the centre of Job Evaluation in its entirety, along with avoidance of bias. The JE process evaluates the role to be		

Equality Impact Assessment Template

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
gypsies/travellers, migrant workers	undertaken and not the person in the role. There is no evidence to suggest that the policy would have a positive or negative impact.		
People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	Equality is at the centre of Job Evaluation in its entirety, along with avoidance of bias. The JE process evaluates the role to be undertaken and not the person in the role. There is no evidence to suggest that the policy would have a positive or negative impact.		
People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	Equality is at the centre of Job Evaluation in its entirety, along with avoidance of bias. The JE process evaluates the role to be undertaken and not the person in the role.		

Equality Impact Assessment Template

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
	There is no evidence to suggest that the policy would have a positive or negative impact.		
People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	Job Evaluation promotes and supports the use of Welsh Language within their Job Descriptions There is no evidence to suggest that the policy would have a positive or negative impact.		
People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	N/A		
People according to where they live: Consider people living in areas known to exhibit poor economic and/or health	N/A		

Equality Impact Assessment Template

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
indicators, people unable to access services and facilities. This also may include wifi poverty, travel poverty and fuel poverty.			
Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	N/A		

How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

Equality Impact Assessment Template

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	N/A		
People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive	N/A		

Equality Impact Assessment Template

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales			
People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	N/A		
People in terms of their use of the physical environment:	N/A		

Equality Impact Assessment Template

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			
People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks;	**N/A**		

Equality Impact Assessment Template

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities			
People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	Job Evaluation is undertaken in conjunction with the National Job Evaluation Group and Agenda for Change		

Agenda Item
10.1.3

Operational Delivery Committee

Committee Annual Cycle of Business 2025

Dyddiad y Cyfarfod / Date of Meeting	28/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval

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

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 The Operational Delivery Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

1.2 The Cycle of Business covers the period 1 January 2025 to 31 December 2025.

2. Specific Matters for Consideration

2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

3. Key Risks / Matters for Escalation

3.1 Please refer to **Appendix 1** – Operational Delivery Committee Cycle of Business for further detail.

4. Assessment

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

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below:	
Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Operational Delivery Committee are asked to **APPROVE** the Annual Cycle of Business.

6. Next Steps

6.1 There are no next steps required.

Operational Delivery Committee – Annual Cycle of Committee Business

(1st January 2025 to the 31st December 2025)

The Annual Cycle of Committee Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business. The Annual Cycle of Committee Business will be complemented by a "Non-Routine Committee Business (Forward Plan)" for 'one-off' Adhoc items raised during the course of meetings.

The role of the Committee is set out in CTMUHB's standing orders and the Terms of Reference, both of which are available here: Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board (nhs.wales)

The Operational Delivery Committee meets at **least 4 times per annum**.

Committee Chair:	**Committee Vice Chair**	**Executive Leads for Agenda Planning**
• Rachel Rowlands, IM Community	• Ian Wells, Independent Member - Digital	• Gethin Hughes, Chief Operating Officer

CTMUHB Committee Business:

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Committee Governance Arrangements																
1. Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑			⚑			⚑			⚑			⚑ If all actions are complete	⚑ If there are actions in progress / overdue actions
2. Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑			⚑			⚑			⚑			⚑	X
3. Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑			⚑			⚑			⚑			⚑	X
4. Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑			⚑			⚑			⚑			⚑ Except for the annual review in November	⚑ Annual Review only
5. Committee Annual Report	Director of Corporate Governance / Board Secretary	Annually				⚑									X	⚑
6. Outcome of Annual Committee Self-Assessment	Director of Corporate Governance / Board Secretary	Annually				⚑									X	⚑

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Committee Governance Arrangements CONTD																
7. Terms of Reference Review	Director of Corporate Governance / Board Secretary	Annually				⚑									X	⚑
People Activity																
8. Wellbeing Survey and Staff Survey – Delivery Action Plans	Executive Director of People	All Regular Meetings	⚑			⚑			⚑			⚑			X	⚑
9. Welsh Language Annual Report	Executive Director of People	Annually							⚑							
Digital & Data Activity																
10. Digital & Data Delivery Report *(encompassing IG, Cyber, Medical Records, critical incidents)*	Director of Digital	All Regular Meetings	⚑			⚑			⚑			⚑			X	⚑
11. Information Governance Toolkit	Director of Digital	Annually				⚑									X	⚑
Risk Management																
12. Organisational Risk Register (Assigned Risks)	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑			⚑			⚑			⚑			X	⚑
Planning Framework																
13. IMTP Quarterly Updates	Executive Director of Strategy & Transformation/ Chief Operating Officer/Executive Director of Finance	All Regular Meetings	⚑			⚑			⚑			⚑			X	⚑
14. IMTP Annual Submission	Executive Director of Strategy & Transformation/ Chief Operating Officer/Executive Director of Finance	Annually			*Extra-ordinary Committee for IMTP Sign off* ⚑										X	⚑
15. Capital Plans and Business Cases (in accordance with SoD)	Executive Director of Finance (And other Executive Leads where appropriate)	All Regular Meetings	⚑			⚑			⚑			⚑			X	⚑

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Planning Framework Contd.																
16. Emergency Preparedness, Planning & Recovery Annual Report	Executive Director of Strategy & Transformation	Annually													X	
17. Value Based Health Care Steering Group Highlight Report	Executive Director of Finance	Annually													X	
Integrated Performance Management																
18. Integrated Performance Dashboard To include People Metrics Report *(to include Employee Relations updates as appropriate)*	All Executive Directors	All Regular Meetings													X	
19. Estates Performance Report (Against KPI's)	Executive Director of Finance	Twice Per Annum													X	
20. Estates and Facilities Performance Management System - Annual Report	Chief Operating Officer & Executive Director of Finance	Annually													X	
21. Workforce Efficiency & Productivity Including Resourcing and Retention	Executive Director of People	Twice Per Annum														
22. Urgent and Emergency Care – Six Goals Programme Updates	Chief Operating Officer	Twice Per Annum													X	
Financial Management / Performance																
23. Monthly Finance Reports	Executive Director of Finance	All Regular Meetings													X	
24. Monthly Monitoring Returns	Executive Director of Finance	All Regular Meetings														X
25. Capital Delivery Programme Monitoring Report	Executive Director of Finance	All Regular Meetings													X	

26. Annual allocation of budget setting	Executive Director of Finance	Annually															
27. Investment Activity decisions outside of the IMTP (TBC)	Executive Portfolio Led.	As and when required.	TBC														

Agenda Item
10.1.4

Operational Delivery Committee

Committee Annual Cycle of Business 2025

Dyddiad y Cyfarfod / Date of Meeting	28/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval

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

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 The Operational Delivery Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

1.2 The Cycle of Business covers the period 1 January 2025 to 31 December 2025.

2. Specific Matters for Consideration

2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

3. Key Risks / Matters for Escalation

3.1 Please refer to **Appendix 1** – Operational Delivery Committee Cycle of Business for further detail.

4. Assessment

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

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below:	
Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Operational Delivery Committee are asked to **APPROVE** the Annual Cycle of Business.

6. Next Steps

6.1 There are no next steps required.

Operational Delivery Committee – Annual Cycle of Committee Business

(1st January 2025 to the 31st December 2025)

The Annual Cycle of Committee Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business. The Annual Cycle of Committee Business will be complemented by a "Non-Routine Committee Business (Forward Plan)" for 'one-off' Adhoc items raised during the course of meetings.

The role of the Committee is set out in CTMUHB's standing orders and the Terms of Reference, both of which are available here: Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board (nhs.wales)

The Operational Delivery Committee meets at **least 4 times per annum**.

Committee Chair:	**Committee Vice Chair**	**Executive Leads for Agenda Planning**
• Rachel Rowlands, IM Community	• Ian Wells, Independent Member - Digital	• Gethin Hughes, Chief Operating Officer

CTMUHB Committee Business:

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Committee Governance Arrangements																
1. Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑			⚑			⚑			⚑			⚑ If all actions are complete	⚑ If there are actions in progress / overdue actions
2. Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑			⚑			⚑			⚑			⚑	X
3. Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑			⚑			⚑			⚑			⚑	X
4. Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑			⚑			⚑			⚑			⚑ Except for the annual review in November	⚑ Annual Review only
5. Committee Annual Report	Director of Corporate Governance / Board Secretary	Annually				⚑									X	⚑
6. Outcome of Annual Committee Self-Assessment	Director of Corporate Governance / Board Secretary	Annually				⚑									X	⚑

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Committee Governance Arrangements CONTD																
7. Terms of Reference Review	Director of Corporate Governance / Board Secretary	Annually				⚑									X	⚑
People Activity																
8. Wellbeing Survey and Staff Survey – Delivery Action Plans	Executive Director of People	All Regular Meetings	⚑			⚑			⚑			⚑			X	⚑
9. Welsh Language Annual Report	Executive Director of People	Annually							⚑							
Digital & Data Activity																
10. Digital & Data Delivery Report *(encompassing IG, Cyber, Medical Records, critical incidents)*	Director of Digital	All Regular Meetings	⚑			⚑			⚑			⚑			X	⚑
11. Information Governance Toolkit	Director of Digital	Annually				⚑									X	⚑
Risk Management																
12. Organisational Risk Register (Assigned Risks)	Director of Corporate Governance / Board Secretary	All Regular Meetings	⚑			⚑			⚑			⚑			X	⚑
Planning Framework																
13. IMTP Quarterly Updates	Executive Director of Strategy & Transformation/ Chief Operating Officer/Executive Director of Finance	All Regular Meetings	⚑			⚑			⚑			⚑			X	⚑
14. IMTP Annual Submission	Executive Director of Strategy & Transformation/ Chief Operating Officer/Executive Director of Finance	Annually			*Extra-ordinary Committee for IMTP Sign off* ⚑										X	⚑
15. Capital Plans and Business Cases (in accordance with SoD)	Executive Director of Finance (And other Executive Leads where appropriate)	All Regular Meetings	⚑			⚑			⚑			⚑			X	⚑

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Planning Framework Contd.																
16. Emergency Preparedness, Planning & Recovery Annual Report	Executive Director of Strategy & Transformation	Annually													X	
17. Value Based Health Care Steering Group Highlight Report	Executive Director of Finance	Annually													X	
Integrated Performance Management																
18. Integrated Performance Dashboard To include People Metrics Report *(to include Employee Relations updates as appropriate)*	All Executive Directors	All Regular Meetings													X	
19. Estates Performance Report (Against KPI's)	Executive Director of Finance	Twice Per Annum													X	
20. Estates and Facilities Performance Management System - Annual Report	Chief Operating Officer & Executive Director of Finance	Annually													X	
21. Workforce Efficiency & Productivity Including Resourcing and Retention	Executive Director of People	Twice Per Annum														
22. Urgent and Emergency Care – Six Goals Programme Updates	Chief Operating Officer	Twice Per Annum													X	
Financial Management / Performance																
23. Monthly Finance Reports	Executive Director of Finance	All Regular Meetings													X	
24. Monthly Monitoring Returns	Executive Director of Finance	All Regular Meetings														X
25. Capital Delivery Programme Monitoring Report	Executive Director of Finance	All Regular Meetings													X	

26. Annual allocation of budget setting	Executive Director of Finance	Annually															
27. Investment Activity decisions outside of the IMTP (TBC)	Executive Portfolio Led.	As and when required.	TBC														

Agenda Item
10.2.1a

Operational Delivery Committee

MONTH 7 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	28/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Mark Thomas, Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Sally May, Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
WG	Welsh Government	
M1 etc	Month 1 etc	
ODC	Operational Delivery Committee	
HB	Health Board	

1. Situation /Background

1.1 In addition to our normal internal Finance reports there is a WG requirement for a Committee of the Board to receive the monthly Monitoring Return submissions to WG (narrative report plus certain tables) in order to provide the Committee with transparency on the submission made to WG.

The purpose of this report is to provide the ODC with information from the M7 Financial Monitoring Return submission to Welsh Government

2. Specific Matters for Consideration

2.1 The Welsh Health Circular WHC (2024) 026 – 2024/25 HB, SHA & Trust Monthly Financial Monitoring Return Guidance was issued on 20th May 2024. This guidance refers to the monitoring return template and accompanying narrative that LHBs will need to complete to report their 2024/25 financial performance, together with the following requirements:

The Day 9 submission must be agreed and the narrative signed by both the Director of Finance and Chief Executive before the submission is made to WG. The Board governance, regarding the arrangements for when the Director of Finance and/or Chief Executive is not available, should be set out at the start of the year and shared with the Head of NHS Financial Management.

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month's Financial Monitoring return (consisting of the Narrative, Table A and Tables C, C1, C2 & C3) in order to provide the Committee with, transparency on the submission made to WG.

The following information is provided at Annex A:

Annex A
M7 Narrative report
Table A - Movement
Tables C, C1, C2 & C3

3. Key Risks / Matters for Escalation

3.1 All information made available to WG should be consistent with that provided to the Board. The detailed commentary in the Monitoring Returns must include a statement confirming that the financial information reported in the Monitoring Return aligns to the financial details included with the internal Board papers.

The key information included in the M7 Financial Monitoring returns is summarised in Section 1.2 of the M7 Narrative report at Annex A. This information is consistent with the M7 Internal Board papers.

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? /*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:

Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	POSITIVE/NEUTRAL NEGATIVE 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	Yes (Include further detail below)	
	Financial Management of the Health Board and potential audit qualifications	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Reflects the allocation and utilisation of resources of the Health Board	

5. Recommendation

5.1 The ODC is asked to **NOTE** the contents of the M7 Monitoring Returns submitted to Welsh Government for 2024/25.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
MONITORING RETURNS – OCTOBER 2024
FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 31 October 2024.

The tables attached to this commentary **do not** include the income, expenditure and balances of the NHS Wales Joint Commissioning Committee (NWJCC) which is being financially managed via NWJCC. They do however include the Cwm Taf Morgannwg element of transactions between the parties.

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2024/25

The Financial plan submitted to WG at the end of March 2024 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
B'Fwd challenge at 31 March 2024	**19.4**	**0**	**19.4**
Income changes	(50.4)	0.6	(49.8)
Cost Pressures & Investments:	55.2	1.4	56.6
Savings Target	(26.3)	0	(27.3)
Total plan 23/24	**(2.1)**	**2.0**	**(0.1)**

The Financial plan also identified a net risk to the planned break-even position of £9.4m. The latest risk assessment is provided in Section 3.

1.2 Actual YTD and Forecast 2024-25 (Table A)

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 1	**0.9**	**0.9**	**0**
Month 2	**1.4**	**2.3**	**0**
Month 3	**0.4**	**2.7**	**0**
Month 4	**1.4**	**4.1**	**0**
Month 5	**(0.2)**	**3.9**	**0**
Month 6	**(0.6)**	**3.3**	**0**
Month 7	**(0.1)**	**3.2**	**0**

The main driver for the £0.1m surplus in M6 is a shortfall in savings of

£1.1m offset by other favourable variances of £1.2m.

The main driver for the M7 YTD overspend of £3.2m is a £9.2m shortfall in savings which is offset by other favourable variances of £6.0m. The key components of the M7 YTD position and the year-end forecast are summarised below:

	M7 YTD	**M7 Year-end forecast**	**M6 Year-end forecast**
	£m	**£m**	**£'m**
Savings:			
Shortfall v £24.3m Delegated target	11.0	17.6	18.0
Surplus v £2.2m Non delegated target – Primary care prescribing CAT M savings	(1.8)	(4.1)	(4.5)
Sub total	**9.2**	**13.5**	**13.5**
Operating overspends:			
AB arbitration outcome	1.1	1.9	1.9
AB activity variances	0.4	0.7	0.7
Additional Regional Cataract investment	0.5	0.9	0.9
POW temporary maternity closure	0.2	0.2	0.5
Unscheduled Care Medical pay overspends	1.6	2.7	3.5
Primary Care Prescribing growth above plan	2.1	4.1	4.0
Corporate directorates – pay underspends	(1.6)	(2.7)	(2.8)
JCC Forecast Deficit (inc VCC transfer of service)	1.0	1.8	1.8
Net Other Operating Variances	0.5	(0.9)	(1.3)
Sub total	**5.9**	**8.6**	**9.2**
Financial plan improvements:			
Reduction in Contracting & Commissioning costs (excluding AB UHB)	(2.9)	(5.0)	(5.0)
Agency costs	(1.4)	(2.4)	(2.4)
Energy costs	(0.7)	(1.1)	(1.1)
Non pay inflation	(0.6)	(1.0)	(1.0)
Pay contingency v 23/24 anticipated recurrent allocation	(0.6)	(1.0)	(1.0)
Non pay reserve for planned care activity increases	(0.4)	(0.7)	(0.7)
Other Cost pressure reserves	(1.0)	(1.8)	(1.8)
Other	(0.6)	(1.0)	(1.0)
Sub total	**(8.2)**	**(14.0)**	**(14.0)**
Accountancy gains	**(3.7)**	**(6.3)**	**(6.3)**
POW Roof integrity issues (see below)	**0**	**0**	**0**
Total	**3.2**	**1.7**	**2.3**
Further improvement needed to achieve planned break-even position		(1.7)	(2.3)
M7 Year-end forecast		**0**	**0**

POW Roof integrity issues

Further to recent discussions with WG, the Health Board submitted a detailed proposal on 11 November to address the pressures associated with Planned and Unscheduled care/other following the critical incident at POW. The funding request is summarised below and the £16.4m needed in 24/25 has been included as an anticipated allocation in this monitoring Return submission.

	Assumed funding 24/25	Assumed funding 25/26
	£m	£m
Original PCR plan	3.9	0
Impact of POW on PCR plan	8.1	7.1
Impact of POW on USC/Other	4.4	4.1
Total	**16.4**	**11.2**

Since the £16.4m has not yet been agreed with WG, we have also included a risk assessment of £4.4m in Section 3 below. This Our risk assessment is as follows:

	Assumed funding	Committed	Not yet committed	Risk assessment
	£m	£m	£m	£'m
Original PCR plan	3.9	0.5	3.4	0
Impact of POW on PCR plan	8.1	0	8.1	0
Impact of POW on USC/Other	4.4	4.4	0	4.4
Total	**16.4**	**4.9**	**11.5**	**4.4**

It is also important to highlight that, in addition to the £4.4m POW risk, the financial risks that the Health Board is trying to manage still remain high (See Section 3) and there is a significant risk that the In year and Recurrent forecasts could deteriorate in the coming months.

Recurrent forecast

The current year forecast noted above is underpinned by a number of non recurrent benefits (e.g. Accountancy gains £6.3m) which therefore has an impact on the underlying financial position. The recurrent forecast has deteriorated in M7 and this is discussed further in Section 2.

1.3 Material income and expenditure category movements between the current period actual and the previous month forecast (Table B & B1)

	October			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M7 £'000	M6 £'000	Movement £'000
RRL	118,213	117,864	349	1,508,727	1,484,892	23,835
Donation/Grants	0	0	0	130	130	(0)
Welsh HBs & NHST	6,751	6,269	482	77,048	76,566	482
WHSSC	988	982	6	12,652	12,646	6
WG Income	204	45	159	688	529	159
Other Income	4,217	4,010	207	48,390	48,183	207
Income Total	**130,373**	**129,170**	**1,203**	**1,647,636**	**1,622,947**	**24,689**
PC Contractor	13,184	13,237	(53)	159,941	158,532	1,409
PC - Drugs	9,320	9,280	40	106,312	105,472	840
Pay	57,155	57,206	(51)	694,463	688,881	5,582
Non Pay	9,884	9,643	241	113,719	112,612	1,107
SC - Drugs	5,627	5,053	574	60,478	59,904	574
H/C Other NHS	23,809	23,400	409	282,086	281,377	709
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	6,319	5,836	483	70,406	69,083	1,323
Private & Vol	699	1,016	(317)	19,394	12,311	7,083
Joint & Other	28,512	50	28,462	13,427	(20,370)	33,797
Losses, Spec Payments	(27,202)	990	(28,192)	2,419	34,561	(32,142)
DEL	2,866	2,919	(53)	34,942	35,030	(88)
AME	51	40	11	90,181	85,723	4,458
Res & Cont	0	0	0	0	0	0
P&L on Dispoal	36	0	36	(131)	(167)	36
Cost - Total	**130,260**	**128,670**	**1,590**	**1,647,636**	**1,622,947**	**24,689**

Actual expenditure for M7 was £1.6m (1.24%) greater than the £128.7m forecast. The most significant movements between the forecast and actuals were as follows:

- **Other Income - £482k Favourable** – recognition of Q2 non-LTA income relating to pass through costs.
- **Provider Pay - £51k Favourable** – This is the net impact of a £1.1m increase in pay costs in M7, mainly relating to Nursing Pay costs, offset by a £1.2m retrospective recovery of overpayments in salary relating to prior years.
- **Secondary Care Drugs - £574k Adverse** – correction of a retrospective error £580k.
- **Healthcare NHS - £409k Adverse** – Recognition of year-to-date impact of new allocations for JCC £1.0m.
- **CHC & FNC - £483k Adverse –** Anticipated accountancy gain not actioned £240k plus an increase in MH placements £243k.

- **Joint & Other and Losses & Special Payments - £28,462k Adverse & £28,192k Favourable –** As discussed, a retrospective correction has been applied to match losses recovery from WRP with the cost of settlements.

The year-end forecast expenditure at M7 has increased by £20.2m to £1,643m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M6 are as follows:

- **Primary Care Contractor - £1,409k Adverse** – Forecast adjusted to reflect Community Pharmacy Contract settlement of £1.4m with matching allocation.
- **Primary Care Drugs - £840k Adverse** – Forecast adjusted to reflect the prior year discount error £0.5m together with a deterioration in NCSO impacting CAT M savings by £0.3m.
- **Provider Services Pay - £5,582k adverse** – Recognition of the estimated impact of the POW critical incident plus planned care recovery plans, offset by the £1.2m retrospective recovery of overpayments noted above. An anticipated allocation has been established to recognise the estimated POW impacts.
- **Provider Services Non Pay - £1,107k adverse** – Recognition of estimated impact of the POW critical incident plus planned care recovery plans. An anticipated allocation has been established to recognise these estimated costs.
- **Secondary Care Drugs - £574k Adverse** – correction of a retrospective error £580k.
- **Healthcare NHS - £709k Adverse** – Recognition of new allocations for JCC £1.0m, offset by £0.3m forecast improvement in SBU NICE recharge.
- **CHC & FNC - £1,323k Adverse –** Recognition of estimated impact of POW incident together with a deterioration in the MH placement forecast. An anticipated allocation has been established to recognise the POW Impact.
- **Private & Voluntary - £7,083k Adverse –** Recognition of estimated impact of POW incident plus planned care recovery plans. An anticipated allocation has been established to recognise these plans.
- **Joint & Other and Losses & Special Payments - £1,655k Adverse –** As noted in the current month section above, a retrospective correction has been applied to match losses recovery from WRP with the cost of settlements. The current forecast reflects revised RIF plans and latest estimate of settlements.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts are:

- M7 – 12 reflect the latest planning assumptions for the temporary arrangements to support the POW incident upon Unscheduled care and other areas £4.4m
- M8 – 12 reflect the latest planning assumptions for the planned care recovery of £12m. Further details of the uncommitted £11.5m of plans is shown in section G Reserves & Contingencies of Table B.
- Provider Pay – M11 reflects impact of increased enhancements for Christmas & New Year Bank Holidays
- Provider Non-Pay – M12 reflects the IFRS 16 adjustment
- Primary Care Prescribing reflects latest assessment of dispensing days and the impact of the autumn Flu vaccination campaign.
- Anticipated accountancy gains of £3.1m have been profiled across CHC and Non-Pay from M7 to M12.
- Further mitigating actions to achieve the additional savings plans of £1.7m have been profiled across pay from M8 to M12.

The forecast expenditure has not recognised the 24/25 pay settlement for Medical & Dental, Agenda for Change and Executive Pay staff which is anticipated to be processed in M8. This will be reflected in our M8 submission with a matching anticipated allocation.

The Health Board has adopted the national mapping of financial codes to MMR categories for 2024/25, as such there has been some changes to where expenditure had been reported in previous years including the 24/25 IMTP.

1.4 Pay Expenditure (Table B2)

The M7 Pay expenditure was £59.1m and the monthly trend is summarised below.

	M7	Q2* Average	M6	M5	M4	Q1* Average	Q4 Average
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	7.4	7.5	7.5	7.5	7.6	7.5	7.4
Medical	15.6	16.0	21.9	15.4	15.9	16.1	15.5
Nursing	18.4	18.2	18.2	18.1	18.2	18.2	19.0
ACS	7.4	7.5	7.4	7.6	7.4	7.4	7.5
Other	10.0	9.8	9.8	9.7	9.8	9.8	9.8
Total	**59.1**	**58.9**	**64.8**	**58.3**	**59.0**	**59.1**	**59.3**

Q2* Average has been adjusted to reflect impact of pay arrears relating to prior periods.

The Key issues to highlight are as follows:

- The Medical & Dental pay award was processed in M6 including arrears. The arrears processed were Circa £6.8m and the estimate of the in year pay award is circa £0.7m per month.
- Total pay expenditure in M7 was £59.1m this remains consistent with the Q2 average adjusted for the M&D pay award of £58.9m.
- M7 remains consistent with Q2. However, M7 includes a recovery of overpayments of salary relating to prior years of £1.2m and an offsetting increase in current month expenditure of £1.1m, mainly within Nursing costs.
- Agenda for change staff within bands 1-3 have received an increase in salary to reflect the real living wage from M1. The estimated impact is £0.2m per month. It is assumed this increase will be fully funded by WG.

The key future forecasting adjustments relates to the impact of the POW temporary arrangements and the planned care recovery plans from M7 to M12. The M11 profile also reflects the impact of increased enhancements for Christmas & New Year Bank Holidays.

The impact of the recently announced Medical & Dental, Agenda for Change and Executive pay awards have not been recognised in M7.

The M7 agency expenditure was £3.2m and the monthly trend (excluding accountancy gains) is summarised below:

	M7	**Q2 Average**	**M6**	**M5**	**M4**	**Q1 Average**	**Q4 Average**
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**
Medical	0.8	0.9	0.5	0.9	1.1	0.9	1.2
Nursing	1.8	1.9	1.9	1.9	1.8	1.9	2.1
Other	0.6	0.7	0.7	0.6	0.7	0.6	0.8
Total	**3.2**	**3.4**	**3.1**	**3.4**	**3.7**	**3.4**	**4.1**

The Key issues to highlight are as follows:

- The Q2 average cost was consistent with Q1.
- M7 is broadly consistent with the Q2 average.

As at M7 no material changes to the future profiles of agency expenditure are anticipated and the forecast expenditure has reflected this.

The M7 variable pay expenditure was £5.0m and the monthly trend (excluding accountancy gains) is summarised below.

	M7	Q2 Average	M6	M5	M4	Q1 Average	Q4 Average
	£'m	£'m	£'m	£m	£'m	£'m	£'m
Medical	2.0	2.1	1.8	2.2	2.4	2.1	2.1
Nursing	1.2	0.9	1.0	0.9	0.9	0.9	1.2
ACS	1.3	1.2	1.2	1.3	1.2	1.2	1.3
Other	0.6	0.6	0.6	0.6	0.6	0.6	0.6
Total	**5.0**	**4.8**	**4.6**	**4.9**	**5.1**	**4.8**	**5.2**

The Key issues to highlight are as follows:

- The Q2 average cost was consistent with Q1.
- M7 has seen an increase in Bank expenditure and overtime within Nursing and Additional Clinical Services.

In recognition of the impact of the POW temporary arrangements and the planned care recovery plans, a significant increase in variable pay is now anticipated in future profiles.

1.5 Covid analysis (Table B3)

	M7	YTD	Forecast	Allocation	Forecast Variance
	£'m	£'m	£'m	£'m	£'m
Health Protection and Vaccination	0.57	2.70	5.5	5.6	(0.12)
PPE	0.05	0.31	0.6	0.4	0.17
Adferiad	0.10	0.63	1.1	1.1	(0.05)
Total	**0.72**	**3.64**	**7.2**	**7.2**	**0**

There are no key issues to highlight at M7.

2. Underlying position (Table A1)

The B'fwd recurrent deficit at the end of 2023/24 was £19.4m and the planned recurrent surplus at the end of 24/25 was £(2.1)m.

During M7 we have deteriorated the underlying position to a forecast underlying deficit at the end of 2024/25 of £8.3m. The 'bridge' between the current year forecast and the recurrent forecast is summarised below:

	£m
Forecast In year position 24/25	**0**
Balance sheet write backs	6.3
Other non recurrent benefits in 24/25	2.0
Forecast Recurrent position at the end of 24/25	**8.3**

It is important to highlight, that most of the risks to the In year break-even forecast which are noted in Section 3 also apply to the forecast underlying deficit. These risks are summarised below and there is a significant risk that the underlying position could deteriorate further in the coming months:

	£m
Forecast Recurrent position at the end of 24/25	**8.3**
Risks:	
Risk of the 24/25 pay award not being fully funded	1.0
Risk of assumed funding for Real Living Wage for social care of £3.4m not being fully funded.	1.0
Further improvement needed to achieve planned break-even position	0
Delivery risk on forecast improvement in Delegated position compared to straight line	1.9
Other cost pressure risks	1.6
ABUHB LTA baseline- Activity Risk	1.1
POW critical incident – See section 1.2	11.2
Total risks to the forecast recurrent position at the end of 24/25	**17.8**

It is also important to note that the forecast recurrent deficit of £8.3m includes the AB arbitration outcome of £1.9m plus the AB activity variances of £0.7m (see Section 1.2). The risks to the forecast £8.3m recurrent deficit also include a further £1.1m relating to the ABUHB baseline activity risk.

3. Risk Management (Table A2)

The key financial risks and opportunities for 2024/25 are noted in Table A2 and are summarised below:

	Month 7 £m	Month 6 £m	Comment
Funding risks:			
Risk of the 24/25 pay award not being fully funded	1.0	tbc	Further clarification needed on funding assumptions for 24/25. The £1m is only the estimated impact of not funding pay awards for bank staff.
Risk of assumed funding for Real Living Wage for social care of £3.4m not being fully funded.	1.0	1.0	We increased our assumed allocation in M6 by £1m to be consistent with other Health Boards.
Other risks:			
Further improvement needed to achieve planned break-even position	1.7	2.3	Improvement included in year-end forecast at Table A. See Section 1.2.
Delivery risk on latest savings forecast	0	0.2	
Delivery risk on forecast improvement in Delegated position compared to straight line	1.9	3.6	
Other cost pressure risks	1.6	2.0	50% of the High and Medium risks identified by Care Groups, over and above their M7 forecasts.
ABUHB LTA baseline- Activity Risk	1.1	1.1	Risk relating to the ABUHB LTA Activity dispute at 62.5% marginal rate. See Section 9.
Potential pay banding disputes including retrospective application	tbc	tbc	
POW critical incident	4.4	tbc	See Section 1.2
Total Risks	**12.7**	**10.2**	
Opportunities			
Further Balance sheet opportunities in 24/25	tbc	tbc	£6.3m now included in year-end forecast at Table A (M6: £6.3m).
Review of Annual leave provision	tbc	tbc	
Retrospective vat recoveries – Microsoft contract	tbc	tbc	Updated assessment from DHCW indicates a potential £2.3m benefit, but high level of risk.
Other Non Recurrent Opportunities	(1.0)	tbc	
Total Opportunities	**(1.0)**	**0**	
Net risk	**11.7**	**10.2**	**POW critical incident £4.4m, Core plan risks £7.3m**

4. Ring Fenced Allocations (Tables N, O & P)

Tables N & O continue to report the M6 position and will be updated in line with the guidance at M9.

- At M6 GMS was reporting a forecast overspend of £1.6m.

- At M6 GDS was showing a forecast underspend of £1.0m. Since the Health Board has an approved IMTP for 24/25 we are assuming that we can retain any dental underspends. Paul Casey's letter dated 6th March 2024 confirmed that dental patient charges would increase from 1st April 2024. We are therefore assuming that there is no change to the Dental Patient Charge Income target and therefore any additional income because of the increased charges can be retained by the Health Board to support Dental Service Provision.

Table P provides the latest forecast for the ringfenced allocations. A summary is provided in the table below:

	Allocation £'m	**Forecast £'m**	**Comment**
Planned & Unscheduled care Sustainability	18.4	21.5	
Regional Planned Care	7.3	8.2	See note 2 below
Value Based HC	2.1	2.1	
Regional Integration Fund	20.4	23.5	See note 3 below
Core Mental Health	112.6	112.6	
Palliative Care	0.7	0.7	
Further Faster	1.8	1.8	
Critical Care	2.4	2.4	
Urgent Emergency Care	2.7	2.7	
Mental Health Allocation	4.2	4.2	
Planned care	0.6	0.6	
Value Based Healthcare Projects	0.7	0.7	See note 1 below

1. VBHC – The Dr Rupa Chilvers letter dated 1st October 2024 confirmed the In year funding of £655k relating to the approved recurrent bids for Atrial Fibrillation and Alcohol Liaison. We are continuing to anticipate that this funding is recurrent.

2. Regional Planned Care – The Health Board's original plan for utilising the £7.3m regional planned care allocation was as follows:
    - SEW Cataract Business Case £2.5m
    - Endoscopy Capacity £2.3m
    - Diagnostic Capacity £2.5m

Following correspondence from Nick Wood, the CTM contribution for the Regional Cataract Plan was increased by £0.9m in M6 from £2.5m to £3.4m. See Section 1.2.

3. Regional Integration Fund - The £20.4m is the original allocation. The forecast of £23.5m includes several additional in year allocations:
    - Dementia Projects £1.7m - Confirmed Allocation
    - RPB Capital funding for integrated hubs £0.45m - Confirmed Allocation
    - Neurodivergence improvement programme £0.73m - Confirmed Allocation
    - Short Break for Carers £0.2m - Confirmed Allocation.

5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B&C)

See section 1.4.

6. Variable Pay Expenditure (Table B2 – Section D)

See section 1.4.

7. Savings (inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2024/25 includes a £26.3m recurring savings target.

	Month 7			Month 6		
	YTD	**24/25**	**Rec**	**YTD**	**24/25**	**Rec**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**
Savings target as at M7	**15.3**	**26.3**	**26.3**	**13.2**	**26.3**	**26.3**
Actual and Forecast Savings	(6.1)	(12.8)	(13.3)	(5.1)	(12.8)	(13.1)
Total	**9.2**	**13.5**	**13.0**	**8.1**	**13.5**	**13.2**

The table below breaks down the £26.3m savings plan:

	Initial Plan £'m	M7 £'m	YTD £'m	24/25 £'m	Rec £'m
Savings	22.4	1.1	6.1	12.3	12.4
Income Generation	0.6	0.0	0.0	0.5	1.0
To be identified	3.3	0.0	0.0	1.7	0.0
Total Savings	**26.3**	**1.1**	**6.1**	**14.5**	**13.3**
Accountancy Gains	0.0	1.5	3.1	3.1	0.0

The following approaches are being used for savings profiles and savings recognition in 24/25:

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.

- **CHC** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total CHC costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **Primary Care Prescribing**- Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).

- **Non-Recurrent savings** – £2.1m of NR savings plans were removed from the Savings plan in M3 and used to offset operating variances. This change was to reinforce the need to focus on sustainable recurrent savings plans and is consistent with WHC (2024) 026 which states:

  > "As stated in previous years, the savings tables should reflect all savings schemes where management action is required to deliver cash releasing savings. Cost Avoidance Plans that do not require management action to deliver a saving, should be accounted for when calculating the organisation's net Opening Cost Pressure Value; therefore, ensuring that both the Opening Cost Pressure and the Savings Plans are not over inflated at the start of the year."

  All non-recurrent underspends, which are not a result of management action, should therefore be used to offset operating variances and not be reported as a saving.

8. Income Assumptions 2024-25 (Tables D & E)

Table D has been completed and agreed with other NHS Wales bodies, our latest position on agreeing LTAs is provided in Section 9 below.

Table E shows the anticipated allocations assumed within our M7 position. The table below summaries the more material items:

Description	**M7**	**M6**	**Comments**
	£k	£k	
2024/25 RLW A4C Pay award	2,635	2,635	Pending 24/25 pay award settlement
2023/24 & 2024/25 Medical Staff Pay Award	11,819	11,819	Assessment of actual costs of Pay Award. See note 1
Emergency/Urgent Care	1,372	1,372	
RLW Social Care	3,400	3,400	Revised Estimate M6 based upon consistent approach.
AHW – Prevention & Early Years	0	936	Allocation confirmed M7
VBHC Projects	655	655	
WG Funded Trainees	2,062	2,062	Revised estimate following August rotation.
Optometry Contract	825	825	Indicative allocation confirmed by Paul Casey.
CTM Hospital @ Home	500	750	
Improving Waiting Times	492	0	Nick Wood Letter 15/10/24
Additional Community Pharmacy Contract	1,444	0	Emma Willaims Letter 30/10/24
Planned Care Recovery Funding (prior to POW incident)	3,900	0	Letter to Nick Wood 11/11/24
Impact of POW on Planned Care Recovery	8,100	0	Letter to Nick Wood 11/11/24
Impact of POW upon Unscheduled Care/Other	4,427	0	Letter to Nick Wood 11/11/24
IFRS 16 Adjustment	(2,981)	(2,981)	
WRP Recovery	(4,499)	(4,499)	
Capital Charges DEL/AME	94,819	90,440	
Other Allocations	896	1,157	
Total Anticipated Allocations	**129,866**	**108,571**	

1. **Medical & Dental Pay Award** - Medical & Dental Pay Award has been calculated using the actual arrears processed in M6 as noted in the table below:

	HB Payroll £'000	SLE Payroll £'000	Total £'000
Arrears paid - Pensionable	2,620	1,630	4,250
Arrears paid - Non Pensionable	428	715	1,143
Employers NI	421	324	745
Employers Pension	384	239	623
Apprenticeship Levy	15	12	27
Total Arrears Paid M6	**3,868**	**2,920**	**6,788**
M6 – M12 Pay Increase	**3,465**	**1,566**	**5,031**
Total Funding Anticipated	**7,333**	**4,486**	**11,819**

9. Health Care agreements

The latest position in respect to the agreement and signing of our LTAs is summarised below:

Organisation	CTM Provider LTA	CTM Commissioner LTA
ABUHB	Not Agreed – See below.	Agreed & Signed
C&V UHB	Agreed Awaiting Documentation	Agreed Awaiting Documentation
HDda UHB	Agreed & Signed	Agreed & Signed
Powys TUHB	Agreed & Signed	Not applicable
SBUHB	Agreed & Signed	Agreed & Signed
JCC	Agreed & Signed	ICP approved at JCC.
Velindre NHST	Not Applicable	Agreed & Signed
PHW	Agreed & Signed	Not Applicable

Except for ABUHB, all LTA's and SLAs were agreed by the 30th of June 2024.

As required under WHC (2024) 022, our arbitration documentation was submitted on the 1st of July 2024 for the ABUHB LTA dispute. Confirmation of the arbitration decision was issued on the 26th July. However, this did not resolve the activity baseline issue which was the only reason for submitting the arbitration case as the financial baseline had already been agreed by the CEOs. Discussions are ongoing regarding the activity baseline that should be reflected within the LTA arrangement.

Although the LTA quantum of £18.9m has been agreed and recognised, no agreement has been reached in relation to the 24/25 LTA activity baseline that should be recognised for performance monitoring. As at M7 the CTM LTA position recognises £20.2m compared to the ABUHB reported position

of £19.5m. As noted in our risk table there is a difference of circa £1.1m at marginal rates between the ABUHB proposed baseline and the CTMUHB proposed baseline, offset by a difference of £0.4m between the CTM and AB forecast assessment of the 24/25 actual activity performance adjustment at marginal rates.

We wrote to the ABUHB DoF on 8 October 2024 but our proposal was rejected. The CEOs met on the 11th November and discussions are ongoing to resolve this issue.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, M)

10.1 Significant month on month balance sheet movements

There are a small number of significant movements on the balance sheet between M6 and M7:

- Trade and Other payables have increased by £4m. This is due to an increase in capital creditors of £1.2m. The remaining increase is a general increase in trade and Non-NHS creditors.

- Trade and Other Receivables have increased by £1.6m. This is mainly due to an increase in Non-NHS debtors and prepayments of £3.9m offset by a decrease in the Nursing Home Pooled Budget debtor of £2.7m.

- The cash balance has decreased by £4m to £2.4m. The Month 6 balance was at a higher level than usual to cover the estimated back dated pay award.

10.2 Details of any aged receivables/payables (over 11 weeks old) and disputed invoice information

There are two NHS invoices which are due over 11 weeks:

- Invoice 34904 for Public Health Wales – PHW have requested a credit for this invoice and that a replacement invoice is raised for a higher value.
- Invoice 34937 for Powys LHB – The invoice has been manually approved on the intracompany report and Powys have confirmed the invoice will be paid on the next payment run.

11. Cash Flow Forecast (Table G)

The cash balance at the end of M7 was £2.4m. This is back in line with the targeted balance from M6.

The current cash flow forecast is showing a balanced position at year end. However, it is important to note that the cash flow does not include the impact of the recent pay awards, this will be built in future months when there is greater clarification on confirmed allocations.

Within the anticipated allocations is £16.4m relating to the revenue element of the PoW roof expenditure. The latest CRL does not include the capital element of the PoW roof, therefore this is not currently built into the cash flow.

We currently do not project requiring additional working capital balances cash or strategic cash support, however this is dependent on receiving adequate confirmed allocations for items such as the PoW roof and pay awards.

12. Public Sector Payment Compliance (Table H)

No update required in this return.

13. Capital Schemes and Other Developments (Tables I, J &K)

The M7 CRL is £63.623m, issued on the 1st Nov 2024. As at M7, £29.1m has been charged against the CRL mainly in relation to the Prince Charles Hospital Refurbishment - Phase 2 and 3.

Following fixing of the CRL at the end of October , the table below details some of the schemes at risk of not spending as per their current allocation. These are identified as medium or high risks in Table J.

Scheme	Risk	Explanation
PCH G&FF Phase 2 and 3	Medium – in year overspend	Following increased costs in the monthly cashflows and inflationary pressures an additional £6m of CRL was requested at the end of October and was added to the scheme. This still leaves a small risk of overspend which is expected to be offset with the VAT reclaim on the GFF 1B scheme . This reclaim was submitted to HMRC in March 2023 but is hoped to conclude shortly
LHP	High - In year overspend	As discussed at CRM and as per the Strategic Overview submitted 11th September - additional funding of £4.315m is required in year to continue

		with the proposed programme. This has now been increased to a high risk as expenditure will exceed the current allocation next month.
Backlog Maintenance	Medium - In year Slippage	Funding relates to 29 backlog maintenance schemes. While progress is underway there is a risk of slippage on some of these schemes, particularly following the additional works now required on in PoWH linked to the roof and other compliance works. Slippage will be managed through the discretionary capital programme

As per recent discussions with WG, CRL changes are required for the approved PoWH roof scheme and then adjustments to several existing allocations to support this work. These are shown as under/overspends in Table J until the changes are made.

The forecast shows a balanced position against the current CRL however additional funding is required for LHP to maintain this position .

Disposals

There are currently no confirmed disposals of property for 2024/25 however a request for approval to dispose of Pontypridd Health Centre has been submitted to the November Board. If approved a request will then be submitted to WG but disposal is likely to be in 2025/26. A small number of equipment sales are expected throughout the year.

14. IFRS 16 and CAME (Table Q)

Table Q shows the lease payments, interest and depreciation associated with IFRS16 leases. Approval was given for the latest IFRS16 leases at the end of July and these are included in Table Q.

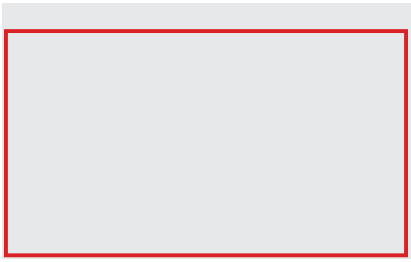
15. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M6 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2 and C3) will be reported to the next meeting of the Planning, Performance and Finance Committee.

13. Authorisation



P Mears
Chief Executive



S May
Director of Finance

Date: 13 November 2024

20/22

Action Points arising from Month 6 Response

Action Point	WG Comment	CTM Response
	TABLE A	
6.1	The 'Planning Assumptions Improvements' (Line 37) have materially increased for the second consecutive month and now total £5.500m. Please provide a breakdown of the other cost pressure reserves of £1.800m and other benefits totalling £1.000m that contribute to the overall £5.500m total and clarify if there are any further potential available reserves in the pipeline. **(Action Point 6.1)**	There has been no change to the £5.5m in M7. The £1.8m release from Cost pressure reserves include: • DHCW digital - £0.5m • NR Change management - £0.8m • Maintenance equipment linked to Capital programme - £0.5m
	TABLE A2 – Risks & Opportunities	
5.6	Following your response regarding the 'Delivery risk on forecast improvement in Delegated position' risk, this must have a relationship with Table A as you confirm it recognises the requirement for further improvements to achieve the forecast. If there are material efficiencies required to the deliver the forecast outturn not currently reported in Table A, please ensure they are incorporated with corresponding pressures separately listed within future returns. **(c/f Action Point 5.6)**	As discussed with WG finance colleagues, the forecast within Table A reflects the latest plan with a requirement to identify a further £1.7m of benefits to achieve break-even. The risk table reflects the risks that have not been recognised in the forecast which include specific items relating to anticipated allocations, LTA issues

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		plus assessments of potential optimism bias in local forecasts.
	TABLE B	
6.2	Please ensure committed expenditure which is still held in reserves/ as contingencies and forms part of the forecast position is reported within Section G of Table B in future returns. A reference should be included for each item to confirm which expenditure line they have been included in Section A and all items should also be discussed in the supporting narrative. **(Action Point 6.2)**	As at M6 there were no reserves being held yet to be released. The M7 returns have now recognised the uncommitted elements of the POW/Planned care recovery funding of £11.5m, where we are awaiting confirmation from WG.
	TABLE B1 (SoCNE)	
6.3	Please provide a supporting explanation for the material reclassification (c £17.500m) of spend between Joint Financing & Other, and Losses & Special Payments and the reasons for reporting these lines as net in the narrative which is notably not an approach adopted by other Health Boards. **(Action Point 6.3)**	As discussed with WG finance colleagues, the losses and WRP reimbursement have now been combined in M7.
	TABLE C3 (Savings)	
5.4	Following your response to Action Point 5.4, please do not include expected Accountancy gains (i.e. plan only) in the Tracker unless they are finalised and have been released. **(c/f Action Point 5.4)**	Noted
	TABLE D	
3.10	Following your latest response to Action Point 3.10, we trust you have since received signed LTAs from C&V and VT: please confirm this in your next submission. **(c/f Action Point 3.10)**	LTA for VNHST have now been received we still await a final document from C&V.

	TABLE E	
6.4	Please ensure the anticipated donated asset depreciation funding reported in Table E (Line 9) supports the corresponding charge reported in Table B Section D. **(Action Point 6.4)**	Noted
	TABLE G – Cash Flow	
6.5	Within the month 7 return and narrative, please confirm if you require any revenue or owned capital working balances cash support. **(Action Point 6.5)**	Updated in narrative
	TABLE H – Cash Flow	
6.6	We note the improvement in the payment performance of NHS Invoices (by number) in quarter 2, we trust there will be a further material improvement at Q3 following any internal actions being taken, as well as the All Wales P2P governance group findings referenced in the narrative**. (Action Point 6.6)**	Noted, will update in Q3.
	TABLE O - Dental	
6.7	We note the projected dental allocation u/s of c.£1.000m and the proposed retention. We trust that your dental leads are liaising with our dental policy colleagues to gain agreement that this underspend can be used to support the overall forecast outturn position. **(Action Point 6.7)**	Discussions have been held with Dental policy at WG on the HB plans.

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Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 14 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-19,400	0	-19,400	-19,400
2	Cost Pressures (Non Covid-19) (Negative Value)	-46,419	-1,386	-45,033	-45,033
3	Planned Expenditure For Covid-19 (Negative Value)	-7,205	0	-7,205	-7,205
4	Allocation Letter Revenue Funding Uplift / (Reduction)/ WG RRL / WG Income Uplift / (Reduction/ Non-Covid)	39,595	0	39,595	40,195
5	Planned Welsh Government Funding for Covid-19 (Positive Value)	7,205	0	7,205	7,205
6	Other Income Uplift / (Reduction)	0	0		
7	RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8	Planned (Finalised) Green and Amber Savings Plan	22,380	2,595	19,785	21,776
9	Planned (Finalised) Net Income Generation	634	32	603	825
10	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12		0	0		
13	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	3,285	0	3,285	3,700
14	**Opening IMTP / Annual Operating Plan**	**76**	**1,241**	**-1,165**	**2,062**
15	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-3,285	0	-3,285	-3,700
16	Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
17	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18	Other Movement in Month 1 Planned & In Year Net Income Generation	-114	-15	-99	154
19	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-12,872	-2,186	-10,687	-11,700
20	Additional In Year Identified Savings - Forecast	2,791	1,088	1,703	2,294
21	Variance to Planned RRL & Other Income	0	0		
22	Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	0	0		
23	Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
24	Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Postive Value - reduction)	0	0		
25	In Year Accountancy Gains (Positive Value)	3,137	3,137	0	0
26	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	1,839	1,839	0	-387
27	Planning Variance - Improvement in C&C Plans (pending LTA agreements) - Confirmed no risk	5,000	0	5,000	5,000
28	Planning Variance- Agency Planning Assumptions improvement - Confirmed no risk	2,400	0	2,400	2,400
29	Further Improvements required to acheive Break even forecast yet to be identified - Medium Risk	1,700	1,700	0	0
30	Non Recurrent Balance Sheet Opportunities - Minimal risk	3,151	3,151	0	0
31	Planning Variance - Energy Benefit - Minimal Risk	1,133	0	1,133	1,133
32	Operating Variance - Unscheduled Care Medical Pay Pressures	-2,700	0	-2,700	-2,700
33	Operating Variance - AB LTA Performance against 23/24 outturn	-700	0	-700	-700
34	Operating Variance - AB LTA Arbitration Impact - Confirmed	-1,900	0	-1,900	-1,900
35	Operating Variance - Primary Care Prescribing Volume Growth Exceeding plans	-4,056	0	-4,056	-4,056
36	Operating Variance - POW NICU/Maternity Emergency Temporary Closure	-200	-200	0	
37	Planning Variance - Planning Assumptions Improvement - Confirmed no Risk	5,500	800	4,700	4,700
38	Operating Variance - AB Cataract additional investment	-900	0	-900	-900
39		0	0		
40	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**10,555**	**-10,555**	**-8,300**
41	**Covid-19 - Forecast Outturn (- Deficit / + Surplus)**	**0**			
42	**Operational - Forecast Outturn (- Deficit / + Surplus)**	**0**			

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-11,317
2	-3,868	-3,868	-3,868	-3,869	-3,868	-3,868	-3,869	-3,868	-3,868	-3,869	-3,868	-3,868	-27,078
3	-519	-575	-549	-531	-526	-623	-645	-660	-676	-629	-629	-644	-3,967
4	3,299	3,300	3,299	3,300	3,299	3,300	3,299	3,300	3,299	3,300	3,300	3,300	23,096
5	519	575	549	531	526	623	645	660	676	629	629	644	3,967
6													0
7												0	0
8	488	818	1,231	2,263	2,442	2,043	2,137	2,144	2,305	2,115	2,116	2,280	11,422
9	0	6	53	66	57	67	64	64	64	65	65	64	313
10													0
11													0
12													0
13	1,704	1,367	908	-137	-307	81	-9	-16	-177	12	11	-152	3,607
14	**6**	**7**	**7**	**6**	**6**	**8**	**5**	**7**	**7**	**6**	**7**	**8**	**43**
15	-1,704	-1,367	-908	137	307	-81	9	16	177	-12	-11	152	-3,607
16													0
17													0
18	0	-6	-53	-66	-44	-64	-61	19	41	40	40	41	-293
19	0	-392	-400	-1,547	-1,823	-1,453	-1,329	-1,172	-1,328	-1,097	-1,099	-1,231	-6,944
20	0	0	35	40	1,099	214	255	321	192	212	212	212	1,642
21		-178	178	-433	435	-42	8	8	8	7	7	4	-33
22	0	-145	-24	-10	-119	-106	78	-16	-16	75	71	213	-326
23												0	0
24	0	145	24	10	119	106	-78	16	16	-75	-71	-213	326
25	0	0	0	1,667	0	1,470	0	0	0	0	0	0	3,137
26	168	-40	-1,113	-662	998	620	86	188	290	230	230	843	58
27	400	400	450	416	416	416	417	417	417	417	417	417	2,915
28	200	200	200	200	200	200	200	200	200	200	200	200	1,400
29								340	340	340	340	340	0
30			1,250	-1,250	958	-958	525	525	525	525	525	528	524
31					472	94	94	94	94	95	95	95	660
32					-1,700	0	100	-220	-220	-220	-220	-220	-1,600
33					-417	67	-58	-58	-58	-58	-59	-59	-408
34				-633	-158	-158	-158	-158	-158	-158	-158	-158	-1,108
35					-1,460	-300	-320	-400	-400	-400	-400	-376	-2,080
36					0	-167	-33	0					-200
37				667	958	1,175	450	450	450	450	450	450	3,250
38						-450	-75	-75	-75	-75	-75	-75	-525
39													0
40	**-930**	**-1,376**	**-354**	**-1,459**	**246**	**590**	**113**	**500**	**500**	**500**	**500**	**1,170**	**-3,170**
41	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
42	**-930**	**-1,376**	**-354**	**-1,459**	**246**	**590**	**113**	**500**	**500**	**500**	**500**	**1,170**	**-3,170**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	**Ok**
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	**Ok**
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	**Ok**
FYE of Recurring items only reported against Recurring items	**Ok**
Has Organisation name being selected	**Ok**

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Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast			Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD*	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Pay	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	6,359	12,738		0	0				
2		Actual/F'cast	160	65	257	(20)	213	180	226	202	240	241	241	270	1,080	2,275	47.49%	2,215	60	0	2,275	0	3,296
3		Variance	0	(359)	(375)	(1,525)	(965)	(1,013)	(1,042)	(1,066)	(1,041)	(1,029)	(1,033)	(1,016)	(5,279)	(10,463)	*(83.01%)*	2,215	60				
4	Non-Pay	Budget/Plan	8	71	123	369	189	193	216	249	251	251	251	251	1,169	2,423		2,423	0				
5		Actual/F'cast	8	42	121	66	597	73	195	322	146	146	146	150	1,101	2,012	54.74%	1,996	16	998	1,014	0	1,286
6		Variance	0	(29)	(2)	(304)	408	(121)	(21)	73	(105)	(105)	(105)	(102)	(68)	(412)	*(5.83%)*	-427	16				
7	Primary Care - Drugs & Appliances	Budget/Plan	320	320	320	320	751	406	509	509	509	495	495	495	2,946	5,448		5,448	0				
8		Actual/F'cast	320	320	320	660	407	524	513	640	640	640	640	640	3,064	6,264	48.91%	6,264	0	0	6,264	0	6,444
9		Variance	0	0	0	340	(344)	118	4	131	131	145	145	145	118	816	*4.02%*	816	0				
10	Secondary Care Drugs	Budget/Plan	0	4	32	19	324	101	140	114	98	94	92	81	618	1,096		1,096	0				
11		Actual/F'cast	0	0	168	0	0	2	28	28	42	101	101	101	199	573	34.69%	573	0	0	573	0	573
12		Variance	0	(4)	136	(19)	(324)	(99)	(111)	(85)	(56)	8	10	21	(419)	(522)	*(67.83%)*	-522	0				
13	CHC/FNC	Budget/Plan	0	0	125	50	0	150	0	0	163	0	0	163	325	650		650	0				
14		Actual/F'cast	0	0	0	50	0	25	96	96	96	96	96	96	171	650	26.28%	650	0	0	650	0	650
15		Variance	0	0	(125)	0	0	(125)	96	96	(67)	96	96	(67)	(154)	0	*(47.44%)*	0	0				
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	4	4	4	4	4	4	4	25		25	0				
20		Actual/F'cast	0	0	0	0	500	0	4	4	4	4	4	4	504	525	96.03%	525	0	500	25	0	120
21		Variance	0	0	0	0	500	0	0	0	0	0	0	0	500	500	*11999.04%*	500	0				
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
34	Total	Budget/Plan	488	818	1,231	2,263	2,442	2,043	2,137	2,144	2,305	2,115	2,116	2,280	11,422	22,380		9,642	0				
35		Actual/F'cast	488	427	866	756	1,717	804	1,062	1,293	1,168	1,229	1,229	1,261	6,120	12,299	96.03%	12,224	76	1,498	10,801	0	12,369
36		Variance	0	(392)	(365)	(1,507)	(725)	(1,239)	(1,074)	(851)	(1,137)	(886)	(887)	(1,018)	(5,302)	(10,081)	*11999.04%*	2,581	76				

37	Variance in month	0.00%	(47.85%)	(29.67%)	(66.61%)	(29.68%)	(60.65%)	(50.28%)	(39.69%)	(49.32%)	(41.89%)	(41.93%)	(44.67%)	(46.42%)	
38	In month achievement against FY forecast	3.97%	3.47%	7.04%	6.14%	13.96%	6.54%	8.64%	10.51%	9.50%	9.99%	9.99%	10.26%		

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Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000
1	Pay - General & Substantive	Budget/Plan	47	80	107	756	337	346	421	421	434	424	426	437	2,094	4,237	0	0			
2		Actual/F'cast	47	41	191	18	196	84	145	132	161	143	143	172	723	1,474	1,474	0	0	1,474	2,153
3		Variance	0	(39)	84	(738)	(141)	(262)	(276)	(289)	(273)	(281)	(284)	(265)	(1,371)	(2,763)	1473.924	0			
4	Pay - Variable	Budget/Plan	0	46	57	161	152	152	152	152	152	152	153	153	718	1,478	0	0			
5		Actual/F'cast	0	0	0	0	0	0	43	33	33	33	33	33	43	206	206	0	0	206	255
6		Variance	0	(46)	(57)	(161)	(152)	(152)	(109)	(119)	(119)	(119)	(120)	(120)	(676)	(1,273)	206	0			
7	Pay - Agency	Budget/Plan	113	298	468	588	690	695	695	695	695	695	695	696	3,546	7,022	0	0			
8		Actual/F'cast	113	23	65	(38)	17	96	38	38	46	66	66	66	315	595	535	60	0	595	887
9		Variance	0	(274)	(402)	(626)	(673)	(599)	(658)	(658)	(649)	(629)	(629)	(630)	(3,232)	(6,427)	535	60			
10	Total	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	6,359	12,738	0	0			
11		Actual/F'cast	160	65	257	(20)	213	180	226	202	240	241	241	270	1,080	2,275	2,215	60	0	2,275	3,296
12		Variance	0	(359)	(375)	(1,525)	(965)	(1,013)	(1,042)	(1,066)	(1,041)	(1,029)	(1,033)	(1,016)	(5,279)	(10,463)	2,215	60			

Table C2- V&S Saving Categories

			Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast
1	Workforce	Budget/Plan		160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	6,359	12,738
2		Actual/F'cast		160	65	257	(20)	213	190	227	204	241	223	223	252	1,092	2,234
3		Variance		0	(359)	(375)	(1,525)	(965)	(1,003)	(1,041)	(1,064)	(1,039)	(1,048)	(1,051)	(1,034)	(5,268)	(10,504)
4	Medicines Management	Budget/Plan		320	324	352	339	1,075	507	648	622	606	589	587	576	3,564	6,544
5		Actual/F'cast		320	320	488	660	407	526	541	668	682	741	741	741	3,263	6,837
6		Variance		0	(4)	136	321	(668)	19	(107)	46	76	153	155	166	(301)	294
7	Procurement & Non-pay	Budget/Plan		4	67	106	331	166	170	176	179	181	181	181	181	1,022	1,926
8		Actual/F'cast		4	37	116	65	75	60	102	283	109	109	109	111	459	1,179
9		Variance		0	(30)	9	(266)	(92)	(111)	(74)	104	(73)	(73)	(73)	(70)	(563)	(747)
10	CHC	Budget/Plan		0	0	125	50	0	150	0	0	163	0	0	163	325	650
11		Actual/F'cast		0	0	0	50	0	25	96	96	96	96	96	96	171	650
12		Variance		0	0	(125)	0	0	(125)	96	96	(67)	96	96	(67)	(154)	0
13	Pathway	Budget/Plan		0	0	0	0	0	0	0	30	30	30	30	30	0	150
14		Actual/F'cast		0	0	0	0	0	0	0	10	10	30	30	30	0	110
15		Variance		0	0	0	0	0	0	0	(20)	(20)	0	0	0	0	(40)
16	Other - Commissioning	Budget/Plan		4	4	17	38	22	23	37	37	37	37	37	37	145	331
17		Actual/F'cast		4	5	5	0	1,022	4	8	11	10	10	10	10	1,048	1,097
18		Variance		0	2	(11)	(38)	1,000	(20)	(29)	(26)	(28)	(28)	(28)	(28)	903	766

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7 **This Table is currently showing 3 errors**

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	488	816	1,231	2,265	2,442	2,640	2,137	2,144	2,305	2,113	2,116	2,286	11,462	22,380	2,595	19,785	1,995	21,776
	Month 1 - Actual/Forecast	488	427	831	715	810	988	807	971	976	1,017	1,017	1,049	4,477	9,508	410	9,098	977	10,076
	Variance	0	(389)	(400)	(1,549)	(1,631)	(1,652)	(1,329)	(1,173)	(1,329)	(1,097)	(1,099)	(1,237)	(6,984)	(12,872)	(2,185)	(10,687)	(1,018)	(11,705)
	In Year - Plan	0	0	35	50	1,535	750	850	1,135	1,122	986	986	1,111	3,236	8,575	1,119	7,456	2,353	9,809
	In Year - Actual/Forecast	0	0	35	46	1,099	214	255	301	192	212	212	212	1,642	2,791	1,088	1,703	591	2,294
	Variance	0	0	0	(4)	(437)	(542)	(604)	(814)	(930)	(774)	(774)	(899)	(1,593)	(5,784)	(31)	(5,753)	(1,762)	(7,515)
	Total Plan	488	816	1,266	2,315	3,978	3,390	2,988	3,279	3,427	3,099	3,102	3,396	14,697	30,955	3,714	27,241	4,348	31,585
	Total Actual/Forecast	488	427	866	756	1,717	904	1,062	1,263	1,168	1,229	1,229	1,261	6,120	12,299	1,498	10,801	1,568	12,369
	Total Variance	0	(389)	(400)	(1,559)	(2,261)	(1,986)	(1,926)	(2,016)	(2,259)	(1,871)	(1,873)	(2,135)	(8,577)	(18,656)	(2,216)	(16,440)	(2,779)	(19,216)
Net Income Generation	Month 1 - Plan	0	0	53	66	62	61	64	64	64	65	65	64	313	634	32	602	222	824
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	17	17	17	0	0	0
	Variance	0	(0)	(53)	(66)	(44)	(66)	(64)	(64)	(64)	(65)	(65)	(64)	(296)	(618)	(15)	(602)	(222)	(824)
	In Year - Plan	0	0	0	8	10	36	73	116	116	116	116	116	128	704	0	706	197	1,105
	In Year - Actual/Forecast	0	0	0	0	0	0	3	82	105	105	105	105	0	504	0	504	475	979
	Variance	0	0	0	(8)	(12)	(36)	(71)	(34)	(11)	(11)	(11)	(11)	(128)	(203)	0	(203)	78	(126)
	Total Plan	0	0	53	74	69	103	137	180	180	181	181	180	441	1,342	32	1,310	419	1,929
	Total Actual/Forecast	0	0	0	0	0	0	3	82	105	105	105	105	20	521	17	504	475	979
	Total Variance	0	(0)	(53)	(74)	(56)	(98)	(134)	(97)	(75)	(76)	(76)	(75)	(421)	(821)	(15)	(806)	(144)	(950)
Accountancy Gains	In Year - Plan	0	0	0	1,697	0	2,280	0	0	0	0	0	0	3,954	3,954	3,954	0	0	0
	In Year - Actual/Forecast	0	0	0	1,660	0	1,476	0	0	0	0	0	0	3,137	3,137	3,137	0	0	0
	Variance	0	0	0	(37)	0	(804)	0	0	0	0	0	0	(817)	(817)	(817)	0	0	0
Total	Month 1 - Plan	488	824	1,284	2,328	2,498	2,135	2,200	2,207	2,369	2,180	2,181	2,349	11,734	23,015	2,627	20,388	2,222	22,600
	Month 1 - Actual/Forecast	488	427	831	715	810	588	807	971	976	1,017	1,017	1,049	4,494	9,525	427	9,098	977	10,076
	Variance	0	(396)	(453)	(1,613)	(1,687)	(1,546)	(1,393)	(1,236)	(1,392)	(1,163)	(1,164)	(1,299)	(7,240)	(13,490)	(2,201)	(11,290)	(1,245)	(12,526)
	In Year - Plan	0	0	35	1,736	1,548	3,077	932	1,251	1,238	1,102	1,102	1,227	7,317	13,237	5,073	8,164	2,750	10,914
	In Year - Actual/Forecast	0	0	35	1,707	1,099	1,690	258	469	298	317	317	317	4,782	6,432	4,625	1,807	1,373	3,180
	Variance	0	0	0	(28)	(449)	(1,388)	(674)	(847)	(941)	(785)	(785)	(910)	(2,536)	(6,804)	(448)	(6,357)	(1,378)	(7,641)
	Total Plan	488	824	1,319	4,064	4,047	5,187	3,132	3,458	3,606	3,281	3,283	3,575	19,052	36,252	7,700	28,552	4,972	33,514
	Total Actual/Forecast	488	427	866	2,423	1,730	2,277	1,065	1,375	1,273	1,333	1,333	1,366	9,276	15,957	4,652	11,306	2,940	13,348
	Total Variance	0	(396)	(453)	(1,642)	(2,316)	(2,910)	(2,067)	(2,083)	(2,334)	(1,948)	(1,949)	(2,209)	(9,776)	(20,294)	(3,048)	(17,246)	(2,032)	(20,166)

Agenda Item
10.2.1d

Operational Delivery Committee

MONTH 8 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	28/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Mark Thomas, Deputy Director of Finance
Cyflwynydd yr Adroddiad / Report Presenter	Sally May, Director of Finance & Procurement
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
WG	Welsh Government	
M1 etc	Month 1 etc	
ODC	Operational Delivery Committee	
HB	Health Board	

1. Situation /Background

1.1 In addition to our normal internal Finance reports there is a WG requirement for a Committee of the Board to receive the monthly Monitoring Return submissions to WG (narrative report plus certain tables) in order to provide the Committee with transparency on the submission made to WG.

The purpose of this report is to provide the ODC with information from the M8 Financial Monitoring Return submission to Welsh Government

2. Specific Matters for Consideration

2.1 The Welsh Health Circular WHC (2024) 026 – 2024/25 HB, SHA & Trust Monthly Financial Monitoring Return Guidance was issued on 20th May 2024. This guidance refers to the monitoring return template and accompanying narrative that LHBs will need to complete to report their 2024/25 financial performance, together with the following requirements:

The Day 9 submission must be agreed and the narrative signed by both the Director of Finance and Chief Executive before the submission is made to WG. The Board governance, regarding the arrangements for when the Director of Finance and/or Chief Executive is not available, should be set out at the start of the year and shared with the Head of NHS Financial Management.

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month's Financial Monitoring return (consisting of the Narrative, Table A and Tables C, C1, C2 & C3) in order to provide the Committee with, transparency on the submission made to WG.

The following information is provided at Annex A:

Annex A
M8 Narrative report
Table A - Movement
Tables C, C1, C2 & C3

3. Key Risks / Matters for Escalation

3.1 All information made available to WG should be consistent with that provided to the Board. The detailed commentary in the Monitoring Returns must include a statement confirming that the financial information reported in the Monitoring Return aligns to the financial details included with the internal Board papers.

The key information included in the M8 Financial Monitoring returns is summarised in Section 1.2 of the M8 Narrative report at Annex A. This information is consistent with the M8 Internal Board papers.

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? /*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:

Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	POSITIVE/NEUTRAL NEGATIVE 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	Yes (Include further detail below)	
	Financial Management of the Health Board and potential audit qualifications	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Reflects the allocation and utilisation of resources of the Health Board	

5. Recommendation

5.1 The ODC is asked to **NOTE** the contents of the M8 Monitoring Returns submitted to Welsh Government for 2024/25.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
MONITORING RETURNS – NOVEMBER 2024
FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 30 November 2024.

The tables attached to this commentary **do not** include the income, expenditure and balances of the NHS Wales Joint Commissioning Committee (NWJCC) which is being financially managed via NWJCC. They do however include the Cwm Taf Morgannwg element of transactions between the parties.

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2024/25

The Financial plan submitted to WG at the end of March 2024 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
B'Fwd challenge at 31 March 2024	**19.4**	**0**	**19.4**
Income changes	(50.4)	0.6	(49.8)
Cost Pressures & Investments:	55.2	1.4	56.6
Savings Target	(26.3)	0	(26.3)
Total plan 23/24	**(2.1)**	**2.0**	**(0.1)**

The Financial plan also identified a net risk to the planned break-even position of £9.4m. The latest risk assessment is provided in Section 3.

1.2 Actual YTD and Forecast 2024-25 (Table A)

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 1	**0.9**	**0.9**	**0**
Month 2	**1.4**	**2.3**	**0**
Month 3	**0.4**	**2.7**	**0**
Month 4	**1.4**	**4.1**	**0**
Month 5	**(0.2)**	**3.9**	**0**
Month 6	**(0.6)**	**3.3**	**0**
Month 7	**(0.1)**	**3.2**	**0**
Month 8	**(2.8)**	**0.4**	**0**

The M8 position is reporting a £2.8m surplus. This improved position is due to the £7.5m additional financial support received from WG.

The M8 YTD position is now a £0.4m overspend. The key components of the YTD position and the year-end forecast are summarised below:

	M8 YTD	M8 Year-end forecast	M7 Year-end forecast
	£m	£m	£'m
Savings:			
Shortfall v £24.3m Delegated target	11.7	16.4	17.6
Surplus v £2.2m Non delegated target – Primary care prescribing CAT M savings	(2.1)	(3.8)	(4.1)
Sub total	**9.6**	**12.6**	**13.5**
Operating overspends:			
AB arbitration outcome	1.3	1.9	1.9
AB activity variances	0.4	0.6	0.7
Additional Regional Cataract investment	0.6	0.9	0.9
Unscheduled Care Medical pay overspends	1.4	2.1	2.7
Primary Care Prescribing growth above plan	2.4	3.5	4.1
Corporate directorates – pay underspends	(1.8)	(2.7)	(2.7)
JCC Forecast Deficit (inc VCC transfer of service)	1.0	1.9	1.8
Dental Performance	(1.3)	(1.9)	0
Net Other Operating Variances	(0.4)	0.7	(0.9)
Sub total	**3.6**	**7.0**	**8.4**
Financial plan improvements:			
Reduction in Contracting & Commissioning costs (excluding AB UHB)	(3.3)	(5.0)	(5.0)
Agency costs	(1.6)	(2.4)	(2.4)
Energy costs	(0.8)	(1.1)	(1.1)
Non pay inflation	(0.6)	(0.8)	(1.0)
Pay contingency v 23/24 anticipated recurrent allocation	(0.7)	(1.1)	(1.0)
Non pay reserve for planned care activity increases	(0.6)	(1.0)	(0.7)
Pay award funding – Bank/Vacancies etc	2.5	3.8	0
Other Cost pressure reserves	(1.5)	(2.3)	(1.8)
Other	(0.5)	(0.8)	(1.0)
Sub total	**(7.2)**	**(10.7)**	**(13.8)**
Accountancy gains	(4.2)	(6.9)	(6.3)
Total overspend	**1.8**	**2.0**	**1.7**
POW Roof integrity issues (see below)	0.7	2.0	0
Risk to forecast position (see below)	0	3.5	0
Additional WG funding M8 (see below)	(2.1)	(7.5)	0
Improvement required to achieve break-even forecast	0	0	(1.7)
Grand Total	**0.4**	**0**	**0**

- **POW Roof integrity issues/Additional WG funding M8**

Further to discussions with WG, the Health Board submitted a detailed proposal on 11 November to address the financial pressures following the critical incident at POW. The funding request is summarised below:

	24/25	25/26
	£m	£m
Original PCR plan	3.9	0
Impact of POW on PCR plan	8.1	7.1
Impact of POW on USC and Other areas	4.4	4.1
Total	**16.4**	**11.2**

On 2nd December, WG subsequently confirmed the following additional funding for 24/25:

- £7.5m of non-recurrent funding for planned care recovery,
- £7.5m of recurrent funding to support continued demand and inflationary pressures in relation to prescribing, secondary care medicines and CHC. For CTM this included support to mitigate the impact of the POW critical incident.

The £7.5m recurrent Cost pressure funding has been utilised as follows:

- To address the forecast gap noted above -£2.0m.
- To mitigate some of the risks to the breakeven forecast noted in our M7 submission- £3.5m (See Section 3). This includes £0.8m impact of savings/recovery plans due to POW.
- To mitigate some of the POW impact on USC /Other areas- £2.0m (Note that the £4.4m estimate noted above has now reduced to £4.0m. The balance of £1.2m (£4.0m less £0.8m of savings/recovery less £2.0m) has been included as a risk in Section 3.

It is important to note that, without the additional £7.5m recurrent funding, the Health Board would have needed to deteriorate its break-even forecast in M8, due to the significant risks reported in M7.

The £7.5m non recurrent funding for planned care recovery is significantly below the £12.0m requested on 11 November and this presents a risk to the delivery of the 104 week targets.

Further details of the remaining risks to the M8 forecast break even position is included in Section 3.

- **Band 2/Band 3 risk**

We have noted the HCSW banding issues experienced in SBUHB and elsewhere in Wales and England. We further note the potential for a wider resolution via the negotiation of an all Wales Framework. Any framework could result in financial consequences which are not presently reflected in our forecast outturn. Should this framework be agreed, further work would be required to quantify the financial risk and the extent to which this should be treated as a provision or contingent liability in 24/25.

1.3 Material income and expenditure category movements between the current period actual and the previous month forecast (Table B & B1)

	November			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M8 £'000	M7 £'000	Movement £'000
RRL	144,833	118,941	25,892	1,547,297	1,508,727	38,570
Donation/Grants	6	0	6	130	130	0
Welsh HBs & NHST	6,571	6,269	302	77,350	77,048	302
WHSSC	1,001	982	19	12,671	12,652	19
WG Income	101	45	56	744	688	56
Other Income	4,369	4,010	359	48,349	48,390	(41)
Income Total	**156,881**	**130,247**	**26,634**	**1,686,542**	**1,647,636**	**38,906**
PC Contractor	13,666	13,517	149	160,380	159,941	439
PC - Drugs	9,159	9,227	(68)	106,381	106,312	69
Pay	78,967	57,506	21,461	725,639	694,463	31,176
Non Pay	10,751	9,828	923	115,805	113,719	2,084
SC - Drugs	5,025	5,053	(28)	60,950	60,478	472
H/C Other NHS	25,879	23,400	2,479	286,025	282,086	3,939
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	5,536	6,137	(601)	70,605	70,406	199
Private & Vol	1,176	816	360	20,254	19,394	860
Joint & Other	701	1,117	(416)	13,011	13,427	(416)
Losses, Spec Payments	282	200	82	2,501	2,419	82
DEL	2,912	2,912	0	34,942	34,942	0
AME	53	34	19	90,181	90,181	0
Res & Cont	0	0	0	0	0	0
P&L on Dispoal	0	0	0	(131)	(131)	0
Cost - Total	**154,107**	**129,747**	**24,360**	**1,686,542**	**1,647,636**	**38,906**

Actual expenditure for M8 was £24.4m (18.78%) greater than the £129.7m forecast. The most significant movements between the forecast and actuals were as follows:

- **Welsh HB Income - £302k Favourable** – recovery of secondary care drug supplies to other HBs £155k together with improved LTA activity for C&V UHB and Powys HB.
- **Other Income - £359k Favourable** – Increase in HEIW income of £210k, £88k increase relating to HM Parc and other income of £61k.
- **Provider Pay - £21,461k Adverse** – This relates to the processing of the 2024/25 pay awards including arrears. The impact of the pay award including arrears is an estimated increase of £21.8m for provider pay with agency costs reducing by £0.6m compared to forecast and ADHs increasing by £0.2m.
- **Provider Non Pay - £923 Adverse** – Digital licence costs £350k, £210k HEIW charges with University passed through HB together with recoding of £400k see Joint & Other.
- **Healthcare NHS - £2,479k Adverse** – Recognition of year-to-date impact of new allocations for JCC £1,963k, additional LTA activity at Velindre £180k, SBU £135k and C&V £65k together with other non LTA expenditure increasing £136k.
- **CHC & FNC - £601k Favourable –** Recognition of accountancy gain of £0.8m.
- **Private & Voluntary - £360k Adverse –** Impact of retaining the Mobile endoscopy unit during October & November.
- **Joint & Other - £416k Favourable –** Correction of coding from M7, recoded to Provider Non Pay.

The year-end forecast expenditure at M8 has increased by £38.9m to £1,687m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M7 are as follows:

- **Provider Services Pay - £31,176k Adverse** – Recognition of the 2024/25 pay award of £32.7m for provider non pay, offset by an improvement in the anticipated impacts of POW and planned care recovery proposals included in M7.
- **Provider Services Non Pay - £2,084k Adverse** – Recognition of £1.1m of previous risks now incorporated into the M8 forecast (see section G of table B) plus the in month movement of £0.9m.
- **Healthcare NHS - £3,939k Adverse** – Recognition of new allocations for JCC £2.9m, together with £1m for increased commissioned LTA activity with Velindre, SBU & Cardiff.
- **Private & Voluntary - £860k Adverse –** Recognition of in month variance of £360k plus further planned care recovery outsourcing solutions of £0.5m.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts are:

- M7 – 12 reflect the latest planning assumptions for the temporary arrangements to support the POW incident upon Unscheduled care and other areas.
- M8 – 12 reflect the latest planning assumptions for the planned care recovery of £7.5m. Further details of the plans are shown in section G Reserves & Contingencies of Table B.
- Provider Pay – M11 reflects impact of increased enhancements for Christmas & New Year Bank Holidays
- Provider Non-Pay – M12 reflects the IFRS 16 adjustment
- Primary Care Prescribing reflects latest assessment of dispensing days and the impact of the autumn Flu vaccination campaign.
- Anticipated accountancy gains of £3.1m have been profiled across CHC and Non-Pay from M7 to M12.
- The 2024/25 pay award has been processed in M8 including arrears, the forecasts for future periods include the ongoing impact of the Pay award but do not include the impact of the recent pay circular introducing band 8 & 9 increments.
- Section G reserves and contingencies of Table B identifies the risks that have been incorporated into the M8 forecast.

The Health Board has adopted the national mapping of financial codes to MMR categories for 2024/25, as such there has been some changes to where expenditure had been reported in previous years including the 24/25 IMTP.

1.4 Pay Expenditure (Table B2)

The M8 Pay expenditure was £81.8m and the monthly trend is summarised below.

	M8	M7	Q2* Average	M6	M5	M4	Q1* Average	Q4 Average
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	10.8	7.4	7.5	7.5	7.5	7.6	7.5	7.4
Medical	22.2	15.6	16.0	21.9	15.4	15.9	16.1	15.5
Nursing	25.7	18.4	18.2	18.2	18.1	18.2	18.2	19.0
ACS	9.4	7.4	7.5	7.4	7.6	7.4	7.4	7.5
Other	13.7	10.0	9.8	9.8	9.7	9.8	9.8	9.8
Total	**81.8**	**59.1**	**58.9**	**64.8**	**58.3**	**59.0**	**59.1**	**59.3**

Q2* Average has been adjusted to reflect impact of pay arrears relating to prior periods.

The Key issues to highlight are as follows:

- The Medical & Dental pay award was processed in M6 including arrears. The arrears processed were Circa £6.8m and the estimate of the in year pay award is circa £0.7m per month.

- The 2024/25 pay award for all staff groups was processed in M8 including arrears. The impact of the pay award upon M8 is estimated at £22.8m.
- Total pay expenditure in M8 was £81.8m this remains consistent with the Q2 average adjusted for the 24/25 pay award.
- Agenda for change staff within bands 1-3 have received an increase in salary to reflect the real living wage from M1. The estimated impact is £0.2m per month. It is assumed this increase will be fully funded by WG.

The impact of the recently announced Medical & Dental, Agenda for Change and Executive pay awards have now been reflected in the future period forecasts.

The key future forecasting adjustments relates to the impact of the POW temporary arrangements and the planned care recovery plans from M7 to M12. The M11 profile also reflects the impact of increased enhancements for Christmas & New Year Bank Holidays.

The M8 agency expenditure was £2.8m and the monthly trend (excluding accountancy gains) is summarised below:

	M8	**M7**	**Q2 Average**	**M6**	**M5**	**M4**	**Q1 Average**	**Q4 Average**
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**
Medical	0.6	0.8	0.9	0.5	0.9	1.1	0.9	1.2
Nursing	1.7	1.8	1.9	1.9	1.9	1.8	1.9	2.1
Other	0.6	0.6	0.7	0.7	0.6	0.7	0.6	0.8
Total	**2.8**	**3.2**	**3.4**	**3.1**	**3.4**	**3.7**	**3.4**	**4.1**

The Key issues to highlight are as follows:

- The Q2 average cost was consistent with Q1.
- M8 is reporting an improvement, this is mainly due to a reduction in Medical & Dental agency.

As at M8 no material changes to the future profiles of agency expenditure are anticipated.

The M8 variable pay expenditure was £5.6m and the monthly trend (excluding accountancy gains) is summarised below.

	M8	M7	Q2 Average	M6	M5	M4	Q1 Average	Q4 Average
	£'m	£'m	£'m	£'m	£m	£'m	£'m	£'m
Medical	2.0	2.0	2.1	1.8	2.2	2.4	2.1	2.1
Nursing	1.3	1.2	0.9	1.0	0.9	0.9	0.9	1.2
ACS	1.5	1.3	1.2	1.2	1.3	1.2	1.2	1.3
Other	0.9	0.6	0.6	0.6	0.6	0.6	0.6	0.6
Total	**5.6**	**5.0**	**4.8**	**4.6**	**4.9**	**5.1**	**4.8**	**5.2**

The Key issues to highlight are as follows:

- The Q2 average cost was consistent with Q1.
- The pay award processing and arrears has had an impact of increasing the M8 position by £0.7m.

In recognition of the impact of the POW temporary arrangements and the planned care recovery plans, there is anticipated to be an increase in variable pay for future profiles.

1.5 Covid analysis (Table B3)

	M8	YTD	Forecast	Allocation	Forecast Variance
	£'m	£'m	£'m	£'m	£'m
Health Protection and Vaccination	0.5	3.2	5.6	5.6	(0.0)
PPE	0.1	0.4	0.6	0.4	0.2
Adferiad	0.1	0.8	1.1	1.1	(0.0)
Total	**0.70**	**4.3**	**7.3**	**7.2**	**0.2**

There are no key issues to highlight at M8.

2. Underlying position (Table A1)

The B'fwd recurrent deficit at the end of 2023/24 was £19.4m and the planned recurrent surplus at the end of 24/25 was £(2.1)m.

The forecast underlying deficit at the end of 2024/25 is £8.3m (M7: £8.3m). The 'bridge' between the current year forecast and the recurrent forecast is summarised below:

	£m
Forecast In year position 24/25	**0**
Balance sheet write backs	6.9
Other non recurrent benefits in 24/25	1.4
Forecast Recurrent position at the end of 24/25	**8.3**

It is important to highlight that:

- most of the risks to the In year break-even forecast which are noted in Section 3 also apply to the forecast underlying deficit. The recurrent position could therefore deteriorate in the coming months.

- the forecast recurrent position noted above excludes any ongoing costs of the POW critical incident, which will represent an additional NR cost pressure in 25/26. Our latest estimate is that these costs will be circa £10.0m.

3. Risk Management (Table A2)

The key financial risks and opportunities for 2024/25 are noted in Table A2 and are summarised below:

	Month 8 £'m	Month 7 £'m	Comment
Funding risks:			
Risk of the 24/25 pay award not being fully funded	tbc	1.0	See Section 8.
Risk of assumed funding for Real Living Wage for social care of £3.4m not being fully funded.	1.0	1.0	We increased our assumed allocation in M6 by £1m to be consistent with other Health Boards.
Community pharmacy contract	0.5	0	Forecast shortfall for 24/25 Community pharmacy fee element compared to recent allocation. Further discussion needed with WG Community Pharmacy team.
Other risks:			
Further improvement needed to achieve planned break-even position	0	1.7	The M8 gap was £2.0m and this has been covered by the additional £7.5m recurrent funding. See Section 1.2.
Delivery risk on forecast improvement in Delegated position compared to straight line	0	1.9	The M8 risk was £1.5m and this has been covered by the additional £7.5m recurrent funding. See Section 1.2.
Other cost pressure risks	0	1.6	The M8 risk was £2.0m and this represents50% of the High and Medium risks identified by Care Groups, over and above their M8 forecasts. This risk has been covered by the additional £7.5m recurrent funding. See Section 1.2.
ABUHB LTA baseline- Activity Risk	1.1	1.1	Risk relating to the ABUHB LTA Activity dispute at 62.5% marginal rate. See Section 9.
POW critical incident	1.2	4.4	The forecast impact is now £3.2m and £2.0m has been covered by the additional £7.5m recurrent funding. See Section 1.2.
Potential pay banding disputes Band	tbc	tbc	See Section 1.2

	Month 8 £'m	Month 7 £'m	Comment
2/Band 3 including retrospective application			
Planned care recovery plans and delivery of 104 weeks	tbc	tbc	See Section 1.2
Total Risks	**3.8**	**12.7**	
Opportunities			
Further Balance sheet opportunities in 24/25	tbc	tbc	£6.3m now included in year-end forecast at Table A (M6: £6.3m).
Review of Annual leave provision	tbc	tbc	
Retrospective vat recoveries – Microsoft contract	tbc	tbc	Updated assessment from DHCW indicates a potential £2.3m benefit, but high level of risk.
Other Non Recurrent Opportunities	(0.4)	(1.0)	
Total Opportunities	**(0.4)**	**(1.0)**	
Net risk	**3.4**	**11.7**	

4. Ring Fenced Allocations (Tables N, O & P)

Tables N & O continue to report the M6 position and will be updated in line with the guidance at M9.

- At M8 GDS is showing a forecast underspend of £1.9m. Since the Health Board has an approved IMTP for 24/25 we are assuming that we can retain any dental underspends. Paul Casey's letter dated 6th March 2024 confirmed that dental patient charges would increase from 1st April 2024. We are therefore assuming that there is no change to the Dental Patient Charge Income target and therefore any additional income because of the increased charges can be retained by the Health Board to support Dental Service Provision.

Table P provides the latest forecast for the ringfenced allocations. A summary is provided in the table below:

	Allocation £'m	Forecast £'m	Comment
Planned & Unscheduled care Sustainability	18.4	21.5	
Additional allocation for Planned care recovery – 2 December	7.5	7.5	See Section 1.2
Regional Planned Care	7.3	8.2	See note 2 below
Value Based HC	2.1	2.1	
Regional Integration Fund	20.4	23.5	See note 3 below
Core Mental Health	112.6	112.6	
Palliative Care	0.7	0.7	
Further Faster	1.8	1.8	
Critical Care	2.4	2.4	
Urgent Emergency Care	2.7	2.7	
Mental Health Allocation	4.2	4.2	
Planned care	0.6	0.6	
Value Based Healthcare Projects	0.7	0.7	See note 1 below

1. VBHC – The Dr Rupa Chilvers letter dated 1st October 2024 confirmed the In year funding of £655k relating to the approved recurrent bids for Atrial Fibrillation and Alcohol Liaison. We are continuing to anticipate that this funding is recurrent.

2. Regional Planned Care – The Health Board's original plan for utilising the £7.3m regional planned care allocation was as follows:
    - SEW Cataract Business Case £2.5m
    - Endoscopy Capacity £2.3m
    - Diagnostic Capacity £2.5m

   Following correspondence from Nick Wood, the CTM contribution for the Regional Cataract Plan was increased by £0.9m in M6 from £2.5m to £3.4m. See Section 1.2.

3. Regional Integration Fund - The £20.4m is the original allocation. The forecast of £23.5m includes several additional in year allocations:
    - Dementia Projects £1.7m - Confirmed Allocation
    - RPB Capital funding for integrated hubs £0.45m - Confirmed Allocation
    - Neurodivergence improvement programme £0.73m - Confirmed Allocation
    - Short Break for Carers £0.2m - Confirmed Allocation.

5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B&C)

See section 1.4.

6. Variable Pay Expenditure (Table B2 – Section D)

See section 1.4.

7. Savings (inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2024/25 includes a £26.3m recurring savings target.

	Month 8			Month 7		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M8	17.5	26.3	26.3	15.3	26.3	26.3
Actual and Forecast Savings	(8.0)	(13.7)	(14.1)	(6.1)	(12.8)	(13.3)
Total	**9.6**	**12.6**	**12.2**	**9.2**	**13.5**	**13.0**

Forecast savings increased by £0.9m in M8.
The table below breaks down the £26.3m savings plan:

	Initial Plan £'m	M8 £m	YTD £m	24/25 £m	Rec £m
Savings	22.4	1.8	8.0	13.3	13.1
Income Generation	0.6	0.0	0.0	0.4	1.0
To be identified	3.3	0.0	0.0	0.0	0.0
Total Savings	**26.3**	**1.8**	**8.0**	**13.7**	**14.1**
Accountancy Gains	0.0	1.1	4.2	6.9	0.0

The following approaches are being used for savings profiles and savings recognition in 24/25:

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.

- **CHC** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total CHC costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **Primary Care Prescribing**- Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).

- **Non-Recurrent savings** – £2.1m of NR savings plans were removed from the Savings plan in M3 and used to offset operating variances. This change was to reinforce the need to focus on sustainable recurrent savings plans and is consistent with WHC (2024) 026 which states:

  > "As stated in previous years, the savings tables should reflect all savings schemes where management action is required to deliver cash releasing savings. Cost Avoidance Plans that do not require management action to deliver a saving, should be accounted for when calculating the organisation's net Opening Cost Pressure Value; therefore, ensuring that both the Opening Cost Pressure and the Savings Plans are not over inflated at the start of the year."

  All non-recurrent underspends, which are not a result of management action, should therefore be used to offset operating variances and not be reported as a saving.

8. Income Assumptions 2024-25 (Tables D & E)

Table D has been completed and agreed with other NHS Wales bodies, our latest position on agreeing LTAs is provided in Section 9 below.

Table E shows the anticipated allocations assumed within our M8 position. The table below summaries the more material items:

Description	M8	M7	Comments
	£k	£k	
2024/25 Pay award (inc RLW)	39,481	2,635	Assessment of actual costs of pay award. See note 2
2023/24 Medical Staff Pay Award	11,819	11,819	Assessment of actual costs of Pay Award. See note 1
Emergency/Urgent Care	1,372	1,372	
RLW Social Care	3,400	3,400	Revised Estimate M6 based upon consistent approach.
VBHC Projects	655	655	
WG Funded Trainees	2,062	2,062	Revised estimate following August

			rotation.
Optometry Contract	825	825	Indicative allocation confirmed by Paul Casey.
CTM Hospital @ Home	500	500	Nick Wood Letter 31/07/24
Improving Waiting Times	492	492	Nick Wood Letter 15/10/24
Additional Community Pharmacy Contract	0	1,444	Received in M8
Planned Care Recovery Funding (prior to POW incident)	0	3,900	See Section 1.2
Impact of POW on Planned Care Recovery	0	8,100	See Section 1.2
Impact of POW upon Unscheduled Care/Other	0	4,427	See Section 1.2
Financial Support	7,475	0	See Section 1.2
IFRS 16 Adjustment	(2,981)	(2,981)	
WRP Recovery	0	(4,499)	Received in M8
Capital Charges DEL/AME	94,819	94,819	
Other Allocations	726	896	
Total Anticipated Allocations	**160,645**	**129,866**	

1. **2023/24 Medical & Dental Pay Award** - Medical & Dental Pay Award has been calculated using the actual arrears processed in M6 as noted in the table below:

	HB Payroll £'000	**SLE Payroll £'000**	**Total £'000**
Arrears paid - Pensionable	2,620	1,630	4,250
Arrears paid - Non Pensionable	428	715	1,143
Employers NI	421	324	745
Employers Pension	384	239	623
Apprenticeship Levy	15	12	27
Total Arrears Paid M6	**3,868**	**2,920**	**6,788**
M6 – M12 Pay Increase	**3,465**	**1,566**	**5,031**
Total Funding Anticipated	**7,333**	**4,486**	**11,819**

2. **2024/25 Pay Award –** The 2024/25 Pay Award requirement has been calculated, based upon the funded establishment, at £39.481m. It is recognised that the pay award impact upon Bank Staff will not be supported together with any non-recurrent benefit for vacancies. The forecast impact of these items that will materialise in 24/25 is £3.2m. The actual forecast costs of the pay award in 24/25, using the actual arrears processed (excluding bank staff) in M8 together with the Real Living wage advance processed in M1, is noted in the table below:

	HB Payroll £'000	SLE Payroll £'000	Total £'000
Arrears paid - Pensionable	13,673	870	24,920
Arrears paid - Non Pensionable	531	392	1,581
Employers NI	1,960	174	2,134
Employers Pension	2,001	127	2,128
Apprenticeship Levy	71	6	77
Total Arrears Paid M8	**18,236**	**1,569**	**19,805**
M8 – M12 Pay Increase	**13,026**	**1,121**	**14,147**
Total Funding Arrears	**31,262**	**2,690**	**33,952**
Real Living Wage M1	**2,335**	**0**	**2,335**
Total Impact of Pay Award	**33,597**	**2,690**	**36,287**

9. Health Care agreements

The latest position in respect to the agreement and signing of our LTAs is summarised below:

Organisation	CTM Provider LTA	CTM Commissioner LTA
ABUHB	Not Agreed – See below.	Agreed & Signed
C&V UHB	Agreed Awaiting Documentation	Agreed Awaiting Documentation
HDda UHB	Agreed & Signed	Agreed & Signed
Powys TUHB	Agreed & Signed	Not applicable
SBUHB	Agreed & Signed	Agreed & Signed
JCC	Agreed & Signed	ICP approved at JCC.
Velindre NHST	Not Applicable	Agreed & Signed
PHW	Agreed & Signed	Not Applicable

Except for ABUHB, all LTA's and SLAs were agreed by the 30th of June 2024.

As required under WHC (2024) 022, our arbitration documentation was submitted on the 1st of July 2024 for the ABUHB LTA dispute. Confirmation of the arbitration decision was issued on the 26th July. However, this did not resolve the activity baseline issue which was the only reason for submitting the arbitration case as the financial baseline had already been agreed by the CEOs. Discussions are ongoing regarding the activity baseline that should be reflected within the LTA arrangement.

Although the LTA quantum of £18.9m has been agreed and recognised, no agreement has been reached in relation to the 24/25 LTA activity baseline

that should be recognised for performance monitoring. As at M7 the CTM LTA position recognises £20.2m compared to the ABUHB reported position of £19.5m. As noted in our risk table there is a difference of circa £1.1m at marginal rates between the ABUHB proposed baseline and the CTMUHB proposed baseline, offset by a difference of £0.4m between the CTM and AB forecast assessment of the 24/25 actual activity performance adjustment at marginal rates.

We wrote to the ABUHB DoF on 8 October 2024 but our proposal was rejected. The CEOs met on the 11th November and discussions are ongoing to resolve this issue.

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, M)

10.1 Significant month on month balance sheet movements

There are a small number of significant movements on the balance sheet between M7 and M8:

- Trade and Other payables have increased by £1.5m. This is due to an increase in pension, National Insurance and Tax creditors of £12.6m which have been offset by a decrease in the pharmacy accrual of £11.2m.

- Trade and Other Receivables have increased by £1.4m. This is due to an increase in general debtors.

10.2 Details of any aged receivables/payables (over 11 weeks old) and disputed invoice information

There are two NHS invoices which are due over 11 weeks:

- Invoice 35407 for Swansea UHB – The invoice has been validated on 2nd December and so the payment will follow shortly.
- Invoice 35568 for Velindre NHS Trust - Velindre have confirmed that this invoice will be paid on the next payment run.

11. Cash Flow Forecast (Table G)

The cash balance at the end of M8 was £1.5m.

The current cash flow forecast is showing a balanced position at year end. Included within the cash flow are several significant anticipated allocations including pay award and financial support as detailed in Table E.

12. Public Sector Payment Compliance (Table H)

No update required in this return.

13. Capital Schemes and Other Developments (Tables I, J &K)

The M8 CRL is £83m, issued on the 3rd Dec 2024. As at M8, £34.6m has been charged against the CRL mainly in relation to the Prince Charles Hospital Refurbishment - Phase 2 and 3. The £20m increase in CRL this month is due to the funding provided for the POW roof scheme of £16.5m plus additional equipment funding of £3.5m.

The table below details some of the schemes at risk of not spending as per their current allocation. These are identified as medium or high risks in Table J.

Scheme	Risk	Explanation
PCH G&FF Phase 2 and 3	Medium – in year overspend	An additional £6m of CRL was requested at the end of October however this still leaves a small risk of overspend which is expected to be offset with the VAT reclaim on the GFF 1B scheme. This reclaim was submitted to HMRC in March 2023 but is hoped to conclude shortly.
LHP	High - In year overspend	As discussed at CRM - additional funding of £3.55m is required in year to continue with the proposed programme. This is now a high risk as expenditure in year has now exceeded the allocation. The forecast spend in table I shows the minimum funding required this year of £1.3m however this would only cover existing commitments and not deliver the programme as reported.
Backlog Maintenance	Medium - In year Slippage	Funding relates to 29 backlog maintenance schemes. While progress is underway there is a risk of slippage on some of these schemes, particularly following the additional works now required in PoWH ,linked to the roof and other compliance works. Slippage will be managed through the discretionary capital programme

POW Roof	Medium	There is some risk associated with this scheme due to its scale over a short period of time. As agreed with WG the funding requirement this year will be fixed in January

The forecast shows a balanced position against the current CRL however additional funding is required for LHP to maintain this position.

Disposals

Approval was given by the Board to dispose of Pontypridd Health Centre in the Nov board meeting. A request will now be submitted to WG but disposal is likely to be in 2025/26. A small number of equipment sales are expected throughout the year.

14. IFRS 16 and CAME (Table Q)

Table Q shows the lease payments, interest and depreciation associated with IFRS16 leases. Approval was given for the latest IFRS16 leases at the end of July and these are included in Table Q, requests for remaining leases this year have been requested from WG 6/12/24.

15. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M8 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2 and C3) will be reported to the next meeting of the Planning, Performance and Finance Committee.

13. Authorisation



P Mears
Chief Executive



S May
Director of Finance

Date: 12 December 2024

Action Points arising from Month 7 Response

Action Point	WG Comment	CTM Response
	TABLE A	
7.1	To enable the delivery of a balanced position, you are projecting future monthly surpluses of £0.500m until March where a £1.200m surplus is forecasted. Please provide details of the favourable operational items (reported on Line 26) which will deliver the majority (c. £0.600m) of this c. £0.700m improvement within month 12. **(Action Point 7.1)**	Adjusted in M8 Tables.
7.2a & 7.2b	Please provide supporting explanations for the annual forecast reductions in Net in Year operational variances (£0.500m) and Operating Variance - POW NICU/Maternity Emergency Temporary Closure costs (£0.300m). **(Action Point 7.2a & 7.2b)**	During M7, several areas forecasted updated positions: • Unscheduled care Medical Pay forecast improved by £0.8m. • POW Obstetric transfer improved by £0.3m as fewer mothers transferred to UHW compared to plan. • Other operating variances deteriorated by £0.5m, mainly attributed to the £0.5m discount error in primary care prescribing. • Other improvement requirements reduced by £0.6m as the overall forecast recovered.
7.3	Table A reports that £0.525m of non-recurrent balance sheet	Noted

	opportunities are supporting the October outturn. Please ensure finalised accountancy gains are reported via the Tracker (Table C3) as per the WHC guidance. **(Action Point 7.3)**	
7.4	If the forecast outturn is being supported by material forecast under spends against dental or GMS ringfenced funding (noting their retainment requires policy approval), please ensure that these are separately reported within the free text lines of Table A for clarification purposes. **(Action Point 7.4)**	Actioned. See Section 4.
7.5	Please provide details of the FYE of recurring cost pressures totalling £0.387m which are being reported on Line 26. **(Action Point 7.5)**	This is a combination of Care Group and Directorate forecast positions, any material variances have been identified in the remaining lines of table A.
7.6	Please reinstate the prior month FYE amounts reported on Lines 8 'Planned (Finalised) Green and Amber Savings Plan' and Line 13 Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1'. **(Action Points 7.6)**	Actioned.
	TABLE B	
7.7	Please clarify why the POW - Decant anticipated funding of £4.400m (also highlighted as a risk) is not being reported with Section G of Table B along with other new month 7 anticipated funding (also unapproved) items. **(Action Point 7.7)**	Please see Section 1.2 which includes an updated position on POW estimated costs, funding and remaining risks.
7.8	Please consider if the DEL impairment charge reported within the November non cash return should be included within Section D of Table B, with corresponding funding also anticipated via Table E. **(Action Point 7.8)**	The DEL impairment of the WEDS scheme has not yet been presented to or approved by our ECMG. Once it has been we will include in the DEL figures.
	TABLE P - Ringfenced	

7.9	Please provide an update on the in year planned care uncommitted funding amount of £0.028m within your month 8 narrative. **(Action Point 7.9)**	Actioned.
	Other	
7.10	As per the monthly shared outstanding creditors schedules, the Health Board has the highest number of outstanding unpaid invoices. Please provide details of the actions being taken to materially improve the payment of NHS invoices. **(Action Point 7.10)**	We continue to review NHS invoices on a regular basis, but unlike several NHS organisations we request POs to be approved on all invoices before paying. This can cause delays compared to other NHS organisations but enhances governance and budgetary control. We continue to engage proactively with AW P2P governance groups and work closely with our procurement and AP colleagues to look to improve the process.
	Following a request at the Technical Accounting Group, we can confirm that the month 12 'day 5' submission deadline has been extended to the 8th April (i.e. day 6) at 2 pm. The submission deadline for the full month 12 submission will be advised once all year end deadlines have been finalised.	Noted.

Cwm Taf Morgannwg ULHB **Period : Nov 24**

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 14 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-19,400	0	-19,400	-19,400
2	Cost Pressures (Non Covid-19) (Negative Value)	-46,419	-1,386	-45,033	-45,033
3	Planned Expenditure For Covid-19 (Negative Value)	-7,205	0	-7,205	-7,205
4	Allocation Letter Revenue Funding Uplift / (Reduction)/ WG RRL / WG Income Uplift / (Reduction/ Non-Covid)	39,595	0	39,595	40,195
5	Planned Welsh Government Funding for Covid-19 (Positive Value)	7,205	0	7,205	7,205
6	Other Income Uplift / (Reduction)	0	0		
7	RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8	Planned (Finalised) Green and Amber Savings Plan	22,380	2,595	19,785	21,778
9	Planned (Finalised) Net Income Generation	634	32	603	825
10	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12		0	0		
13	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	3,285	0	3,285	3,697
14	**Opening IMTP / Annual Operating Plan**	**76**	**1,241**	**-1,165**	**2,062**
15	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-3,285	0	-3,285	-3,697
16	Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
17	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18	Other Movement in Month 1 Planned & In Year Net Income Generation	-195	-15	-180	154
19	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-12,909	-2,192	-10,717	-12,031
20	Additional In Year Identified Savings - Forecast	3,831	1,090	2,741	3,352
21	Variance to Planned RRL & Other Income	0	0		
22	Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	0	0		
23	Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	2,000	0	2,000	2,000
24	Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Postive Value - reduction)	-84	-84		
25	In Year Accountancy Gains (Positive Value)	4,187	4,187	0	0
26	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	24	24	0	-1,095
27	Planning Variance - Improvement in C&C Plans (pending LTA agreements) - Confirmed no risk	5,000	0	5,000	5,000
28	Planning Variance- Agency Planning Assumptions improvement - Confirmed no risk	2,400	0	2,400	2,400
29	Planning Variance - Planning Assumptions Improvement - Confirmed no Risk	6,000	800	5,200	5,200
30	Non Recurrent Balance Sheet Opportunities - Minimal risk	2,701	2,701	0	0
31	Planning Variance - Energy Benefit - Minimal Risk	1,133	0	1,133	1,133
32	Planning Variance Pay Award funding	-3,801	0	-3,801	-3,801
33	Operating Variance - Unscheduled Care Medical Pay Pressures	-2,100	0	-2,100	-2,100
34	Operating Variance - AB LTA Performance against 23/24 outturn	-600	0	-600	-600
35	Operating Variance - AB LTA Arbitration Impact - Confirmed	-1,900	0	-1,900	-1,900
36	Operating Variance - Primary Care Prescribing Volume Growth Exceeding plans	-3,478	0	-3,478	-3,478
37	Operating Variance - AB Cataract additional investment	-900	0	-900	-900
38	Operating Variance - GMS/DENTAL Performance	1,900	1,900	0	0
39	Further Improvements required to achieve Break even forecast yet to be identified - Medium Risk	0	0		
40	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**9,652**	**-9,652**	**-8,300**
41	**Covid-19 - Forecast Outturn (- Deficit / + Surplus)**	**-84**			
42	**Operational - Forecast Outturn (- Deficit / + Surplus)**	**84**			

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-12,934
2	-3,868	-3,868	-3,868	-3,869	-3,868	-3,868	-3,869	-3,868	-3,868	-3,869	-3,868	-3,868	-30,946
3	-519	-575	-549	-531	-526	-623	-645	-660	-676	-629	-629	-644	-4,627
4	3,299	3,300	3,299	3,300	3,299	3,300	3,299	3,300	3,299	3,300	3,300	3,300	26,396
5	519	575	549	531	526	623	645	660	676	629	629	644	4,627
6													0
7												0	0
8	488	818	1,231	2,263	2,442	2,043	2,137	2,144	2,305	2,115	2,116	2,280	13,565
9	0	6	53	66	57	67	64	64	64	65	65	64	376
10													0
11													0
12													0
13	1,704	1,367	908	-137	-307	81	-9	-16	-177	12	11	-152	3,592
14	**6**	**7**	**7**	**6**	**6**	**8**	**5**	**7**	**7**	**6**	**7**	**8**	**49**
15	-1,704	-1,367	-908	137	307	-81	9	16	177	-12	-11	152	-3,592
16													0
17													0
18	0	-6	-53	-66	-44	-64	-61	-63	41	40	40	41	-356
19	0	-392	-400	-1,547	-1,823	-1,453	-1,329	-1,095	-1,308	-1,148	-1,150	-1,263	-8,040
20	0	0	35	40	1,099	214	255	795	483	303	303	304	2,437
21		-178	178	-433	435	508	99	-235	-91	-93	-93	-96	374
22	0	-145	-24	-10	-119	-106	78	37	56	58	38	137	-289
23								1,333	167	167	167	166	1,333
24	0	145	24	10	119	106	-78	-37	-56	-58	-38	-222	289
25	0	0	0	1,667	0	1,470	0	1,050	0	0	0	0	4,187
26	168	-40	-1,113	-662	998	-97	-39	1,623	-365	-149	-166	-134	839
27	400	400	450	416	416	416	417	417	417	417	417	417	3,332
28	200	200	200	200	200	200	200	200	200	200	200	200	1,600
29				667	958	1,175	450	783	491	492	492	492	4,033
30			1,250	-1,250	958	-958	525	-525	675	675	675	678	0
31					472	94	94	94	94	95	95	95	754
32								-2,533	-317	-317	-317	-317	-2,533
33					-1,700	0	100	200	-175	-175	-175	-175	-1,400
34					-417	67	-58	8	-50	-50	-50	-50	-400
35				-633	-158	-158	-158	-158	-158	-158	-158	-158	-1,267
36					-1,460	-300	-320	-334	-270	-274	-258	-262	-2,414
37						-450	-75	-75	-75	-75	-75	-75	-600
38								1,267	158	158	158	159	1,267
39								0	0	0	0	0	0
40	**-930**	**-1,376**	**-354**	**-1,459**	**246**	**590**	**113**	**2,774**	**100**	**100**	**100**	**96**	**-396**
41	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**-84**	**0**
42	**-930**	**-1,376**	**-354**	**-1,459**	**246**	**590**	**113**	**2,774**	**100**	**100**	**100**	**180**	**-396**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	**Ok**
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	**Ok**
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	**Ok**
FYE of Recurring items only reported against Recurring items	**Ok**
Has Organisation name being selected	**Ok**

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Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast			Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD*	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Pay	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	7,627	12,738		0	0				
2		Actual/F'cast	160	65	257	(20)	213	180	226	585	496	318	318	318	1,665	3,115	53.47%	3,055	60	0	3,115	0	4,050
3		Variance	0	(359)	(375)	(1,525)	(965)	(1,013)	(1,042)	(683)	(785)	(953)	(956)	(968)	(5,962)	(9,624)	*(78.16%)*	3,055	60				
4	Non-Pay	Budget/Plan	8	71	123	369	189	193	216	249	251	251	251	251	1,419	2,423		2,423	0				
5		Actual/F'cast	8	42	121	66	597	73	195	665	247	203	203	205	1,766	2,624	67.29%	2,624	0	994	1,631	0	1,891
6		Variance	0	(29)	(2)	(304)	409	(121)	(21)	415	(5)	(48)	(48)	(46)	348	201	*24.50%*	201	0				
7	Primary Care - Drugs & Appliances	Budget/Plan	320	320	320	320	751	406	509	509	509	495	495	495	3,454	5,448		5,448	0				
8		Actual/F'cast	320	320	320	660	407	524	513	465	610	620	620	621	3,529	6,000	58.82%	6,000	0	0	6,000	0	6,000
9		Variance	0	0	0	340	(344)	118	4	(44)	101	125	125	126	75	552	*2.16%*	552	0				
10	Secondary Care Drugs	Budget/Plan	0	4	32	19	324	101	140	114	98	94	92	81	732	1,096		1,096	0				
11		Actual/F'cast	0	0	168	0	0	2	28	28	28	28	28	76	227	389	58.46%	389	0	0	389	0	389
12		Variance	0	(4)	136	(19)	(324)	(99)	(111)	(85)	(69)	(65)	(63)	(4)	(505)	(707)	*(68.94%)*	-707	0				
13	CHC/FNC	Budget/Plan	0	0	125	50	0	150	0	0	163	0	0	163	325	650		650	0				
14		Actual/F'cast	0	0	0	50	0	25	96	96	96	96	96	96	267	650	41.03%	650	0	0	650	0	650
15		Variance	0	0	(125)	0	0	(125)	96	96	(67)	96	96	(67)	(58)	0	*(17.95%)*	0	0				
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	4	4	4	4	4	4	8	25		25	0				
20		Actual/F'cast	0	0	0	0	500	0	4	4	4	4	4	4	508	525	96.83%	525	0	500	25	0	120
21		Variance	0	0	0	0	500	0	0	0	0	0	0	0	500	500	*5999.52%*	500	0				
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
34	Total	Budget/Plan	488	818	1,231	2,263	2,442	2,043	2,137	2,144	2,305	2,115	2,116	2,280	13,565	22,380		9,642	0				
35		Actual/F'cast	488	427	866	756	1,717	804	1,062	1,843	1,481	1,270	1,269	1,320	7,963	13,303	96.83%	13,243	60	1,494	11,809	0	13,100
36		Variance	0	(392)	(365)	(1,507)	(724)	(1,239)	(1,074)	(301)	(824)	(845)	(847)	(959)	(5,602)	(9,078)	*5999.52%*	3,601	60				

37	Variance in month	0.00%	(47.85%)	(29.67%)	(66.61%)	(29.66%)	(60.65%)	(50.28%)	(14.03%)	(35.76%)	(39.96%)	(40.01%)	(42.08%)	(41.30%)
38	In month achievement against FY forecast	3.67%	3.21%	6.51%	5.68%	12.91%	6.04%	7.99%	13.85%	11.13%	9.54%	9.54%	9.93%	

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Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000
1	Pay - General & Substantive	Budget/Plan	47	80	107	756	337	346	421	421	434	424	426	437	2,516	4,237	0	0			
2		Actual/F'cast	47	41	191	18	196	84	145	403	393	196	196	196	1,126	2,106	2,106	0	0	2,106	2,606
3		Variance	0	(39)	84	(738)	(141)	(262)	(276)	(19)	(41)	(228)	(231)	(242)	(1,390)	(2,131)	2106.2227	0			
4	Pay - Variable	Budget/Plan	0	46	57	161	152	152	152	152	152	152	153	153	870	1,478	0	0			
5		Actual/F'cast	0	0	0	0	0	0	43	50	33	33	33	33	92	223	223	0	0	223	272
6		Variance	0	(46)	(57)	(161)	(152)	(152)	(109)	(102)	(119)	(119)	(120)	(120)	(777)	(1,255)	223	0			
7	Pay - Agency	Budget/Plan	113	298	468	588	690	695	695	695	695	695	695	696	4,241	7,022	0	0			
8		Actual/F'cast	113	23	65	(38)	17	96	38	133	70	90	90	90	447	785	725	60	0	785	1,172
9		Variance	0	(274)	(402)	(626)	(673)	(599)	(658)	(563)	(625)	(605)	(605)	(606)	(3,794)	(6,237)	725	60			
10	Total	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	7,627	12,738	0	0			
11		Actual/F'cast	160	65	257	(20)	213	180	226	585	496	318	318	318	1,665	3,115	3,055	60	0	3,115	4,050
12		Variance	0	(359)	(375)	(1,525)	(965)	(1,013)	(1,042)	(683)	(785)	(953)	(956)	(968)	(5,962)	(9,624)	3,055	60			

Table C2- V&S Saving Categories

			Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast
1	Workforce	Budget/Plan		160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	7,627	12,738
2		Actual/F'cast		160	65	257	(20)	213	190	227	593	503	306	306	306	1,684	3,105
3		Variance		0	(359)	(375)	(1,525)	(965)	(1,003)	(1,041)	(675)	(777)	(965)	(968)	(980)	(5,943)	(9,633)
4	Medicines Management	Budget/Plan		320	324	352	339	1,075	507	648	622	606	589	587	576	4,186	6,544
5		Actual/F'cast		320	320	488	660	407	526	541	493	638	648	648	697	3,756	6,389
6		Variance		0	(4)	136	321	(668)	19	(107)	(129)	32	60	62	121	(430)	(155)
7	Procurement & Non-pay	Budget/Plan		4	67	106	331	166	170	176	179	181	181	181	181	1,201	1,926
8		Actual/F'cast		4	37	116	65	75	60	102	638	198	158	157	159	1,097	1,769
9		Variance		0	(30)	9	(266)	(92)	(111)	(74)	458	17	(24)	(24)	(22)	(104)	(157)
10	CHC	Budget/Plan		0	0	125	50	0	150	0	0	163	0	0	163	325	650
11		Actual/F'cast		0	0	0	50	0	25	96	96	96	96	96	96	267	650
12		Variance		0	0	(125)	0	0	(125)	96	96	(67)	96	96	(67)	(58)	0
13	Pathway	Budget/Plan		0	0	0	0	0	0	0	30	30	30	30	30	30	150
14		Actual/F'cast		0	0	0	0	0	0	0	10	10	30	30	30	10	110
15		Variance		0	0	0	0	0	0	0	(20)	(20)	0	0	0	(20)	(40)
16	Other - Commissioning	Budget/Plan		4	4	17	38	22	23	37	37	37	37	37	37	182	331
17		Actual/F'cast		4	5	5	0	1,023	4	8	1	12	9	10	10	1,049	1,090
18		Variance		0	2	(11)	(38)	1,000	(20)	(29)	(37)	(25)	(28)	(28)	(28)	867	758

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8 **This Table is currently showing 1 errors**

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	488	816	1,231	2,265	2,442	2,640	2,137	2,144	2,305	2,113	2,136	2,286	13,565	22,380	2,696	19,785	1,900	21,778
	Month 1 - Actual/Forecast	488	427	831	715	810	988	807	1,048	997	968	1,002	1,002	9,929	9,472	803	9,068	679	9,748
	Variance	0	(389)	(400)	(1,549)	(1,631)	(1,652)	(1,329)	(1,095)	(1,308)	(1,146)	(1,134)	(1,284)	(3,636)	(12,908)	(2,183)	(10,717)	(1,221)	(12,031)
	In Year - Plan	0	0	35	50	1,535	750	850	1,582	1,421	1,695	1,695	1,711	4,856	9,830	1,116	8,512	2,488	10,962
	In Year - Actual/Forecast	0	0	35	46	1,099	214	255	795	483	303	303	304	2,437	3,831	1,090	2,741	611	3,352
	Variance	0	0	0	(4)	(436)	(537)	(595)	(788)	(938)	(1,392)	(1,392)	(1,407)	(2,419)	(5,999)	(26)	(5,771)	(1,878)	(7,609)
	Total Plan	488	816	1,266	2,315	3,978	3,390	2,987	3,726	3,726	3,808	3,831	3,996	18,421	32,211	3,814	28,297	4,388	32,740
	Total Actual/Forecast	488	427	866	760	1,717	902	1,062	1,843	1,481	1,271	1,305	1,306	7,365	13,303	1,494	11,809	1,291	13,100
	Total Variance	0	(389)	(400)	(1,556)	(2,262)	(1,988)	(1,925)	(1,883)	(2,246)	(1,920)	(1,926)	(2,690)	(11,056)	(18,908)	(2,320)	(16,488)	(3,097)	(19,640)
Net Income Generation	Month 1 - Plan	0	4	54	66	52	61	64	64	64	64	65	66	374	634	32	602	222	825
	Month 1 - Actual/Forecast	0	0	0	0	13	0	0	0	0	0	0	0	17	17	13	4	0	4
	Variance	0	(4)	(53)	(66)	(44)	(66)	(64)	(64)	(64)	(64)	(65)	(66)	(356)	(618)	(19)	(602)	(222)	(825)
	In Year - Plan	0	0	0	8	19	36	73	116	116	116	116	116	244	708	0	708	197	1,105
	In Year - Actual/Forecast	0	0	0	0	0	0	3	1	105	105	105	105	4	423	0	423	556	979
	Variance	0	0	0	(8)	(12)	(36)	(71)	(115)	(11)	(11)	(11)	(11)	(240)	(285)	0	(285)	158	(126)
	Total Plan	0	4	54	74	69	103	137	180	180	181	180	182	618	1,342	32	1,310	419	1,929
	Total Actual/Forecast	0	0	0	0	13	0	3	1	105	105	105	105	21	439	17	423	556	979
	Total Variance	0	(4)	(53)	(74)	(56)	(98)	(134)	(179)	(75)	(76)	(75)	(77)	(596)	(903)	(15)	(888)	(137)	(950)
Accountancy Gains	In Year - Plan	0	0	0	1,997	0	1,476	0	817	0	0	0	0	3,954	3,954	3,954	0	0	0
	In Year - Actual/Forecast	0	0	0	1,997	0	1,476	0	1,050	0	0	0	0	4,187	4,187	4,187	0	0	0
	Variance	0	0	0	0	0	0	0	233	0	0	0	0	233	233	233	0	0	0
Total	Month 1 - Plan	488	824	1,284	2,329	2,494	2,116	2,200	2,207	2,369	2,180	2,181	2,344	13,943	23,015	2,627	20,388	2,225	22,603
	Month 1 - Actual/Forecast	488	427	831	715	832	988	807	1,049	997	968	956	1,008	5,942	9,488	820	9,068	679	9,748
	Variance	0	(396)	(453)	(1,614)	(1,662)	(1,128)	(1,393)	(1,158)	(1,372)	(1,212)	(1,225)	(1,336)	(8,000)	(13,527)	(2,207)	(11,320)	(1,546)	(12,855)
	In Year - Plan	0	0	35	1,736	1,548	2,265	932	2,525	1,537	1,201	1,201	1,327	9,033	14,292	5,073	9,219	2,847	12,066
	In Year - Actual/Forecast	0	0	35	1,707	1,099	1,690	258	1,960	588	408	408	409	4,624	8,441	5,277	3,164	1,167	9,331
	Variance	0	0	0	(28)	(449)	(575)	(674)	(565)	(949)	(793)	(793)	(918)	(4,409)	(5,851)	204	(6,055)	(1,679)	(7,735)
	Total Plan	488	824	1,319	4,065	4,042	4,381	3,132	4,732	3,906	3,381	3,382	3,670	22,976	37,307	7,700	29,607	5,072	34,669
	Total Actual/Forecast	488	427	866	2,423	1,731	2,272	1,065	2,994	1,585	1,374	1,364	1,422	12,170	17,929	5,697	12,232	1,846	14,079
	Total Variance	0	(396)	(453)	(1,642)	(2,310)	(2,109)	(2,067)	(1,739)	(2,321)	(2,006)	(2,018)	(2,248)	(10,806)	(19,378)	(2,003)	(17,375)	(3,226)	(20,590)

Agenda Item
10.2.1g

Operational Delivery Committee

MONTH 9 MONITORING RETURNS TO WELSH GOVERNMENT

Dyddiad y Cyfarfod / Date of Meeting	28/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
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Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Sally May, Executive Director of Finance

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
WG	Welsh Government	
M1 etc	Month 1 etc	
ODC	Operational Delivery Committee	
HB	Health Board	

1. Situation /Background

1.1 In addition to our normal internal Finance reports there is a WG requirement for a Committee of the Board to receive the monthly Monitoring Return submissions to WG (narrative report plus certain tables) in order to provide the Committee with transparency on the submission made to WG.

The purpose of this report is to provide the ODC with information from the M9 Financial Monitoring Return submission to Welsh Government

2. Specific Matters for Consideration

2.1 The Welsh Health Circular WHC (2024) 026 – 2024/25 HB, SHA & Trust Monthly Financial Monitoring Return Guidance was issued on 20th May 2024. This guidance refers to the monitoring return template and accompanying narrative that LHBs will need to complete to report their 2024/25 financial performance, together with the following requirements:

The Day 9 submission must be agreed and the narrative signed by both the Director of Finance and Chief Executive before the submission is made to WG. The Board governance, regarding the arrangements for when the Director of Finance and/or Chief Executive is not available, should be set out at the start of the year and shared with the Head of NHS Financial Management.

An additional statement must be included in the narrative each month to clarify the date and main Committee of the Board which will receive that Month's Financial Monitoring return (consisting of the Narrative, Table A and Tables C, C1, C2 & C3) in order to provide the Committee with, transparency on the submission made to WG.

The following information is provided at Annex A:

Annex A
M9 Narrative report
Table A - Movement
Tables C, C1, C2 & C3

3. Key Risks / Matters for Escalation

3.1 All information made available to WG should be consistent with that provided to the Board. The detailed commentary in the Monitoring Returns must include a statement confirming that the financial information reported in the Monitoring Return aligns to the financial details included with the internal Board papers.

The key information included in the M9 Financial Monitoring returns is summarised in Section 1.2 of the M9 Narrative report at Annex A. This information is consistent with the M9 Internal Board papers.

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? /*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:

Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	POSITIVE/NEUTRAL NEGATIVE 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	Yes (Include further detail below)	
	Financial Management of the Health Board and potential audit qualifications	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Reflects the allocation and utilisation of resources of the Health Board	

5. Recommendation

5.1 The ODC is asked to **NOTE** the contents of the M9 Monitoring Returns submitted to Welsh Government for 2024/25.

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
MONITORING RETURNS – DECEMBER 2024
FINANCIAL COMMENTARY

Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 31 December 2024.

The tables attached to this commentary **do not** include the income, expenditure and balances of the NHS Wales Joint Commissioning Committee (NWJCC) which is being financially managed via NWJCC. They do however include the Cwm Taf Morgannwg element of transactions between the parties.

1. Financial Plan, Year to Date and Forecast position

1.1 Financial Plan for 2024/25

The Financial plan submitted to WG at the end of March 2024 is summarised below:

	Recurrent £m	Non Recurrent £m	Total plan £m
B'Fwd challenge at 31 March 2024	**19.4**	**0**	**19.4**
Income changes	(50.4)	0.6	(49.8)
Cost Pressures & Investments:	55.2	1.4	56.6
Savings Target	(26.3)	0	(26.3)
Total plan 23/24	**(2.1)**	**2.0**	**(0.1)**

The Financial plan also identified a net risk to the planned break-even position of £9.4m. The latest risk assessment is provided in Section 3.

1.2 Actual YTD and Forecast 2024-25 (Table A)

	Actual	YTD	Year-end forecast
	£m	£m	£m
Month 1	**0.9**	**0.9**	**0**
Month 2	**1.4**	**2.3**	**0**
Month 3	**0.4**	**2.7**	**0**
Month 4	**1.4**	**4.1**	**0**
Month 5	**(0.2)**	**3.9**	**0**
Month 6	**(0.6)**	**3.3**	**0**
Month 7	**(0.1)**	**3.2**	**0**
Month 8	**(2.8)**	**0.4**	**0**
Month 9	**(0.2)**	**0.2**	**0**

The M9 position is reporting a £0.2m surplus with a £0.2m year to date overspend. The key components of the YTD position and the year-end forecast are summarised below:

	M9 YTD	M9 Year-end forecast	M8 Year-end forecast
	£m	£m	£'m
Savings:			
Shortfall v £24.3m Delegated target	12.5	16.3	16.4
Surplus v £2.2m Non delegated target – Primary care prescribing CAT M savings	(2.8)	(4.6)	(3.8)
Sub total	**9.7**	**11.7**	**12.6**
Operating overspends:			
AB arbitration outcome	1.4	1.9	1.9
AB LTA activity variances	0.5	0.6	0.6
Additional Regional Cataract investment	0.7	0.9	0.9
Unscheduled Care Medical pay overspends	1.4	1.8	2.1
Primary Care Prescribing growth above plan	3.5	4.7	3.5
Corporate directorates – pay underspends	(1.8)	(2.5)	(2.7)
JCC Forecast Deficit (inc VCC transfer of service)	1.1	1.5	1.9
Dental Performance	(0.6)	(1.3)	(1.9)
Med Mgt (Comm Pharm, Vaccines & NICE)	0.8	1.1	0
Net Other Operating Variances (inc COVID)	0.6	1.3	0.7
Sub total	**7.6**	**10.0**	**7.0**
Financial plan improvements:			
Reduction in Contracting & Commissioning costs (excluding AB UHB)	(3.7)	(5.0)	(5.0)
Agency costs	(1.8)	(2.4)	(2.4)
Energy costs	(0.8)	(1.1)	(1.1)
Non pay inflation	(0.6)	(0.8)	(0.8)
Pay contingency v 23/24 anticipated recurrent allocation	(0.8)	(1.1)	(1.1)
Non pay reserve for planned care activity increases	(0.8)	(1.0)	(1.0)
Pay award funding – Bank/Vacancies etc	2.9	3.8	3.8
Other Cost pressure reserves	(1.7)	(2.3)	(2.3)
Other	(0.6)	(1.1)	(0.8)
Additional WG funding M8	(4.5)	(7.5)	(7.5)
POW Roof integrity issues	1.5	2.9	2.0
Sub total	**(11.1)**	**(15.6)**	**(16.2)**
Accountancy gains	(6.0)	(7.0)	(6.9)
WG funding utilised to remove M8 risks	0	0	(3.5)
Settlement of AB LTA dispute	0	0.9	0
Grand Total	**0.2**	**0**	**0**

- **POW Roof integrity issues/Additional WG funding M8**

Further to discussions with WG, the Health Board submitted a detailed proposal on 11 November to address the financial pressures following the

critical incident at POW. The funding request is summarised below:

	24/25	25/26
	£m	£m
Original PCR plan	3.9	0
Impact of POW on PCR plan	8.1	7.1
Impact of POW on USC and Other areas	4.4	4.1
Total	**16.4**	**11.2**

On 2nd December, WG subsequently confirmed the following additional funding for 24/25:

- £7.5m of non-recurrent funding for planned care recovery,
- £7.5m of recurrent funding to support continued demand and inflationary pressures in relation to prescribing, secondary care medicines and CHC. For CTM this included support to mitigate the impact of the POW critical incident.

It is important to note that, without the additional £7.5m recurrent funding, the Health Board would have needed to deteriorate its break-even forecast in M8.

The £7.5m non recurrent funding for planned care recovery is significantly below the £12.0m requested on 11 November and this presents a risk to the delivery of the 104 week targets.

Further details of the remaining risks to the M9 forecast break even position is included in Section 3.

- **Band 2/Band 3 risk**

We have noted the HCSW banding issues experienced in SBUHB and elsewhere in Wales and England. We further note the potential for a wider resolution via the negotiation of an all-Wales Framework. Any framework could result in financial consequences which are not presently reflected in our forecast outturn. Should this framework be agreed, further work would be required to quantify the financial risk and the extent to which this should be treated as a provision or contingent liability in 24/25.

1.3 Material income and expenditure category movements between the current period actual and the previous month forecast (Table B & B1)

	December			Year End Forecast		
	Act £'000	F/Cast £'000	Movement £'000	M9 £'000	M8 £'000	Movement £'000
RRL	124,080	123,519	561	1,550,200	1,547,297	2,903
Donation/Grants	0	0	0	130	130	0
Welsh HBs & NHST	6,031	6,402	(371)	75,524	77,350	(1,826)
WHSSC	1,145	1,075	70	12,741	12,671	70
WG Income	(733)	45	(778)	(34)	744	(778)
Other Income	4,522	4,010	512	49,161	48,349	812
Income Total	**135,045**	**135,051**	**(6)**	**1,687,723**	**1,686,542**	**1,181**
PC Contractor	13,938	13,647	291	161,416	160,380	1,036
PC - Drugs	9,055	9,469	(414)	106,290	106,381	(91)
Pay	59,630	60,168	(538)	725,101	725,639	(538)
Non Pay	10,810	9,828	982	117,092	115,805	1,287
SC - Drugs	5,635	5,053	582	61,782	60,950	832
H/C Other NHS	25,375	23,840	1,535	287,962	286,025	1,937
Non H/C Other NHS	0	0	0	0	0	0
CHC & FNC	6,113	6,221	(108)	70,497	70,605	(108)
Private & Vol	815	2,466	(1,651)	17,854	20,254	(2,400)
Joint & Other	280	1,117	(837)	12,174	13,011	(837)
Losses, Spec Payments	263	200	63	2,564	2,501	63
DEL	2,912	2,912	0	34,942	34,942	0
AME	53	30	23	90,181	90,181	0
Res & Cont	0	0	0	0	0	0
P&L on Dispoal	0	0	0	(131)	(131)	0
Cost - Total	**134,879**	**134,951**	**(72)**	**1,687,723**	**1,686,542**	**1,181**

Actual expenditure for M9 was £0.07m (0.05%) less than the £134.95m forecast. The most significant movements between the forecast and actuals were as follows:

- **Welsh HB Income - £371k Adverse** – reduced activity being delivered during December for commissioners mainly relating to SB and C&V Health Boards.
- **WG Income - £778k Adverse** – Reduction in Non-Cash Limited, this is offset by a reduction in NCL expenditure.
- **Other Income - £512k Favourable** – Recovery of resettlement programme income from the Home Office £262k.The remaining £250k relates to several smaller variances.
- **Primary Care Drugs - £414k Favourable** – Profiling difference, no impact upon overall forecast.

- **Provider Pay - £538k Favourable** – Improved agency and variable pay costs reported in M9.
- **Provider non-pay - £982 Adverse** – Classification correction between Joint Funding of £850k.
- **Secondary Care Drugs - £582k Adverse –** Increase in reporting of NICE Drugs expenditure and retrospective correction of vaccines.
- **Healthcare NHS - £1,535k Adverse** – Recognition of year-to-date impact of new allocations for JCC £1,192k, additional LTA activity at Velindre £130k, JCC £133k and C&V £138k.
- **Private & Voluntary - £1,651k Favourable –** Lower than anticipated outsourcing of activity during December.
- **Joint & Other - £837k Favourable –** Classification correction between Provider Non-Pay.

The year-end forecast expenditure at M9 has increased by £1.18m to £1,688m. This is offset by a corresponding increase in WG funding and other income. The most significant changes in the year-end forecast since M8 are as follows:

- **Welsh HB Income - £1,826k Adverse** – reduced activity being delivered for commissioners mainly relating to SB and C&V Health Boards together with recognising the impact of the ABUHB LTA Dispute.
- **WG Income - £778k Adverse** – Reduction in Non-Cash Limited, this is offset by a reduction in NCL expenditure.
- **Other Income - £812k Favourable** – Recovery of resettlement programme income from the Home Office £262k, together with improvements in other income streams.
- **Primary Care Contractor - £1,036k Adverse** – recognition of £745k for 50-day challenge together with increased expenditure for GMS, Dental and Community Pharmacy offset by a reduction in Non-Cash Limited Expenditure of £778k.
- **Provider Pay - £538k Favourable** – Improved agency and variable pay costs reported in M9.
- **Provider Non-Pay - £1,287 Adverse** – Classification correction between Joint Funding of £850k, plus continued general increase in expenditure levels.
- **Secondary Care Drugs - £832k Adverse –** Continued Increase in reporting of NICE Drugs expenditure and retrospective correction of vaccines.
- **Healthcare NHS - £1,937k Adverse** – Recognition of impact of new allocations for JCC £1,589k, plus increasing LTA activity from other providers.
- **Private & Voluntary - £2,400k Favourable –** Reduced outsourcing assumptions.

- **Joint & Other - £837k Favourable –** Classification correction between Provider Non-Pay.

The forecast has been profiled using latest plans and information and will continue to be refined through the year. The most significant profile impacts are:

- M7 – 12 reflects the latest planning assumptions for the temporary arrangements to support the POW incident upon Unscheduled care and other areas.
- M9 – 12 reflect the latest planning assumptions for the Planned care recovery funding of £7.5m.
- Provider Pay – M11 reflects impact of increased enhancements for Christmas & New Year Bank Holidays
- Provider Non-Pay – M12 reflects the IFRS 16 adjustment
- Primary Care Prescribing reflects latest assessment of dispensing days and the impact of the autumn Flu vaccination campaign.
- The 2024/25 pay award has been processed in M8 including arrears. The forecasts for future periods include the ongoing impact of the Pay award but **do not** include the impact of the recent pay circular introducing band 8 & 9 increments which will be recognised in M10.
- Section G reserves and contingencies of Table B identifies the risks that have been incorporated into the M9 forecast.

The Health Board has adopted the national mapping of financial codes to MMR categories for 2024/25, as such there has been some changes to where expenditure had been reported in previous years including the 24/25 IMTP.

1.4 Pay Expenditure (Table B2)

The M9 Pay expenditure was £61.8 and the monthly trend is summarised below.

	Q3* Average	M9	M8	M7	Q2* Average	Q1* Average	Q4 Average
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
A&C	8.1	8.4	10.8	7.4	8.0	8.0	7.4
Medical	16.8	16.8	22.2	15.6	16.7	16.8	15.5
Nursing	19.3	19.1	25.7	18.4	19.1	19.1	19.0
ACS	7.7	7.7	9.4	7.4	7.8	7.7	7.5
Other	10.2	9.9	13.7	10.0	10.3	10.2	9.8
Total	**62.1**	**61.8**	**81.8**	**59.1**	**61.9**	**61.7**	**59.3**

Q3*,Q2* & Q1* Average has been adjusted to reflect impact of pay arrears relating to prior periods.

The Key issues to highlight are as follows:

- The Medical & Dental pay award was processed in M6 including arrears. The arrears processed were Circa £6.8m and the estimate of the In year pay award is circa £0.7m per month.
- The 2024/25 pay award for all staff groups was processed in M8 including arrears. The impact of the pay award in M8 was estimated at £22.8m.
- Total pay expenditure in M9 was £61.8m. This remains consistent with the Q2 average adjusted for the 24/25 pay award.
- Agenda for change staff within bands 1-3 have received an increase in salary to reflect the real living wage from M1. The estimated impact is £0.2m per month. It is assumed this increase will be fully funded by WG.

The impact of the recently announced Medical & Dental, Agenda for Change and Executive pay awards have now been reflected in the future period forecasts.

The key future forecasting adjustments relates to the impact of the POW temporary arrangements and the Planned Care recovery plans from M7 to M12. The M11 profile also reflects the impact of increased enhancements for Christmas & New Year Bank Holidays.

The impact of the recent band 8 and band 9 increments has not been reflected in the future periods as at M9. It is anticipated that this will be reflected in M10.

The M9 agency expenditure was £2.8m and the monthly trend (excluding accountancy gains) is summarised below:

	Q3 Average	**M9**	**M8**	**M7**	**Q2 Average**	**Q1 Average**	**Q4 Average**
	£'m	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**	**£'m**
Medical	0.6	0.4	0.6	0.8	0.9	0.9	1.2
Nursing	1.8	1.8	1.7	1.8	1.9	1.9	2.1
Other	0.6	0.5	0.6	0.6	0.7	0.6	0.8
Total	**2.9**	**2.8**	**2.8**	**3.2**	**3.4**	**3.4**	**4.1**

The Key issues to highlight are as follows:

- The Q3 average cost has reduced by £0.5m was compared with Q1 & Q2.
- The continued improvement in M9 is mainly due to a reduction in Medical & Dental agency costs.

The Q4 forecast has been adjusted to reflect recent trends.

The M9 variable pay expenditure was £4.3m and the monthly trend (excluding accountancy gains) is summarised below.

	Q3 Average	M9	M8	M7	Q2 Average	Q1 Average	Q4 Average
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Medical	2.0	1.9	2.0	2.0	2.1	2.1	2.1
Nursing	1.1	0.7	1.3	1.2	0.9	0.9	1.2
ACS	1.3	1.2	1.5	1.3	1.2	1.2	1.3
Other	0.7	0.6	0.9	0.6	0.6	0.6	0.6
Total	**5.0**	**4.3**	**5.6**	**5.0**	**4.8**	**4.8**	**5.2**

The Key issues to highlight are as follows:

- The Q3 average cost was consistent with Q1 & Q2.
- The pay award processing and arrears has had an impact of increasing the M8 position by £0.7m.
- The M9 position has improved by £0.6m compared to the Q1 & Q2 averages. This is mainly due to reduced overtime and ADHs during December.

In recognition of the impact of the POW temporary arrangements and the Planned Care recovery plans, there is anticipated to be an increase in variable pay for future profiles.

1.5 Covid analysis (Table B3)

	M9	YTD	Forecast	Allocation	Forecast Variance
	£'m	£'m	£'m	£'m	£'m
Health Protection and Vaccination	0.5	3.7	5.2	5.6	(0.5)
PPE	0.1	0.4	0.6	0.4	0.2
Adferiad	0.1	0.9	1.1	1.1	(0.0)
Total	**0.7**	**4.3**	**6.9**	**7.2**	**(0.3)**

There are no key issues to highlight at M9.

2. Underlying position (Table A1)

The B'fwd recurrent deficit at the end of 2023/24 was £19.4m and the planned recurrent surplus at the end of 24/25 was £(2.1)m.

The forecast underlying deficit at the end of 2024/25 is £9.5m (M8: £8.3m). The deterioration in M9 is mainly due to the settlement of the AB dispute. The 'bridge' between the current year forecast and the recurrent forecast is summarised below:

	£m
Forecast In year position 24/25	**0**
Balance sheet write backs	7.0
Other non recurrent benefits in 24/25	2.5
Forecast Recurrent position at the end of 24/25	**9.5**

It is important to highlight that:

- most of the risks to the In year break-even forecast which are noted in Section 3 also apply to the forecast underlying deficit. The recurrent position could therefore deteriorate in the coming months.

- the forecast recurrent position noted above excludes any ongoing costs of the POW critical incident, which will represent an additional NR cost pressure in 25/26. Our latest estimate is that these costs will be circa £10.0m.

3. Risk Management (Table A2)

The key financial risks and opportunities for 2024/25 are noted in Table A2 and are summarised below:

	Month 9 £'m	**Month 8 £'m**	**Comment**
Funding risks:			
Risk of the 24/25 pay award not being fully funded	tbc	tbc	See Section 8.
Risk of assumed funding for Real Living Wage for social care of £3.4m not being fully funded.	1.0	1.0	We increased our assumed allocation in M6 by £1m to be consistent with other Health Boards.
Community pharmacy contract	0	0.5	Forecast shortfall for 24/25 Community pharmacy fee element compared to recent allocation. Further discussion needed with WG Community Pharmacy team. Now included in the M9 year-end forecast.
Other risks:			
Other cost pressures and forecasting risks,including POW	1.3	1.2	
ABUHB LTA baseline- Activity Risk	0.0	1.1	Risk relating to the ABUHB LTA Activity dispute has been settled and is now reflected in the M9 forecast. See Section 1.2
JCC English CUF impact	0.4	0	As directed by JCC & WG, the impact of the English CUF upon the JCC position has been shown as a risk rather than recognised in the forecast.

	Month 9 £'m	Month 8 £'m	Comment
Potential pay banding disputes Band 2/Band 3 including retrospective application	tbc	tbc	See Section 1.2
Total Risks	**2.7**	**3.8**	
Opportunities			
Further Balance sheet opportunities in 24/25	tbc	tbc	£7.0m now included in year-end forecast at Table A.
Review of Annual leave provision	tbc	tbc	
Retrospective vat recoveries – Microsoft contract	tbc	tbc	Updated assessment from DHCW indicates a potential £2.3m benefit, but high level of risk.
Other Non-Recurrent Opportunities	0	(0.4)	
Total Opportunities	**0**	**(0.4)**	
Net risk	**2.7**	**3.4**	

4. Ring Fenced Allocations (Tables N, O & P)

Tables N & O have been completed for M9.

- At M9 GDS is showing a forecast underspend of £1.3m. Since the Health Board has an approved IMTP for 24/25 we are assuming that any dental underspends can be retained.

- The recent initial allocation letter for 25/26 stated that 'No changes were made to 2024-25 dental contract patient charge targets as a result of the increase, and any increased patient charge revenues have been utilised by health boards to offset the current shortfall against targets set in baseline dental contract allocations.' The Health Board is not anticipating any change to patient revenue targets.

Table P provides the latest forecast for the ringfenced allocations. A summary is provided in the table below:

	Allocation £'m	Forecast £'m	Comment
Planned & Unscheduled care Sustainability	18.4	21.5	
Additional allocation for Planned care recovery – 2 December	7.5	7.5	See Section 1.2
Regional Planned Care	7.3	8.2	See note 2 below
Value Based HC	2.1	2.1	
Regional Integration Fund	20.4	23.5	See note 3 below

Core Mental Health	112.6	112.6	
Palliative Care	0.7	0.7	
Further Faster	1.8	1.8	
Critical Care	2.4	2.4	
Urgent Emergency Care	2.7	2.7	
Mental Health Allocation	4.2	4.2	
Planned care	0.6	0.6	
Value Based Healthcare Projects	0.7	0.7	See note 1 below

1. VBHC – The Dr Rupa Chilvers letter dated 1st October 2024 confirmed the In year funding of £655k relating to the approved recurrent bids for Atrial Fibrillation and Alcohol Liaison. We are continuing to anticipate that this funding is recurrent.

2. Regional Planned Care – The Health Board's original plan for utilising the £7.3m regional planned care allocation was as follows:
   - SEW Cataract Business Case £2.5m
   - Endoscopy Capacity £2.3m
   - Diagnostic Capacity £2.5m

   Following correspondence from Nick Wood, the CTM contribution for the Regional Cataract Plan was increased by £0.9m in M6 from £2.5m to £3.4m. See Section 1.2.

3. Regional Integration Fund - The £20.4m is the original allocation. The forecast of £23.5m includes several additional in year allocations:
   - Dementia Projects £1.7m - Confirmed Allocation
   - RPB Capital funding for integrated hubs £0.45m - Confirmed Allocation
   - Neurodivergence improvement programme £0.73m - Confirmed Allocation
   - Short Break for Carers £0.2m - Confirmed Allocation.

5. Agency/Locum (Premium) Expenditure (Table B2 – Sections B&C)

See section 1.4.

6. Variable Pay Expenditure (Table B2 – Section D)

See section 1.4.

7. Savings (inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2024/25 includes a £26.3m recurring savings target.

	Month 9			Month 8		
	YTD	24/25	Rec	YTD	24/25	Rec
	£m	£m	£m	£m	£m	£m
Savings target as at M9	19.7	26.3	26.3	17.5	26.3	26.3
Actual and Forecast Savings	(10.0)	(14.6)	(14.9)	(8.0)	(13.7)	(14.1)
Total	**9.7**	**11.7**	**11.4**	**9.6**	**12.6**	**12.2**

Forecast savings increased by £2.0m in M9.
The table below breaks down the £26.3m savings plan:

	Initial Plan £'m	M9 £m	YTD £m	24/25 £m	Rec £m
Savings	22.4	1.9	9.9	14.4	14.2
Income Generation	0.6	0.1	0.1	0.2	0.7
To be identified	3.3	0.0	0.0	0.0	0.0
Total Savings	**26.3**	**2.0**	**10.0**	**14.6**	**14.9**
Accountancy Gains	0.0	1.8	6.0	7.0	0.0

The following approaches are being used for savings profiles and savings recognition in 24/25:

- **Recording** – All savings must be recorded in the ledger and a budget must be reduced before a saving can be recognised in the ledger and reported in the WG savings template.

- **CHC** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total CHC costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **NICE** - Savings plans profiled and reviewed quarterly. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total NICE costs in a Care Group are within budget (i.e. growth and inflation are also being managed within plan).

- **Primary Care Prescribing**- Savings plans will not be reviewed until M5 when we will have the Q1 prescribing data. Even if the savings plans are delivering a reduction in costs, these plans will only be recorded as a saving in the ledger if the total Primary Care Prescribing

costs (exc CAT M) are within budget (i.e. growth and inflation are also being managed within plan).

- **Non-Recurrent savings** – £2.1m of NR savings plans were removed from the Savings plan in M3 and used to offset operating variances. This change was to reinforce the need to focus on sustainable recurrent savings plans and is consistent with WHC (2024) 026 which states:

  > "As stated in previous years, the savings tables should reflect all savings schemes where management action is required to deliver cash releasing savings. Cost Avoidance Plans that do not require management action to deliver a saving, should be accounted for when calculating the organisation's net Opening Cost Pressure Value; therefore, ensuring that both the Opening Cost Pressure and the Savings Plans are not over inflated at the start of the year."

  All non-recurrent underspends, which are not a result of management action, should therefore be used to offset operating variances and not be reported as a saving.

8. Income Assumptions 2024-25 (Tables D & E)

Table D has been completed and agreed with other NHS Wales bodies, our latest position on agreeing LTAs is provided in Section 9 below.

Table E shows the anticipated allocations assumed within our M9 position. The table below summaries the more material items:

Description	M9	M8	Comments
	£k	£k	
2024/25 Pay award (inc RLW)	18,322	39,481	Assessment of actual costs of pay award. See note 2 less part allocation recieved
2023/24 Medical Staff Pay Award	11,819	11,819	Assessment of actual costs of Pay Award. See note 1
Emergency/Urgent Care	1,372	1,372	
RLW Social Care	3,400	3,400	Revised Estimate M6 based upon consistent approach.
VBHC Projects	655	655	
WG Funded Trainees	2,062	2,062	Revised estimate following August rotation.
Optometry Contract	825	825	Indicative allocation confirmed by Paul Casey.
CTM Hospital @ Home	500	500	Nick Wood Letter

Description	M9	M8	Comments
			31/07/24
Improving Waiting Times	492	492	Nick Wood Letter 15/10/24
50-day challenge – High Risk Cohort	745	0	Nick Wood Letter 06/12/24
50-day challenge - Community transition	596	0	Nick Wood Letter 06/12/24
Financial Support	0	7,475	Allocation received M9.
IFRS 16 Adjustment	(2,981)	(2,981)	
Capital Charges DEL/AME	94,819	94,819	
Other Allocations	549	726	
Total Anticipated Allocations	**133,175**	**160,645**	

1. **2023/24 Medical & Dental Pay Award** - Medical & Dental Pay Award has been calculated using the actual arrears processed in M6 as noted in the table below:

	HB Payroll £'000	SLE Payroll £'000	Total £'000
Arrears paid - Pensionable	2,620	1,630	4,250
Arrears paid - Non-Pensionable	428	715	1,143
Employers NI	421	324	745
Employers Pension	384	239	623
Apprenticeship Levy	15	12	27
Total Arrears Paid M6	**3,868**	**2,920**	**6,788**
M6 – M12 Pay Increase	**3,465**	**1,566**	**5,031**
Total Funding Anticipated	**7,333**	**4,486**	**11,819**

2. **2024/25 Pay Award –** The 2024/25 Pay Award requirement has been calculated, based upon the funded establishment, at £39.481m. It is recognised that the pay award impact upon Bank Staff will not be supported together with any non-recurrent benefit for vacancies. The forecast impact of these items that will materialise in 24/25 is £3.2m. The actual forecast costs of the pay award in 24/25, using the actual arrears processed (excluding bank staff) in M8 together with the Real Living wage advance processed in M1, is noted in the table below:

	HB Payroll £'000	SLE Payroll £'000	Total £'000
Arrears paid - Pensionable	13,673	870	24,920
Arrears paid - non-pensionable	531	392	1,581
Employers NI	1,960	174	2,134
Employers Pension	2,001	127	2,128
Apprenticeship Levy	71	6	77
Total Arrears Paid M8	**18,236**	**1,569**	**19,805**
M8 – M12 Pay Increase	**13,026**	**1,121**	**14,147**
Total Funding Arrears	**31,262**	**2,690**	**33,952**
Real Living Wage M1	**2,335**	**0**	**2,335**
Total Impact of Pay Award	**33,597**	**2,690**	**36,287**

9. Health Care agreements

The latest position in respect to the agreement and signing of our LTAs is summarised below:

Organisation	CTM Provider LTA	CTM Commissioner LTA
ABUHB	Dispute settled in M9. Agreed Awaiting Documentation	Agreed & Signed
C&V UHB	Agreed Awaiting Documentation	Agreed Awaiting Documentation
HDda UHB	Agreed & Signed	Agreed & Signed
Powys TUHB	Agreed & Signed	Not applicable
SBUHB	Agreed & Signed	Agreed & Signed
JCC	Agreed & Signed	ICP approved at JCC.
Velindre NHST	Not Applicable	Agreed & Signed
PHW	Agreed & Signed	Not Applicable

10. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, M)

10.1 Significant month on month balance sheet movements

There are several significant movements on the balance sheet between M8 and M9:

- Trade and Other payables have decreased by £15m since M8. This is due to the reduction in pension, National Insurance and Tax creditors of £9.6m, following payment of the increased creditor in M8. The other increases are across other general trade payables.

- Trade and Other Receivables have decreased by £9.8m. This is mainly due to a decrease in the Welsh Risk Pool Debtors of £7.3m, there is an opposite decrease in the provision value due to reduction in the value of clinical negligence. The remaining increase is due to decreases in general receivables.

- In M9 the value of Property, Plant & Equipment has increased significantly mainly due to additions on the PoW roof scheme and PCH Phase 2.

Following Action Point 8.21 the analysis of trade and other payables between Capital and Revenue has been updated to reflect IFRS 16 and Finance Leases being shown under the Capital line which wasn't previously the case. The balance b/f has also been updated to reflect the change.

10.2 Details of any aged receivables/payables (over 11 weeks old) and disputed invoice information

There are four NHS invoices which are due over 11 weeks, 1 invoice for Velindre NHS Trust; 2 for HEIW and 1 for Public Health Wales. We do not anticipate any issues with the invoices and are following up through our usual debtor procedures.

11. Cash Flow Forecast (Table G)

The cash balance at the end of M9 was £2.4m, this is in line with targeted balance.

It is recognised that Capital cash is currently in a deficit position due to the increased expenditure on the PoW roof. This will be brought back to a balanced position over January and February.

The current cash flow forecast is showing a balanced position at year end. Included within the cash flow are several significant anticipated allocations including pay award and financial support as detailed in Table E.

12. Public Sector Payment Compliance (Table H)

The non-NHS PSPP percentages have improved since quarter two, with the percentage paid within 30 days by number increasing from 95.4% to 96.1%, and by value from 91.8% to 92.8%. We anticipate meeting the target of 95% by number at the end of the year.

The NHS PSPP percentages have remained largely unchanged since Q2 The Q3 numbers for the percentages paid within 30 days are 81.1% by number and 96.8% by value.

13. Capital Schemes and Other Developments (Tables I, J &K)

The M9 CRL is £87.5m, issued on the 8th Jan 2025. As at M9, £44.7m has been charged against the CRL. The increase in CRL this month is due to £2.6m of additional funding provided by WG for the LHP scheme and £1.9m for Digital investment.
The table below details some of the schemes at risk of not spending as per their current allocation. These are identified as medium or high risks in Table J.

Scheme	Risk	Explanation
PCH G&FF Phase 2 and 3	Medium – in year overspend	An additional £6m of CRL was funded at the end of October however this still leaves a small risk of an overspend which is expected to be offset with the VAT reclaim on the GFF 1B scheme. This reclaim was submitted to HMRC in March 2023 but is hoped to conclude shortly.
LHP	Medium – In year over or under spend	Additional funding of £3.6m was awarded to this scheme in December and £2.6m of this has been added to the 24/25 CRL. This will cover works to RIBA 3 however there is still some confirmation required with regard the timing of the demolition and business case process. This is being discussed further with WG.
Backlog Maintenance	Medium – In year Slippage	Funding relates to 29 backlog maintenance schemes. Whilst good progress is being made there is highly likely to be slippage on some of these schemes. Slippage will be managed through the discretionary capital programme
POW Roof	Medium	There is some risk associated with this scheme due to its scale over a short period of time. As agreed with WG the funding requirement this year will be fixed at the end of January

The forecast shows a balanced position against the current CRL.

Disposals

Approval was given by the Board to dispose of Pontypridd Health Centre in the November board meeting. A request will now be submitted to WG but disposal is likely to be in 2025/26. A small number of equipment sales are expected throughout the year.

14. IFRS 16 and CAME (Table Q)

Table Q shows the lease payments, interest and depreciation associated with IFRS16 leases. Approval was given for the latest IFRS16 leases at the end of July and these are included in Table Q. Requests for the remaining leases this year were requested from WG on 6/12/24 and approval of these is expected in January 2025.

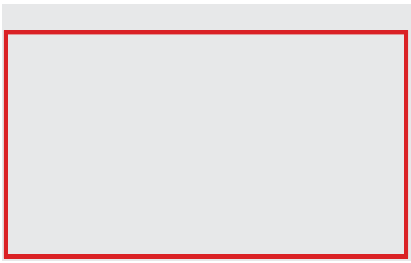
15. Other Issues

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers. The M9 Financial Monitoring Return (consisting of the Narrative, Table A, Tables C, C1, C2 and C3) will be reported to the next meeting of the Planning, Performance and Finance Committee.

Authorisation



P Mears
Chief Executive



S May
Director of Finance

Date: 14 January 2025

Action Points arising from Month 8 Response

Action Point	WG Comment	CTM Response
	TABLE A	
8.1	The forecast outturn is being supported by c.£2.700m of 'low risk' planned balance sheet releases. We look to your next submission for assurance that there is no risk to their release and all required mitigating actions to deliver the balance position have been finalised. **(Action Point 8.1)**	Noted. There is low risk to the planned balance sheet movements.
8.2	Please report the full £7.475m of conditionally recurrent Welsh Government funding (share of All Wales £50m) on Line 23 of Table A within future returns. **(Action Point 8.2)**	Noted.
8.3	The release of other cost pressure reserves supporting the outturn position has increased by £0.500m to £2.300m. Please provide details of what these related to that are no longer planned to materialise and clarify if there are any other potential reserves than could be released to assist the position. **(Action Point 8.3)**	Please see latest update in Section 1.2.
8.4	Please provide supporting explanations for the annual USC medical pay (line 33) and PC Prescribing pressures (line 36) both reducing by c.£0.600m, as both areas are not contributing to creating favourable variances within Table B1. **(Action Point 8.4)**	Table A reports variance against our original plan whereas table B1 is a comparison compared to our latest forecast. The USC Medical Pay continues to be worse than plan but the level of variance to plan reduced in M9, partly because of the pay ward funding impact. The PC Prescribing growth is being offset by improved Cat M price savings which are reported in savings

		section of Table A.
8.5	Please clarify the new month 8 operational pressures which has resulted in the line 26 favourable operational variances reducing from £1.879m to £0.024m. It would also be helpful if you could confirm the items incorporated on Line 26 within the Table in the narrative, included within Section 1.2. **(Action Point 8.5)**	Table A and the narrative section has been updated to reflect latest position.
8.6	Please provide details of the FYE of recurring cost pressures totalling £1.095m (was £0.387m at month 7) which are being reported on Line 26. **(Action Point 8.6)**	A detailed 'Bridge' reconciliation of movements between current year and recurrent forecast financial position is being prepared as part of the IMTP.
8.7	Please provide the working assumptions which support the new pay award funding pressure of £3.801m reported on line 32. **(Action Point 8.7)**	This recognises the potential impact of WG funding principles for Pay Awards. See Narrative section 8 note 2 for details.
7.4	Whilst only a minor issue, for clarification purposes and to align with the narrative, please refer to the cause of the underspend on the Line 38 as Dental. Currently, the description suggests there is also an underspend on GMS. **(c/f Action Point 7.4)**	Noted.
8.8	Please confirm that you are including the Health Board's share of the NWSSP additional savings (£2m) being £0.212m, in your forecast outturn; you may wish to reflect this as part of the mitigating actions described in Table A. **(Action Point 8.8)**	The Non-Recurrent NWSSP distribution improvement has been recognised in the forecast but has not been shown as a saving.
8.9	Please review the reported FYE values of operational pressures which currently align to the in-year amounts, even though a number of the in year amounts are a PYE. **(Action Point 8.9)**	The FYE reflect our latest assessment. As Table A cannot be retrospectively adjusted for previous periods, what appears to be part year impacts may not be part year.

	TABLE A1 – Underlying Position	
8.10	Please consider the completion of the savings column of Table A1 as the FYE value (£21.642m) is materially higher than that reported within Table C (£13.100m). **(Action Point 8.10)**	Noted.
	TABLE A2 – Risks & Opportunities	
8.11	Please provide an analysis the £3.500m of month 7 reported risks (as referenced on page 1 of your narrative) that have crystalised and been brought into the position (noting an element of the additional funding has mitigated the impact). **(Action Point 8.11)**	Please see updated M9 position in Section 1.2.
	TABLE B – Monthly Positions	
8.12	As reported in Section G, there are £1.100m of Reserves for 'Non Pay Cost Pressures not yet confirmed' phased into March. As the month 12 non pay spend is projected to be lower than February, please clarify where this spend appears in Table B, or what other reductions are offsetting the extra spend in March, which results in a lower spend value than February. **(Action Point 8.12)**	As noted in section 1.3, Provider Non-Pay M12 included the IFRS adjustment. This recognises the anticipated £2.9m deduction from Non-Pay to be reported as Capital Depreciation.
	TABLE B1 – SoCNE Movement	
8.13	Please ensure Table B1 is populated each month with the prior month SoCNE. **(Action Point 8.13)**	Noted.
8.14	Please provide the reasons for the other private & voluntary sector spend reductions (£0.600m) in months 10 and 11. **(Action Point 8.14)**	Reduced levels of outsourcing following confirmation of additional PCR funding being lower than requested.
	TABLE B2 – Pay Expenditure	

8.15	Please provide details which support the assumption that reduced agency spend incurred within month 8 will not continue into future months. **(Action Point 8.15)**	Noted.
	Table B – Covid-19 Analysis	
8.16	Please provide supporting explanation for the projected step up in health protection Covid-19 spend in March. **(Action Point 8.16)**	Following the M8 response letter, COVID schedules have been reviewed and updated removing potential contingencies for future outbreaks.
8.17	Organisations have sought clarity from the WG on the retention of any forecast underspends in 2024/25 for Covid Allocations, including Long Covid. Whilst the allocation is not ring-fenced in 2024/25, there is a clear expectation that funds are directed to the delivery of a sustainable service for the population of Wales as outlined in the expectations set out in the guidance within the Adferiad (Recovery) programme progress report template. I trust you are working closely with the applicable Policy Leads in that regard, as I understand that they are seeking additional clarity and assurance in regard to the service currently being delivered. It is important that organisations are open and transparent on the reporting of the spend position against the funding (Table B3) and any resulting underspends. These can be retained in 2024/25 and should flow through into Table A, with the corresponding utilisation described in the supporting narrative. **(Action Point 8.17)**	Noted.
	TABLE D – Income/Expenditure Assumptions	
3.10	It is disappointing that you have yet to receive signed LTAs from C&V; these should have been received by the end of June 2024. Please provide a full update in the next submission and if these	During M9 the AB LTA Dispute has been settled. We continue to seek agreed documentation from C&V.

	remain outstanding then the issue will be escalated to the respective Chief Executive Officers, as a breach of the WHC. **(c/f Action Point 3.10)**	This has been escalated to DOF & CEO.
	TABLE E – Resource Limits	
8.18	All organisations are reminded that pay uplifts applied to Bank staff do not form part of 'Pay-award Funding' provided by WG. If not already set out in the submission, it would be helpful to understand the value of such related spend and how the organisation is mitigating the costs. For CTM, your narrative indicates the combined impact of not funding the Bank staff and the vacancies, amounts to £3.2m and therefore we are seeking a separate value for Bank. **(Action Point 8.18)**	The impact of Bank staff not being funded is £0.66m. The remaining 2.534m is the impact of vacancies/agency/ADHs. The additional template request on pay award has been submitted.
8.19	Please ensure the Capital Drawing Limit value on line 2 reflects the corresponding value on the latest Cash Drawing Limit on the CRL Schedule, please note it will not be the same as the resource amount due to the different cash approach for leases. **(Action Point 8.19)**	Updated M9
	TABLE F - SoFP	
8.20	Noting the Health Board is projecting to call down the full Revenue Drawing Limit, please clarify how the forecast increase in revenue payables (Line 45) of £17.317m will impact on the closing year end cash position. **(Action Point 8.20)**	This needs to be looked at including receivables and provisions. Using M8 figures, the forecast increase in payables + provisions was £33.825m and this was offset by a £32.693m increase in receivables. This left a net position of £1.132m which can be managed with usual cash management at year end.

8.21	The reduction (£1.742m) in annual capital payables reported via Table F is lower than the IFRS16 capital working balances request of £2.981m. Please review and explain the difference i.e. additions. **(Action Point 8.21)**	The Right of Use Asset Lease Liability (IFRS 16) has not been included under the capital analysis within Table F since the adaptation of IFRS16. Only other general capital payables have been included. We have updated the tables now to reflect the IFRS16 balance including on the b/f column. Any difference in the change in the capital payables from IFRS 16 request, will be due to projected changes in general capital payables.
	TABLE J – Capital In Year Schemes	
8.22	Please explain the material month 12 negative spend value (£1.300m) reported on the Other discretionary line which is causing the highlighted validation error. **(Action Point 8.22)**	This was to reflect the overspend being forecast on the LHP scheme of £1.3m. There was no confirmed plan to be able to balance the position if additional funding was not approved but there would be a requirement to identify ways to reduce expenditure by £1.3m to meet the CRL. This error is removed in M9 due to WG funding

		the additional costs of this scheme and increasing the 24/25 CRL by 2.6m.

Cwm Taf Morgannwg ULHB **Period : Dec 24**

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 14 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-19,400	0	-19,400	-19,400
2	Cost Pressures (Non Covid-19) (Negative Value)	-46,419	-1,386	-45,033	-45,033
3	Planned Expenditure For Covid-19 (Negative Value)	-7,205	0	-7,205	-7,205
4	Allocation Letter Revenue Funding Uplift / (Reduction)/ WG RRL / WG Income Uplift / (Reduction/ Non-Covid)	39,595	0	39,595	40,195
5	Planned Welsh Government Funding for Covid-19 (Positive Value)	7,205	0	7,205	7,205
6	Other Income Uplift / (Reduction)	0	0		
7	RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8	Planned (Finalised) Green and Amber Savings Plan	22,380	2,595	19,785	21,778
9	Planned (Finalised) Net Income Generation	634	32	603	825
10	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12		0	0		
13	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	3,285	0	3,285	3,697
14	**Opening IMTP / Annual Operating Plan**	**76**	**1,241**	**-1,165**	**2,062**
15	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-3,285	0	-3,285	-3,697
16	Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
17	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18	Other Movement in Month 1 Planned & In Year Net Income Generation	-453	-15	-438	-115
19	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-11,988	-2,168	-9,820	-11,269
20	Additional In Year Identified Savings - Forecast	4,039	1,116	2,922	3,713
21	Variance to Planned RRL & Other Income	0	0		
22	Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	0	0		
23	Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	7,475	0	7,475	7,475
24	Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Postive Value - reduction)	254	254		
25	In Year Accountancy Gains (Positive Value)	5,966	5,966	0	0
26	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	-398	0	-398	-5,768
27	Planning Variance - Improvement in C&C Plans (pending LTA agreements) - Confirmed no risk	5,000	0	5,000	5,000
28	Planning Variance- Agency Planning Assumptions improvement - Confirmed no risk	2,400	0	2,400	2,400
29	Planning Variance - Planning Assumptions Improvement - Confirmed no Risk	6,300	800	5,500	5,500
30	Non Recurrent Balance Sheet Opportunities - Minimal risk	1,034	1,034	0	0
31	Planning Variance - Energy Benefit - Confirmed no Risk	1,133	0	1,133	1,133
32	Planning Variance Pay Award funding	-3,801	0	-3,801	-3,801
33	Operating Variance - Unscheduled Care Medical Pay Pressures	-1,840	0	-1,840	-1,840
34	Operating Variance - Medicines Mgt (Comm Pharmacy, Vaccines & NICE)	-1,118	0	-1,118	-1,118
35	Operating Variance - AB LTA Arbitration Impact and performance - Confirmed	-3,580	0	-3,580	-3,580
36	Operating Variance - Primary Care Prescribing Volume Growth Exceeding plans	-4,695	0	-4,695	-4,695
37	Operating Variance - AB Cataract additional investment	-900	0	-900	-900
38	Operating Variance - DENTAL Performance	1,330	1,330	0	0
39	Operating Variance - POW Roof Impact	-2,949	-2,949	0	0
40	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**6,610**	**-6,610**	**-9,500**
41	**Covid-19 - Forecast Outturn (- Deficit / + Surplus)**	**254**			
42	**Operational - Forecast Outturn (- Deficit / + Surplus)**	**-254**			

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-1,617	-1,617	-1,616	-14,550
2	-3,868	-3,868	-3,868	-3,869	-3,868	-3,868	-3,869	-3,868	-3,868	-3,869	-3,868	-3,868	-34,814
3	-519	-575	-549	-531	-526	-623	-645	-660	-676	-629	-629	-644	-5,303
4	3,299	3,300	3,299	3,300	3,299	3,300	3,299	3,300	3,299	3,300	3,300	3,300	29,695
5	519	575	549	531	526	623	645	660	676	629	629	644	5,303
6													0
7												0	0
8	488	818	1,231	2,263	2,442	2,043	2,137	2,144	2,305	2,115	2,116	2,280	15,870
9	0	6	53	66	57	67	64	64	64	65	65	64	440
10													0
11													0
12													0
13	1,704	1,367	908	-137	-307	81	-9	-16	-177	12	11	-152	3,415
14	**6**	**7**	**7**	**6**	**6**	**8**	**5**	**7**	**7**	**6**	**7**	**8**	**56**
15	-1,704	-1,367	-908	137	307	-81	9	16	177	-12	-11	152	-3,415
16													0
17													0
18	0	-6	-53	-66	-44	-64	-61	-63	0	-33	-33	-32	-356
19	0	-392	-400	-1,547	-1,823	-1,453	-1,329	-1,095	-966	-921	-974	-1,088	-9,006
20	0	0	35	40	1,099	214	255	795	606	331	331	333	3,043
21		-178	178	-433	435	714	134	-201	-1,161	338	338	-162	-513
22	0	-145	-24	-10	-119	-106	78	37	-11	31	16	253	-300
23								1,333	3,154	1,556	716	716	4,487
24	0	145	24	10	119	106	-78	-37	11	-31	-16	1	300
25	0	0	0	1,667	0	1,470	0	1,050	1,779	0	0	0	5,966
26	168	-40	-1,113	-662	998	-303	-73	1,589	27	-244	-188	-557	591
27	400	400	450	416	416	416	417	417	417	417	417	417	3,749
28	200	200	200	200	200	200	200	200	200	200	200	200	1,800
29				667	958	1,175	450	783	491	592	592	592	4,524
30			1,250	-1,250	958	-958	525	-525	0	178	178	678	0
31					472	94	94	94	94	95	95	95	848
32								-2,533	-317	-317	-317	-317	-2,850
33					-1,700	0	100	200	19	-153	-153	-153	-1,381
34									-839	-93	-93	-93	-839
35				-633	-575	-91	-216	-150	-208	-1,108	-298	-298	-1,875
36					-1,460	-300	-320	-334	-1,057	-422	-397	-405	-3,471
37						-450	-75	-75	-75	-75	-75	-75	-675
38								1,267	-672	245	245	245	595
39								0	-1,509	-480	-480	-480	-1,509
40	**-930**	**-1,376**	**-354**	**-1,459**	**246**	**590**	**113**	**2,774**	**166**	**100**	**100**	**30**	**-230**
41	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**254**	**0**
42	**-930**	**-1,376**	**-354**	**-1,459**	**246**	**590**	**113**	**2,774**	**166**	**100**	**100**	**-225**	**-230**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	**Ok**
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	**Ok**
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	**Ok**
FYE of Recurring items only reported against Recurring items	**Ok**
Has Organisation name being selected	**Ok**

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Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast			Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %aoe of YTD*	Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Pay	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	8,908	12,738		0	0				
2		Actual/F'cast	160	65	257	(20)	213	180	226	585	571	335	335	336	2,236	3,243	68.96%	3,183	60	20	3,222	0	4,131
3		Variance	0	(359)	(375)	(1,525)	(965)	(1,013)	(1,042)	(683)	(710)	(935)	(938)	(950)	(6,672)	(9,495)	*(74.90%)*	3,183	60				
4	Non-Pay	Budget/Plan	8	71	123	369	189	193	216	249	251	251	251	251	1,670	2,423		2,423	0				
5		Actual/F'cast	8	42	121	66	597	73	195	665	235	261	210	213	2,001	2,685	74.51%	2,685	0	1,024	1,662	0	1,966
6		Variance	0	(29)	(2)	(304)	409	(121)	(21)	415	(16)	10	(41)	(38)	331	262	*19.83%*	262	0				
7	Primary Care - Drugs & Appliances	Budget/Plan	320	320	320	320	751	406	509	509	509	495	495	495	3,963	5,448		5,448	0				
8		Actual/F'cast	320	320	320	660	407	524	513	465	931	780	780	780	4,460	6,800	65.59%	6,800	0	0	6,800	0	6,800
9		Variance	0	0	0	340	(344)	118	4	(44)	422	285	285	285	497	1,352	*12.54%*	1,352	0				
10	Secondary Care Drugs	Budget/Plan	0	4	32	19	324	101	140	114	98	94	92	81	830	1,096		1,096	0				
11		Actual/F'cast	0	0	168	0	0	2	28	28	28	42	42	90	256	430	59.50%	430	0	0	430	0	553
12		Variance	0	(4)	136	(19)	(324)	(99)	(111)	(85)	(69)	(52)	(50)	9	(574)	(666)	*(69.17%)*	-666	0				
13	CHC/FNC	Budget/Plan	0	0	125	50	0	150	0	0	163	0	0	163	488	650		650	0				
14		Actual/F'cast	0	0	0	50	0	25	96	96	96	96	96	96	362	650	55.77%	650	0	0	650	0	650
15		Variance	0	0	(125)	0	0	(125)	96	96	(67)	96	96	(67)	(125)	0	*(25.64%)*	0	0				
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	4	4	4	4	4	4	13	25		25	0				
20		Actual/F'cast	0	0	0	0	500	0	4	4	84	10	10	10	592	623	95.06%	623	0	500	123	0	123
21		Variance	0	0	0	0	500	0	0	0	80	6	6	6	580	598	*4638.44%*	598	0				
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
34	Total	Budget/Plan	488	818	1,231	2,263	2,442	2,043	2,137	2,144	2,305	2,115	2,116	2,280	15,870	22,380		9,642	0				
35		Actual/F'cast	488	427	866	756	1,717	804	1,062	1,843	1,945	1,525	1,474	1,525	9,908	14,431	95.06%	14,371	60	1,544	12,887	0	14,222
36		Variance	0	(392)	(365)	(1,507)	(724)	(1,239)	(1,074)	(301)	(360)	(590)	(642)	(755)	(5,962)	(7,949)	*4638.44%*	4,729	60				

37	Variance in month	0.00%	(47.85%)	(29.67%)	(66.61%)	(29.66%)	(60.65%)	(50.28%)	(14.03%)	(15.62%)	(27.88%)	(30.35%)	(33.12%)	(37.57%)	
38	In month achievement against FY forecast	3.38%	2.96%	6.00%	5.24%	11.90%	5.57%	7.36%	12.77%	13.48%	10.57%	10.21%	10.57%		

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Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	£'000
1	Pay - General & Substantive	Budget/Plan	47	80	107	756	337	346	421	421	434	424	426	437	2,950	4,237	0	0			
2		Actual/F'cast	47	41	191	18	196	84	145	403	521	213	213	213	1,647	2,287	2,287	0	20	2,267	2,686
3		Variance	0	(39)	84	(738)	(141)	(262)	(276)	(19)	87	(210)	(213)	(224)	(1,302)	(1,950)	2287.3117	0			
4	Pay - Variable	Budget/Plan	0	46	57	161	152	152	152	152	152	152	153	153	1,022	1,478	0	0			
5		Actual/F'cast	0	0	0	0	0	0	43	50	4	33	33	33	96	194	194	0	0	194	272
6		Variance	0	(46)	(57)	(161)	(152)	(152)	(109)	(102)	(148)	(119)	(120)	(120)	(926)	(1,285)	194	0			
7	Pay - Agency	Budget/Plan	113	298	468	588	690	695	695	695	695	695	695	696	4,936	7,022	0	0			
8		Actual/F'cast	113	23	65	(38)	17	96	38	133	46	90	90	90	493	762	702	60	0	762	1,172
9		Variance	0	(274)	(402)	(626)	(673)	(599)	(658)	(563)	(649)	(605)	(605)	(606)	(4,444)	(6,261)	702	60			
10	Total	Budget/Plan	160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	8,908	12,738	0	0			
11		Actual/F'cast	160	65	257	(20)	213	180	226	585	571	335	335	336	2,236	3,243	3,183	60	20	3,222	4,131
12		Variance	0	(359)	(375)	(1,525)	(965)	(1,013)	(1,042)	(683)	(710)	(935)	(938)	(950)	(6,672)	(9,495)	3,183	60			

Table C2- V&S Saving Categories

			Month	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast
1	Workforce	Budget/Plan		160	424	631	1,504	1,178	1,193	1,268	1,268	1,281	1,270	1,274	1,286	8,908	12,738
2		Actual/F'cast		160	65	257	(20)	213	190	227	593	589	320	320	320	2,274	3,233
3		Variance		0	(359)	(375)	(1,525)	(965)	(1,003)	(1,041)	(675)	(691)	(951)	(954)	(966)	(6,634)	(9,505)
4	Medicines Management	Budget/Plan		320	324	352	339	1,075	507	648	622	606	589	587	576	4,792	6,544
5		Actual/F'cast		320	320	488	660	407	526	541	493	959	822	822	870	4,716	7,230
6		Variance		0	(4)	136	321	(668)	19	(107)	(129)	353	233	235	294	(77)	686
7	Procurement & Non-pay	Budget/Plan		4	67	106	331	166	170	176	179	181	181	181	181	1,382	1,926
8		Actual/F'cast		4	37	116	65	75	60	102	638	181	212	160	163	1,278	1,813
9		Variance		0	(30)	9	(266)	(92)	(111)	(74)	458	0	31	(21)	(18)	(104)	(113)
10	CHC	Budget/Plan		0	0	125	50	0	150	0	0	163	0	0	163	488	650
11		Actual/F'cast		0	0	0	50	0	25	96	96	96	96	96	96	362	650
12		Variance		0	0	(125)	0	0	(125)	96	96	(67)	96	96	(67)	(125)	0
13	Pathway	Budget/Plan		0	0	0	0	0	0	0	30	30	30	30	30	60	150
14		Actual/F'cast		0	0	0	0	0	0	0	10	10	30	30	30	20	110
15		Variance		0	0	0	0	0	0	0	(20)	(20)	0	0	0	(40)	(40)
16	Other - Commissioning	Budget/Plan		4	4	17	38	22	23	37	37	37	37	37	37	219	331
17		Actual/F'cast		4	5	5	0	1,023	4	8	1	96	19	20	20	1,145	1,204
18		Variance		0	2	(11)	(38)	1,000	(20)	(29)	(37)	59	(18)	(18)	(18)	926	873

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9 **This Table is currently showing 0 errors**

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	488	816	1,231	2,265	2,442	2,645	2,137	2,144	2,305	2,213	2,116	2,286	15,870	22,380	2,595	19,785	1,980	21,778
	Month 1 - Actual/Forecast	488	427	831	715	610	588	807	1,048	1,338	1,194	1,142	1,192	8,964	10,393	428	9,965	545	10,510
	Variance	0	(389)	(400)	(1,547)	(1,823)	(2,057)	(1,329)	(1,095)	(968)	(921)	(974)	(1,095)	(6,906)	(11,988)	(2,168)	(9,820)	(1,435)	(11,255)
	In Year - Plan	0	0	35	81	1,535	760	859	1,582	1,584	1,117	1,117	1,243	6,412	9,888	1,138	8,749	2,573	11,322
	In Year - Actual/Forecast	0	0	35	46	1,099	214	255	795	606	331	331	333	3,045	4,039	1,116	2,922	791	3,713
	Variance	0	0	0	(35)	(437)	(545)	(604)	(788)	(978)	(786)	(785)	(910)	(3,368)	(5,850)	(23)	(5,827)	(1,782)	(7,609)
	Total Plan	488	816	1,266	2,312	3,978	3,405	2,996	3,726	3,889	3,330	3,233	3,529	22,282	32,268	3,733	28,534	4,566	33,100
	Total Actual/Forecast	488	427	866	756	1,717	802	1,062	1,843	1,945	1,525	1,474	1,525	9,968	14,431	1,544	12,887	1,336	14,222
	Total Variance	0	(389)	(400)	(1,556)	(2,262)	(2,603)	(1,935)	(1,931)	(1,943)	(1,804)	(1,759)	(1,998)	(12,314)	(17,837)	(2,189)	(15,647)	(3,231)	(18,878)
Net Income Generation	Month 1 - Plan	0	4	34	66	62	61	64	64	64	65	65	64	440	634	32	602	222	824
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	17	17	17	0	0	0
	Variance	0	(4)	(34)	(66)	(44)	(61)	(64)	(64)	(64)	(65)	(65)	(64)	(424)	(618)	(15)	(602)	(222)	(824)
	In Year - Plan	0	0	0	8	32	36	73	116	116	116	116	116	592	708	0	708	197	1,105
	In Year - Actual/Forecast	0	0	0	0	0	0	3	1	64	32	32	33	165	165	0	165	545	710
	Variance	0	0	0	(8)	(12)	(36)	(71)	(115)	(52)	(83)	(83)	(83)	(426)	(543)	0	(543)	148	(395)
	Total Plan	0	4	34	74	94	97	137	180	180	181	181	180	1,032	1,342	32	1,310	419	1,929
	Total Actual/Forecast	0	0	0	0	0	0	3	1	64	32	32	33	182	182	17	165	545	710
	Total Variance	0	(4)	(34)	(74)	(56)	(98)	(134)	(179)	(116)	(149)	(149)	(148)	(850)	(1,161)	(15)	(1,146)	(74)	(1,219)
Accountancy Gains	In Year - Plan	0	0	0	1,667	0	1,470	0	817	0	0	0	0	3,954	3,954	3,954	0	0	0
	In Year - Actual/Forecast	0	0	0	1,667	0	1,470	0	1,059	1,779	0	0	0	5,966	5,966	5,966	0	0	0
	Variance	0	0	0	0	0	0	0	231	1,779	0	0	0	2,012	2,012	2,012	0	0	0
Total	Month 1 - Plan	488	824	1,264	2,329	2,499	2,135	2,200	2,207	2,369	2,180	2,181	2,349	16,310	23,015	2,627	20,388	2,215	22,603
	Month 1 - Actual/Forecast	488	427	831	715	632	588	807	1,049	1,338	1,194	1,142	1,192	8,981	10,409	444	9,965	545	10,510
	Variance	0	(396)	(433)	(1,614)	(1,867)	(1,546)	(1,393)	(1,158)	(1,030)	(986)	(1,039)	(1,157)	(9,329)	(12,606)	(2,183)	(10,423)	(1,670)	(12,093)
	In Year - Plan	0	0	35	1,736	1,548	2,265	932	2,525	1,700	1,233	1,233	1,359	10,733	14,550	5,093	9,457	2,975	12,426
	In Year - Actual/Forecast	0	0	35	1,707	1,099	1,683	258	1,860	2,449	363	364	366	9,077	10,169	7,083	3,087	1,336	4,423
	Variance	0	0	0	(28)	(449)	(582)	(674)	(665)	749	(869)	(869)	(994)	(1,656)	(4,380)	1,989	(6,369)	(1,639)	(8,004)
	Total Plan	488	824	1,319	4,065	4,047	4,399	3,132	4,733	4,068	3,413	3,414	3,708	27,046	37,565	7,720	29,844	5,185	35,030
	Total Actual/Forecast	488	427	866	2,423	1,731	2,272	1,065	2,894	3,788	1,557	1,506	1,558	18,058	20,579	7,527	13,052	1,880	14,932
	Total Variance	0	(396)	(453)	(1,642)	(2,316)	(2,060)	(2,067)	(1,839)	(281)	(1,856)	(1,908)	(2,149)	(11,078)	(16,986)	(193)	(16,792)	(3,305)	(20,097)

Operational Delivery Committee – Non-Routine Committee 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
October 2023	Planning, Performance & Finance Committee	Committee	Brainomix Presentation	Provide the Committee statistics and outcomes	Stroke Physician/Regional clinical lead for Stroke	Chief Operating Officer	January 2025	On Agenda for ODC 28 January 2025
August 2024	Planning, Performance & Finance Committee	Committee	Strategic Transformation of Acute Medicine (STAMP) Programme	Provide an update on the Programme.	Chief Operating Officer	Chief Operating Officer	January 2025	On Agenda for ODC 28 January 2025 (Provided within 6 Goals Report)
December 2024 Agenda Planning Meeting	Operational Delivery Committee	Requested at Agenda Planning	Urgent Changes to acute Stroke Services	Provide a Briefing on the changes to stroke services	Service Director, Unscheduled Care	Chief Operating Officer	January 2025	On Agenda for ODC January 2025
January 2025	Email	Audit Wales	Draft Accountability Report, Remuneration and Performance report	For comment and endorse first draft for submission to Welsh Government	Audit Wales	Executive Director of finance/Director of Corporate Governance/Board Secretary	April 2025	This item will be discussed at the April 2025 Committee Meeting
August 2024	Planning, Performance & Finance Committee	Committee	Estates Performance Report	Deferred from August and November 24 meetings	Assistant Director of Planning (Capital and Estates)	Executive Director of Finance	April 2025	This item will be discussed at the April 2025 Committee Meeting.
September 2024	Planning, Performance & Finance Committee	Requested via Email	Maesteg Community Hospital Development	Outline Business Case for Maesteg Community Hospital Development	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	April 2025	This item will be discussed at the April 2025 Committee Meeting.
November 2024	Planning, Performance & Finance Committee	Committee	Capital Quarterly Update	Deferred from January 25 meeting.	Capital Finance Manager	Executive Director of Strategy & Transformation	April 2025	This item will be discussed at the April 2025 Meeting.