Extra-Ordinary Meeting of the Strategic Development Committee

Thu 13 March 2025, 13:30 - 15:30

Teams

Microsoft Teams

Agenda

13:30 - 13:35
5 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Chair of the Committee

1.2. Apologies for Absence

Chair of the Committee

- Carolyn Donoghue, Independent Member (University)
- Kath Palmer, Vice Chair

1.3. Declarations of Interest

Chair of the Committee

13:35 - 14:45
70 min

2. OUR COMMITMENT TO SUSTAINING OUR FUTURE

2.1. Draft Integrated Medium Term Plan

Decision *Linda Prosser, Executive Director of Strategy & Executive Colleagues / Elle Beadle, Assistant Director of Transformation, Strategic and Operational Planning*

Narrative IMTP attached excluding the financial position at this stage.

The financial plans are an evolving picture and the latest update will be provided at the meeting utilising a slide set if appropriate.

- 2.1a Integrated Medium Term Plan 2025-2028.pdf (4 pages)
- 2.1b 2025 - 2028 CTMUHB Plan - Draft v1.pdf (87 pages)
- 2.1c Enabling actions summary review - March 2025.pdf (23 pages)

2.2. Subsidy Control

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

- 2.2a Subsidy Control.pdf (7 pages)
- 2.2b Appendix 1 - SC -Principles Assessment.pdf (10 pages)

2.3. Digital Cellular Pathology Business Case

Decision *Melanie Barker,Deputy Director of Allied Health Professions and Health Science*

- 2.3a Digital Cellular Pathology BJC.pdf (8 pages)
- 2.3b Digital Cellular Pathology BJC.pdf (79 pages)

14:45 - 14:50
5 min

3. Consent Agenda

No Consent Agenda business on this occasion.

14:50 - 14:55
5 min

4. Close Out Business

Discussion

4.1. Committee Highlight Report to the Board

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

4.2. Meeting Feedback

Discussion *Chair of the Committee*

14:55 - 14:55
0 min

5. Private / Closed Session Business

Chair of the Committee

There is a closed session to consider the SE Wales Endoscopy Plan. This item is being considered in closed session due to commercially sensitive information.

14:55 - 14:55
0 min

6. Date & Time of the Next Meeting

Chair of the Committee

The routine meeting of the Strategic Development Committee is scheduled for the 3 April 2025.

Agenda Item
2.1

Strategic Development Committee

Integrated Medium Term Plan 2025-2028

Dyddiad y Cyfarfod / Date of Meeting	13/03/2025
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	REVIEW AND CONSIDERATION

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Executive Leadership Group	10/03/2025	Endorsed for submission to Committee

Acronyms / Glossary of Terms	
IMTP	Integrated Medium Term Plan

1. Situation /Background

1.1 The health board develops its Integrated Medium Term (three-year) Plan (IMTP) in accordance with the statutory duty for all Welsh health boards to collate three-year plans. There is an 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 health board must ensure that the plans deliver the requirements of the Quality and Engagement Act 2020, including delivery of the duty of quality and duty of candour.

1.3 The IMTP must also align performance, service, workforce and financial planning along with the wider corporate teams' plans.

1.4 The health board was able to submit a balanced financial plan for 2024-2027, but has identified significant constraints to the delivery of a break-even plan for the 2025-2028 cycle.

2. Specific Matters for Consideration

2.1 Plans for 2025-2028 must comply with the following requirements set out by Welsh Government:

- The requirements of the NHS Wales Planning Framework including:
  - Ministerial priorities require to be set out in five ministerial templates
  - Delivery of a series of enabling actions
- The NHS Wales Performance Framework 2025-2026.
- Outcomes Framework
- The four national programmes for mental health, primary care, urgent and emergency care (Six Goals for Urgent and Emergency Care) and planned care (Planned Care Recovery)

2.2 Care groups and corporate teams have reviewed their 2024-2027 plans and created plans for the next three years, which aim to meet the requirements set out in paragraph 2.1.

2.3 A number of critical developments have been identified during this planning process. All proposals associated with these critical developments have been subject to a quality impact assessment screen to identify the impact of taking/ not taking action and to clarify the benefits. A formal proposal has been required alongside this assessment.

2.4 The health board has put in place an investment group comprising IMTP steering group and executive team colleagues to review all proposals.

3. Key Risks / Matters for Escalation

3.1 At the Executive Management Board meeting on 24th February, the critical risk and priority areas requiring financial support were finalised. Proposals to address these have been further refined over the subsequent 2 weeks. Meeting these requirements requires delivery of an ambitious savings programme and yet continues to present a challenge to the financial position 2025-26. Details will be presented at the meeting.

3.2 The executive team considered the financial position further at the Executive Leadership Group held on 10th March 2025 to confirm the financial plan for the 2025-2028 IMTP.

3.3 Pending completion of this process, the draft IMTP narrative plan and the appendix setting out the organisational plans in response to the enabling actions are presented for the consideration of the ELG.

3.4 The narrative plan's finance section will be completed following the ELG discussion on 10th March.

3.5 All final appendices will be provided to ELG in advance of the formal submission of the IMTP for the consideration of the Board on 27th March 2025.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Creating Health
	If more than one applies please list below: The IMTP is drafted with consideration of all strategic goals.
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Starting Well
	If more than one applies please list below: As the three year plan comprises the whole of the health board's scope of delivery all strategic areas apply.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
	If more than one applies please list below:

Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective
	If more than one applies please list below: All domains of quality apply.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reuse
	If more than one applies please list below: The health board's sustainability impacts are considered in this plan.

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome:	If no, please include rationale below: All investment proposals have been subject to QIA consideration.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?* / **Equality and Welsh Language** *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below: Requisite assessments will be completed.
Cyfreithiol / Legal	Yes (Include further detail below)	
	The health board's financial and planning duties are considered 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)	
	The IMTP will require completion of a financial plan and the plan sets out the health board's priority development areas.	

5. Recommendation

5.1 This report is presented with the first draft copies of the IMTP narrative plan and enabling actions assurance document.

5.2 The Committee is requested to **CONSIDER** all documents, noting that the enabling actions document is in draft and will be subject to a further iteration.

6. Next Steps

6.1 The IMTP narrative plan document, enabling actions assurance document and all ministerial appendices will be finalised for consideration of the Board.

CTM 2030
Ein Hiechyd
Ein Dyfodol
DATBLYGU CYMUNEDAU
IACHACH GYDA'N GILYDD

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER

Cwm Taf Morgannwg University Health Board
Three Year Plan
2025 - 2028

MESSAGE FROM THE CHAIR AND CHIEF EXECUTIVE

Paul Mears, Chief Executive

Jonathan Morgan, Chair

As we set out our plan for the 2025-2028 period, we reflect on the enormous progress, resilience and learning of the past year. Cwm Taf Morgannwg University Health Board has experienced a year of significant change, some of which has been in response to unforeseen events. More than ever, we acknowledge with grateful thanks, the unstinting commitment and hard work of our teams to delivering high quality, safe care for our communities. During 2024-25, we have made some significant temporary service changes and these services have been closely monitored to ensure our patients continue to receive excellent care. The learning from these temporary changes continues to inform our future planning.

Health and social care organisations continue to operate in a complex and changing environment. Change is a necessity to maintain and enhance our offer to our population, and keep pace with technological and medical advancements. We reiterate our commitment to delivering modern facilities, integrated community services which we will deliver through a portfolio comprising three work programmes and underpinned by our Digital Programme which incorporates local and national developments.

Improving the health of our population and preventing ill health remains central to our mission. Our ***Creating Health Strategic Plan*** was drafted in 2025 and delivery will commence in 2025-26. The delivery of this plan and the work of our Strategy Groups will deliver improved outcomes for our population.

Our ***Primary and Community Services Transformation Programme*** will continue, with further work on expanding integrated enhanced community services which focus on individualised care closer to home and urgent pathways.

Our ***Acute Clinical Services Plan*** will be developed further during 2025-26 in collaboration with our stakeholders – our communities, our staff, partner organisations including local authorities and the third sector. This plan focuses on the changes to our acute services provided across our hospital sites and how these interface with our primary and community services. This informs and is informed by our three-year planning processes and will strengthen areas of fragility.

Collaborative working regionally and nationally will continue to be vital as we work towards delivery of the Llantrisant Health Park alongside other priorities in our South East Wales Regional Portfolio.

Our commissioning infrastructure continues to be strengthened in 2025-26 we will focus on modernising our approach alongside other organisations in Wales as well as aligning with the changes to procurement processes for the public sector from February 2025.

OUR CONTEXT AND DRIVERS

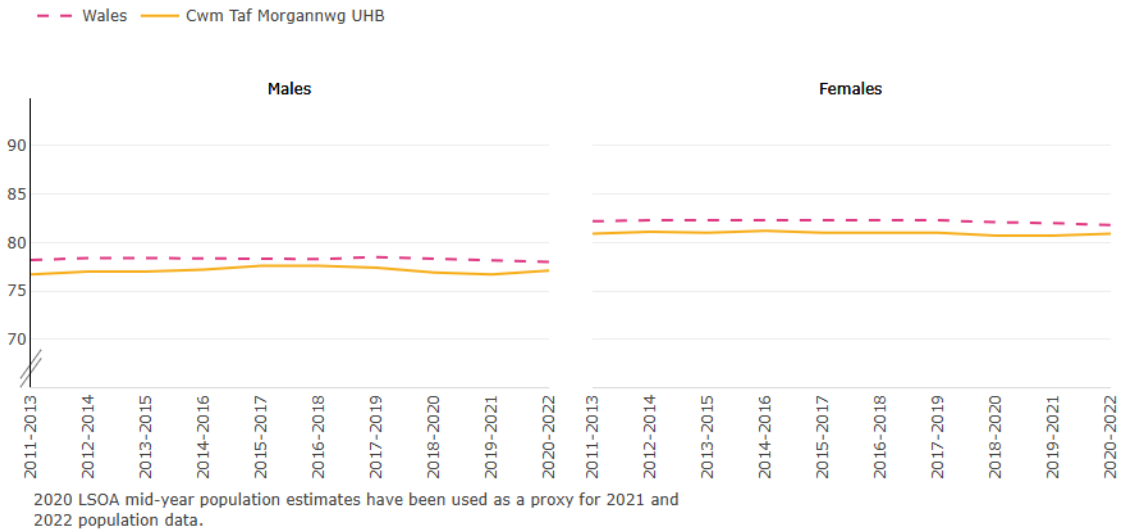
Cwm Taf Morgannwg University Health Board (Health Board) was formed on 1 April 2019, providing and commissioning a full range of community-based and hospital services for the residents of Bridgend, Rhondda Cynon Taf and Merthyr Tydfil. This includes the provision of local primary care services (GP Practices, Dental Practices, Optometry Practices and Community Pharmacy), health centres and community health teams. Detailed information about the services that we provide can be found on the 'services' section of our website. The Health Board is also responsible for making arrangements for residents to access more specialised health services where these are not provided within the Health Board boundary through Welsh Health Specialised Services Committee (WHSSC).

THE POPULATION WE SERVE

The resident population of the Health Board was estimated at 446,514.[1] The region has high levels of deprivation, with 56.5% of the population of the Health Board area living in the two most deprived fifths in Wales.[2] The highest levels of deprivation lie mainly in the valleys to the north of the Health Board area.

The challenges of poorer health outcomes for the population of Cwm Taf Morgannwg (CTMUHB) are considerable when compared to Wales as a whole and large inequalities exist within the Health Board area. Life expectancy for men and women in CTMUHB is less than the Welsh average, and the difference in healthy life expectancy (the number of years a person can expect to live in good health) is also considerably lower for men and women. The inequality gap for our population compared to the rest of Wales in terms of life expectancy and healthy life expectancy can be seen in the following charts:

Life expectancy at birth, Total, males and females, 2011-2013 to 2020-22



2020 LSOA mid-year population estimates have been used as a proxy for 2021 and 2022 population data.

Source ©2024 PHW using APS, 2011 Census, PHM, MYE (ONS)

The difference between lived experiences in those in most and least deprived areas remains, with substantially more years lived in poor health in those in deprived areas, and a notably poorer experience in females, as shown below.

Source: Chart produced by CTM UHB public health tam using data from PHW (APS, 2011 Census, PHM, MYE (ONS))

The gap in Healthy life expectancy at birth between the most and least deprived, males and females, 2011-2013 to 2018-2020

Source ©2023 PHW using APS, 2011 Census, PHM, MYE (ONS)

CTMUHB experienced the worst COVID19 outcomes in Wales [6]; however, the decline in life expectancy and healthy life expectancy predates the pandemic. Austerity measures since 2008 have affected not only the wider determinants of health, but also the capacity of services to address increasing demands placed upon them. A steepening social gradient in health has resulted in people living in areas of deprivation spending more of their shorter lives in ill health,[7] The current cost of living crisis serves to compound these already stark inequalities. Taken in conjunction, we are at risk, warns Professor Sir Michael Marmot, of a "*significant humanitarian crisis*".[8]

Additionally, the region lags behind Wales in terms of practising healthy behaviours. Healthy behaviours impact on the rates of conditions such as diabetes, heart disease, dementia and cancer. The following are some of the key risk factors for our population:

- High smoking prevalence in those aged 16 years or older ('daily smoker' or 'occasional smoker'); Rhondda Cynon Taf at 15.7%, Merthyr Tydfil at 15.8% and Bridgend at 10.1% when compared with Wales at 12.8% (2022-23 National Survey for Wales).
- 67.7% of adults in CTM are overweight or obese. This compares with an all-Wales average of 61.7%. The Wales average for those aged 16 or over eating at least five portions of fruit or vegetables a day is 29.1% compared with 25.3% in CTM. At Local Authority level, the percentage of people eating at least five portions of fruit or vegetables was highest in Bridgend (31.0%), followed by Rhondda Cynon Taff (22.7%), and lowest in Merthyr Tydfil (22.0%). Similarly, those aged 16 or above meeting the physical activity guidelines is 55.7% for Wales, with all CTM areas reporting lower figures (Rhondda Cynon Taf 54.8%, Bridgend 51.2%, and Merthyr Tydfil 47.9% (Adult lifestyle by local authority and health board, StatsWales, July 2023).
- CTM has a higher prevalence (26.9%) of overweight or obesity than Wales (24.8%) amongst 4 to 5 year olds (Child Measurement Programme, 2024). This is highest in Merthyr Tydfil (29.4%), followed by RCT (28.2%) and Bridgend (23.7%)
- High levels of teenage pregnancy at 20.5% in CTM compared with 15.2% in Wales (PHOF, 2021).
- Low levels of breastfeeding at 10 days, with 30.4% in CTM and 38.0% across Wales as a whole (PHOF, 2023).
- Higher percentage of babies in CTM born with low birth weight (6.9%) compared to Wales (6.2%) (PHOF, 2023).

These factors, coupled with the impact of COVID-19 on health and social care services which is still being felt by our population (with people experiencing longer waiting times for diagnostics tests and treatment) means that the focus of our three year plan must be to address inequalities, at the same time as delivering healthcare service development and recovery. Our aim is to ensure that we undertake activity to improve the health and wellbeing of our population alongside activity to improve access to services and incorporate proactive and preventative approaches based on population need. It is fundamental that we seek to improve access in a sustainable way, reducing our impact on the environment, which in itself is a prevention activity, through redesigning healthcare to reduce waste and unnecessary steps and delivering value-based healthcare (VBHC) pathways and avoiding the delivery of interventions of limited value.

VACCINATION

Vaccination is one of the most effective public health interventions, preventing up to 3 million deaths globally each year.[9] It plays a critical role in disease prevention, second only to clean water in its impact on public health.

The UK, Welsh Government, and Public Health Wales set national immunisation schedules and targets to support disease elimination (e.g., Hepatitis, HIV) and protect vulnerable populations through herd immunity (e.g., influenza, measles) or targeted programmes (e.g., Mpox). Vaccination services are delivered across primary and secondary care and through various health board services. Vaccinations are captured through a range of mechanisms, with data collated and published by Public Health Wales and the Welsh Government.

CTM has consistently performed well in routine childhood vaccinations compared to the all-Wales average since 2004, with high infant uptake rates. However, declining uptake of MMR2 and the 4-in-1 preschool booster at age 5 is a concern, and the overall immunisation rate, including HPV at age 15, falls to 72% (PHW annual COVER report 2023/4).[10] Immunisation uptake disparities between the most and least deprived areas have widened in recent years,

highlighting the need for targeted interventions. Additionally, national immunisation schedule changes will increase resource demands, requiring a review of workforce capacity and service delivery models.

CTM has also experienced a decline in winter respiratory vaccine uptake across all eligible groups, aligning with all-Wales trends despite efforts to improve coverage. Uptake remains particularly challenging among clinically at-risk groups (ages 5–64), contributing to increased winter pressures on healthcare services and poorer health outcomes, particularly for those with complex health needs.

To address these challenges, CTM is committed to developing a sustainable, equitable, and efficient vaccine delivery model that reduces disparities, strengthens immunisation uptake, and supports broader public health objectives.

REFERENCES

[1] StatsWales, Mid-year population estimates (2009 onwards), by Welsh health boards, by single year of age and sex, November 2023

[2] Welsh Index of Multiple Deprivation 2019 with populations from ONS, 2020

[3] Hiam L, Dorling D, McKee M. (2023) Falling down the global ranks: life expectancy in the UK, 1952–2021. *Journal of the Royal Society of Medicine* doi:10.1177/01410768231155637

[4] Household income inequality, UK - Office for National Statistics (ons.gov.uk)

[5] Life Expectancy and Mortality in Wales (2020) - Public Health Wales (nhs.wales)

[6] CTM Director of Public Health report, 2022

[7] The Marmot review 10 years on. Available at: the-marmot-review-10-years-on-executive-summary.pdf (instituteofhealthequity.org)

[8] Institute of Health Equity (2022) *Fuel Poverty, Cold Homes and Health Inequalities in the UK* https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk

[9] Immunisation and Vaccines - Public Health Wales

[10] phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake- data/cover-inequalities-reports/annual-inequalities-report-202324/

IMPROVEMENT THROUGH TRANSFORMATION

A Patient-Centred Approach to the Future of Acute Clinical Services in Cwm Taf Morgannwg

At Cwm Taf Morgannwg University Health Board (CTMUHB), we believe that the best healthcare services are those designed with and for the people who use them. Our Acute Clinical Services Plan (ACSP) is about shaping hospital-based services, including those in our community hospitals and acute mental health facilities, in a way that reflects the needs of our patients, supports our staff, and ensures safe, high-quality care for the future. However, hospitals are just one part of the healthcare system. The ACSP sits alongside two other key elements of our vision:

- **Integrating Community Services** – ensuring people receive the right care, in the right place, closer to home.
- **Building Healthier Communities** – focusing on prevention and improving the overall well-being of our population.

Together, these elements form *CTM 2030: Our Health, Our Future*—a vision that is about more than just healthcare settings; it's about people, communities, and the care they deserve.

Co-Designing the Future of Healthcare

Our clinical teams will continue to work with our communities to shape the ACSP through:

- Listening to patients and families about what matters most to them.
- Working with local authorities, voluntary organisations, and neighbouring health boards to ensure a joined-up approach to care.
- Ensuring that those who deliver care—our dedicated staff—have a say in how we design future services.

We know that healthcare provision is constantly evolving to address the changing needs of patients and the population. Increasingly, highly specialised care is delivered in dedicated centres, meaning some people may need to travel for certain treatments. At the same time, we want to ensure that routine care, including non-emergency, non-life-threatening care, is delivered locally where possible, making it easier, faster, and more accessible.

Putting Patients First: Our Guiding Principles

Any improvements and changes we make will be driven by the needs of our population, and every decision will be tested against a set of core principles to ensure they lead to better care:

- **Preventing ill health** – Our first priority will always be keeping people well. This means focusing on prevention, early intervention, and helping people manage their own health so that fewer people need to go to hospital in the first place.

- **Equity in care** – No matter where people live, they deserve the same high standard of care. We are committed to ensuring consistency, fairness, and access to services across our region.
- **Bringing care closer to home** – Where it is safe and effective to do so, we aim to deliver care locally, so people don't have to travel unnecessarily for routine care. At the same time, we will create centres of excellence for more complex care, ensuring people receive the best treatment from dedicated experts in the right setting.
- **Embracing digital healthcare** – Digital technology is transforming our lives, especially in healthcare. Many people want quicker, more convenient ways to access healthcare at their fingertips, and digital solutions can help us achieve that. We want our patients to connect with healthcare professionals virtually where appropriate while also ensuring our staff have the right digital tools to provide efficient, high-quality care.
- **Empowering staff and patients** – By training, supporting, and equipping our workforce, we can enhance their ability to make the right decisions quickly. We also want patients to have the tools to monitor their own health, so they can get the care they need when they need it.
- **Improving the environment for care** – We aim to modernise our healthcare facilities, including our hospitals and community spaces, to make them more modern, efficient, and fit for the future, ensuring staff can provide the best care in the best setting.
- **Leading by example in sustainability** – As the largest employer in the area, we have a responsibility to reduce our environmental impact. We plan to make responsible choices for our planet and our population, following the *5Rs*—Refine, Reduce, Reuse, Repurpose & Recycle.
- **Collaboration is key** – Transforming healthcare is a shared responsibility—one we cannot undertake alone. Our plan is to work collaboratively with patients, carers, communities, and partner organisations to ensure our plans are practical, effective, and in the best interests of those we serve.

Shaping the Future Together

Throughout 2023 and 2024, we have been engaging with clinical teams, community groups, and key stakeholders to shape our plans. An undertaking of such complexity requires thorough understanding and meticulous planning, and we will continue our engagement and planning in 2025 with the aim of returning to the public for an appropriate level of conversation in the summer of 2026. This will provide patients, carers, and the wider community with the opportunity to contribute their views on our proposed service models before final decisions are made.

We are on this journey together. As we refine our plans for service improvements and change, we remain committed to ensuring that every decision:

- Improves patient safety and outcomes
- Enhances access to care
- Supports and empowers our workforce
- Makes best use of our resources

As we plan to move into the next phase, we will continue to engage, listen, and work alongside the people of Cwm Taf Morgannwg. Together, we will build a health and care system that is modern, patient-focused, and fit for the future.

CTM2030: OUR HEALTH, OUR FUTURE - STRATEGY GROUPS

CTM 2030: Our Health, Our Future is our organisational strategy, which was developed in conjunction with our staff, population and partners. The diagram below summarises our strategy, setting our strategic goals and our 'life course' approach which supports the delivery of the goals. CTM 2030 covers all aspects of how we deliver population health through public health, primary, community and mental health; integrated care with local authorities and third sector; and our hospital services. The integration with our Creating Health Plan is described later in this document.

This chapter sets out how the strategy groups, which are the delivery mechanism for the life cycle approach, provide the infrastructure and population health focus to drive and support the achievement of long term population outcomes and goals.

Each strategy group maintains engagement with partners from local authorities, the third sector and our own health board care groups, to develop and deliver priorities across CTMUHB and regionally where appropriate. The ethos for taking forward the priorities is in keeping with the vision of the health board being a population health focused organisation that works with its communities and partners to improve health and wellbeing. We have a life cycle and whole pathway approach to service improvement using Value Based Health Care (VBHC) principles and methodology wherever applicable.

Key success in Strategy Group during 2024-2025 are as follows:

- CTMUHB's Infant Feeding Strategy launched in spring 2025 aims to improve breast feeding rates and the health outcomes for babies and their care givers.
- Our Baby & Toddler Voice Statements developed through collaborative regional partnership working launched in spring 2025, supporting CTMUHB's children's rights based approach.

- Securing regional commitment to invest in Parent-Infant Relationship Services through the Children's Programme Board and to explore integrated service delivery.
- Through the Neurodevelopmental Improvement Programme we have: reduced the children's diagnostic waiting list; delivered a range of online and in-person workshops and training for children, young people and their families; and delivered adult focused psycho-educational sessions for people living with ADHD.
- Developed good partnership working with probation service and a successful business case for Health Protection funding to complete mass testing for Hepatitis C testing within probation services across our health board areas. Two mass screening sessions planned, with the first one starting in January 2005 and repeating again in March 2025.
- The rate of Hep C testing has increased significantly in HMP Parc from 34% in March 2024 to 81% at the end of December 2024, with 94% of men in the prison having being offered a test within the last 12 months. Ongoing work to meet the targets of 90% receiving a test and 100% having being offered the test.
- **Drymester Campaign -** Drymester was formally launched across CTM on 27th November 2023, funded by national Value Based Healthcare. We are the **first health board in Wales** to support and roll out this campaign which aims to share the correct guidance about risks of drinking alcohol during pregnancy and to prevent Foetal Alcohol Spectrum Disorder. Online resources are available for patients, referral pathway into alcohol care service established, formal launch held and training programme for midwifery staff established. An audit undertaken by the Lead Public Health Midwife has demonstrated significant evidence of the roll out of this campaign with improved conversations relating to alcohol consumption, documentation and high usage of resources across the whole service.
- Nationally funded VBHC 7 Day Alcohol Care Service -In the first 6 months 524 patients seen and supported across Cwm Taf Morgannwg. An audit undertaken in November 2024 demonstrated that the new approach has 278 averted admissions and around 2780 bed days, avoiding costs of £590k and 137 re-admissions.

STARTING WELL

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The care given to a child in the first 1000 days plays a significant role in their health and development. It is the period within which we see the most rapid phase of brain growth which sets the foundation for physical, social and emotional health.

Together, with public health colleagues, the local authorities, and the third sector, we work to ensure that those first few key steps in life's journey, are steps towards a healthy and happy future.

Key Principles within the delivery of the CTM2030 priorities for Starting Well are:

- Focus on enabling healthy pregnancies; and
- That babies, infants and children reach their full health and wellbeing potential.
- Families are resilient, knowledgeable and able to access the advice and support they need by working with them using NYTH/ NEST framework and applying the 'No wrong door' principle.

Developing a Healthy Weight Road-map for Cwm Taf Morgannwg

Over the last 30 years, levels of obesity within the population of the UK have risen significantly, particularly in Wales[1]. This has been driven by a combination of many factors which are largely beyond the control of the populations affected. This rising tide has brought with it serious repercussions for health and wellbeing with 1 in 8 primary school children in the CTMUHB footprint living with obesity, and 1 in 4 living with overweight[2]. The evidence shows us that children living in poverty are four times more likely to grow up to be adults who live with obesity or overweight[3]. This indicates the causes of obesity are not controllable at the individual level. We are therefore taking a whole system approach to building healthier cultures and communities.

Taking a life-course approach, healthy weight is supported by the Starting Well & Growing Well Strategy Group, working with partners from across the system with strong public health leadership. The evolving whole-systems approach within CTMUHB supports developments across services, including: implementing our Infant Feeding Strategy to nurture the creation of supportive breast feeding environments and increase breast feeding rates; establishing a community-based, integrated weight management service for children, young people and their families; and the expansion of adult weight management services to deliver type 2 diabetes remission. This will be underpinned by working with those living with obesity to understand their experiences and find new ways to support them to achieve and maintain a healthy weight.

Children's Rights

Building on CTM Children's Rights Charter, we have worked collaboratively with our regional partners to develop our baby and toddler voice statements. These statements help raise the awareness of the unique needs and rights of the baby and toddler, underscoring the impact of early experiences on the developing human brain and mind. We will continue to collaborate across the region to ensure a child's rights approach is truly embedded with babies, children, young people and their families being actively involved in the design of services.

[1] Turning-the-Tide-Strategy-Report.pdf
[2] Child Measurement Programme Wales 2022/23
[3] Severe obesity four times more likely in poor primary schools - BBC News

Parent-Infant Relationships
Parent-infant relationships (PIR) refer to the quality of the relationship between a baby and their parent or carer. Good parent-infant relationships nurture *'secure attachments'*, the basis for optimal infant mental health promoting healthy social, emotional and cognitive development[4].

Parenting interventions that include content on responsive caregiving have four times greater effects on child cognitive development, parenting knowledge, parenting practices, and parent-child interactions. Unresolved PIR difficulties drive demand in late intervention services, such as children's social care and CAMHS.

Working collaboratively with early years' services, social care and the 3rd sector we will continue to develop our regional PIR offer, delivering an integrated service model funded through the Children's Programme Board (RIF). A regional first, the small integrated health and social care team will help tackle regional priorities and contribute to: reducing the number of children taken into care; and delivering on the prevention agenda, through investment in the early years as a means of improving our children's longer-term outcomes.

[4] Reflecting on parent-infant relationship: a practitioners guide to starting conversations, Department of Health and Social Care, March 2024

GROWING WELL

The Growing Well Strategy Group builds on the foundations we are helping to cement for early years, and helps our children to learn and develop along the way.

Key principles within the delivery of the CTM2030 priorities for Growing Well are:

- Working with young people to identify and address the needs that are important to them. Listen to the young people in our community so that we can ensure the services they need are available and easy to access. Supporting them to live the lives they want to lead.
- Working with children and young people to create the conditions within which it is easy for them to live healthy lives that support their development and prevent avoidable harm both now and later in life.
- Making our services more accessible and youth friendly. Taking a more holistic and collaborative approach to issues like obesity.

The key priority areas to be addressed within the Growing Well Strategy Group are set out below:

Emotional Health and Wellbeing

We will continue to work with local partners to embed the principles of the Welsh Government NYTH/NEST Framework to ensure the emotional health and wellbeing of babies, children and young people is embedded into the design and delivery of services aiming to achieve better seamless integrated services, trusted adults delivering person centred care with specific focus on prevention and early intervention.

Diabetes

CTMUHB has the second highest percentage of registered patients with diabetes in Wales (8.59%).Modelling suggests that by 2035/36 there will be between 31,000 and 75,000 people registered with diabetes in our population. Type 2 Diabetes Mellitus (T2DM), makes up about 90% of diabetes, however onset and the development of complications and outcomes are largely preventable. The major risk factor for developing T2DM is unhealthy weight, often linked to living in poverty. One of the main modifiable risk factors for T2DM is overweight and obesity which is strongly linked to deprivation, and the health board area has one of the highest levels of overweight and obesity in Wales alongside some of the highest levels of deprivation. As with the risk of developing complications from diabetes, unhealthy weight is strongly linked to increased financial deprivation. These are "wicked issues", which require a whole-system approach to address them.

The strategy group will continue to develop the Diabetes Programme Board to diabetes prevention, early diagnosis of diabetes and pre-diabetes, diabetes remission, optimizing care and supporting people living with diabetes. CTMUHB's 5yr Diabetes Strategic action plan supported by our evolving whole-systems approach to healthy weight, will transform how diabetes services are delivered within CTM by working with our population, staff, communities and partners. The Diabetes Programme Board will provide strategic oversight and coordination across the system, driving the prevention agenda and delivering Value Based Health Care projects to transform care, such as investing in technology for people living with Type 1 Diabetes Mellitus (T1DM) and delivery of a remission services for those living with T2DM diabetes.

Neurodevelopmental Improvement Programme
We will continue to work in partnership with the Regional Commissioning Unit, education, Children's Services, third sector organisations, people with lived experience, their families, and carers, through our established regional Neurodevelopmental Improvement Programme Board. Through the programme we will deliver a range of needs-led, strength based interventions that have been co-produced with people with lived-experience.

The Starting Well and Growing Well Strategy Group will continue to work closely with the Regional Partnership and Children's Programme Board, helping to shape the long-term vision and partnership principles for the region. Leading on a regional short-break respite viability study, work has started on this carers regional priorities alongside closer working with our three local authorities Children's Services to better understand and meet the needs of babies, children and young people with complex needs.

The Starting Well and Growing Well plan on a page sets out the vision, key priorities and actions for the 2025-28 planning cycle on the basis of these priorities:

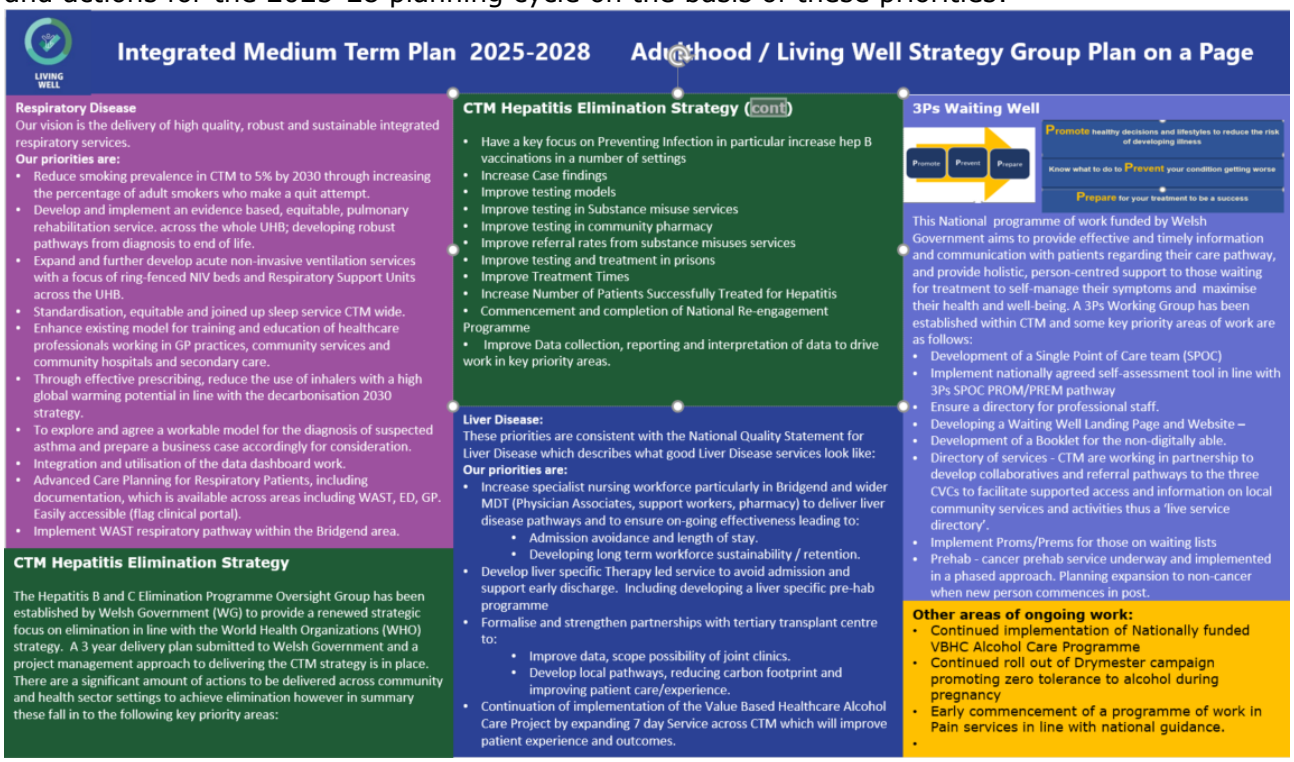
LIVING WELL

The Living Well Strategy Group delivers a programme of work focused on adult service provision, delivering a life cycle approach and providing the infrastructure and population health focus to drive and support the achievement of long term population outcomes and goals.

Key principles established for the delivery of the CTM2030 priorities for Living Well are:

- Reduce variation, a focus on equitable, joined up service across CTM
- Reducing inequalities, raising public awareness and a focus on preventative strategies
- Services planned holistically with the patient at the centre
- A focus on preventative strategies and services and early detection/diagnosis

The Living Well Adulthood Strategy Group plan on a page sets out the vision, key priorities and actions for the 2025-28 planning cycle on the basis of these priorities:



Respiratory Disease

The National Quality Statement for Respiratory Disease published on 30th November 2022 states that one in twelve adults in Wales reports a longstanding respiratory illness and Wales has a higher rate of asthma than the European average. Prior to the COVID-19 pandemic, around 15 – 16% of all deaths were due to respiratory disease and in 2019 Wales had the highest avoidable mortality rate in Great Britain for diseases of the respiratory system. Respiratory medicine costs the NHS in Wales more than £400 million per year.

The Strategy Group are represented on the National Clinical Network for Respiratory Conditions who are currently working up the National priorities at the current time of writing this IMTP. Local priority areas have been agreed within respiratory care and work is progressing to develop work streams and action plans to take each priority area forward, this includes:

- Reduce smoking prevalence in the health board region to 5% by 2030 through increasing the percentage of adult smokers who make a quit attempt. Key objectives for 2025/2026 to achieve this are:

Objectives:

- Continue implementation and improvement of the Help Me Quit in Hospital model, with a focus on pre-admission actions to encourage access to smoking cessation at the earliest opportunity.
- Continue implementation and continuous improvement of support for pregnant women via the Help Me Quit for Baby service.
- Optimise provision of and referrals to NHS smoking cessation services in the community delivered via Help Me Quit and Community Pharmacy.
- Embed smoking cessation for people with severe and enduring mental illness into community pathways as part of work to improve physical health and reduce inequalities for this group.
- Embed tobacco control in Primary Care.

Other priorities for the respiratory service for 2025/2026 are detailed in the plan on page above.

Liver Disease

Welsh Government's National Quality Statement for liver disease states that deaths in Wales from chronic liver disease have more than doubled in the past 20 years. Liver disease is now the commonest cause of death in those aged 39 – 45 in the UK. As with many health conditions the way in which people lead their lives directly influences the risk of developing chronic liver disease. Excessive alcohol consumption and obesity remain the commonest cause of liver disease in Wales. The majority of people with chronic liver disease have cirrhosis.

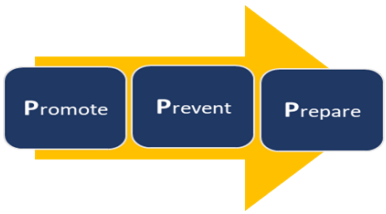
The strategy group along with the health board's Clinical Lead are represented on the Liver Disease Implementation Network (LDIN). Local priority areas have been agreed by the Planning and Delivery Group for Liver Disease set within the context of the national priorities. Work streams have been/are being established to take each priority area forward as above in the plan on a page. The Chair of the Alcohol Care Network is the CTM Alcohol Care Lead. The Alcohol Care programme of work is regularly shared at a National level.

Cwm Taf Morgannwg University Health Board Hepatitis Elimination Strategy

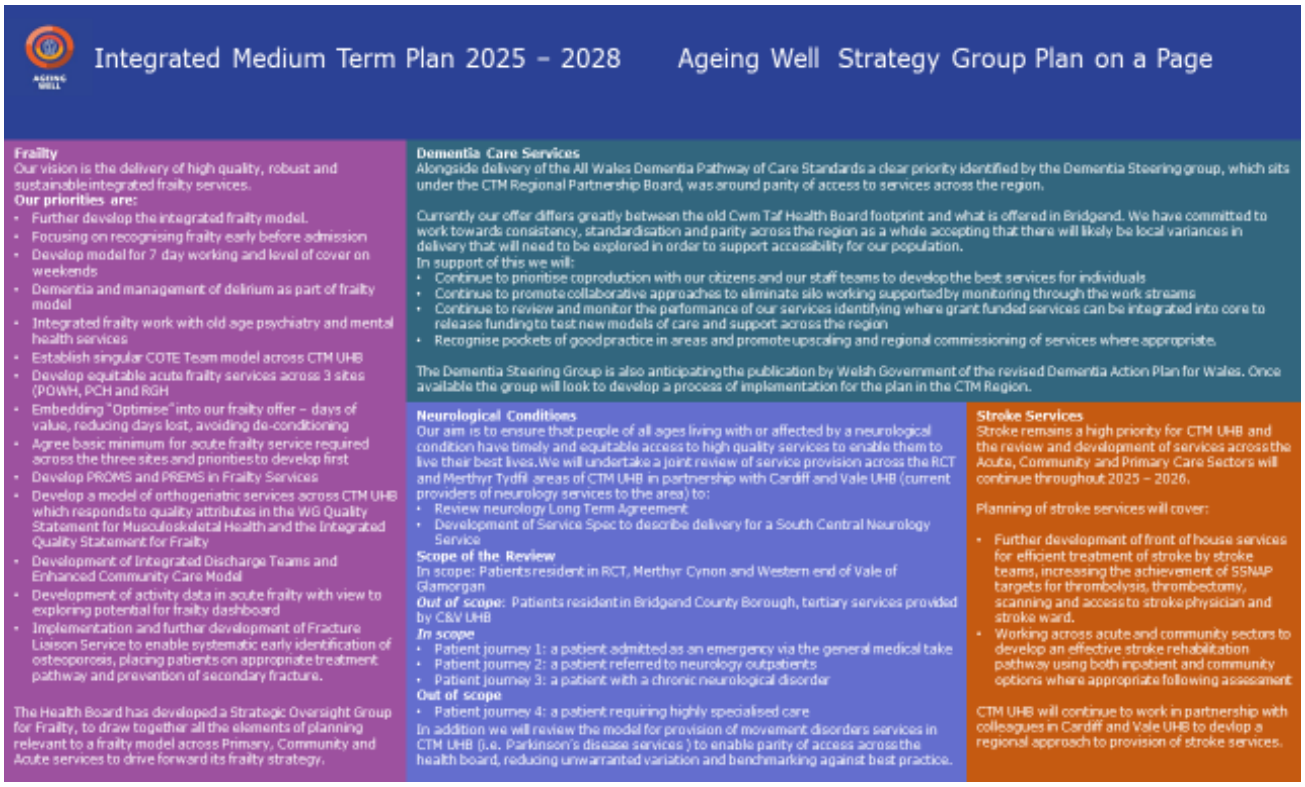
A Welsh Health Circular was issued to Health Boards in January 2023 identifying actions needed to be taken to ensure progress on Hepatitis B and C elimination across Wales. The Hepatitis B and C Elimination Programme Oversight Group has been established by Welsh Government (WG) to provide a renewed strategic focus on elimination in line with the World Health Organizations (WHO) strategy.

Within CTMUHB an Elimination of Hepatitis B and C Working Group has been established with a wide range of stakeholders such as Public Health Wales, APB, Hepatitis Trust, the prison service, a range of service representation from across the third sector and multiple professionals from across the health service. A revised 3 year delivery plan was submitted to Welsh Government on 30th May 2024 and since then significant progress has been made across a number of key areas as detailed above.

Waiting Well - 3Ps



The Covid-19 Pandemic had a significant impact on planned care activity resulting in a growing backlog and unprecedented delays in the number of people waiting for review and/or start of their treatment. Now an urgent need to deliver on the long term ambition to move away from passive term waiting list to a proactive preparation list is in process.
This project aims to provide effective and timely information and communication with patients regarding their care pathway, and provide holistic, person-centred support to those waiting for treatment to self-manage their symptoms and maximise their health and well-being. A national programme of work has been established and funding has been received from Welsh Government to deliver on a number of key priorities. A 3Ps Working Group has been established within CTM and some key priority areas of work are detailed above.



Frailty

Frailty is defined as a health state in which multiple body systems gradually lose their in-built reserve. Whilst it is often associated with older people, it is not an inevitable part of aging and not all older people are frail. 10% of people over 65 years are living with frailty, but this increases to between 25% to 50% of people aged 85 and older.

People living with frailty are at risk of adverse health outcomes and evidence shows that they are the highest users of health and social care services. Hospital, admissions for this group are often unplanned, making patients more susceptible to healthcare associated infections and iatrogenic harm. Frail older people usually have longer stays in hospital, rates of readmission, and are more likely to be discharged with higher levels of complexity than prior to admission.

The Ageing Well Strategy Group will continue to work in partnership to drive forward the frailty service model through the Frailty Strategic Oversight Group. The Strategy Group will also continue to work with wider partners across the three local authorities and third sector through the Regional Partnership Board to support the development on integrated community services which are vital to the treatment and care of frail people.

Stroke

Stroke remains the fourth leading cause of death in Wales and can have significant long-term effects on survivors and their families. The prevalence of people living with stroke is increasing due to a decrease in mortality from stroke and an ageing population. A number of factors contribute to the large disease burden related to stroke and as 70% of strokes are preventable, it is vital that a whole system approach is taken, which maximises the

prevention, including early detection and treatment of clinical risk factors, in addition to the early intervention and management of stroke.

Welsh Government's Quality Statement for Stroke emphasises the importance of collaborative work to address all aspects of the stroke care pathway. To address challenges faced by our current services across the region, Cardiff and Vale and Cwm Taf Morgannwg University Health Boards, along with key stakeholders, have established the South-Central Wales Stroke Delivery Network. The Ageing Well Strategy Group will continue to work with partners in Cardiff and Vale UHB to support the identification and development of regional solutions to the sustainability and improvement of stroke services.

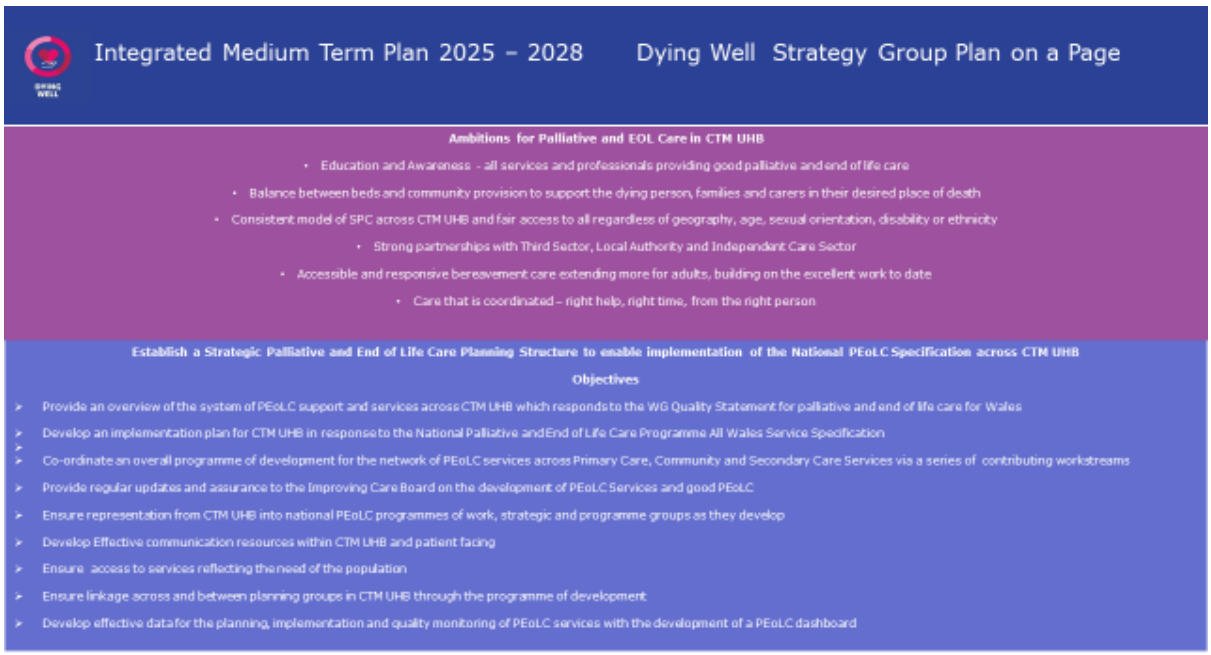
Dementia
Dementia in Wales has a distinct national agenda and area of work under the Dementia Action Plan (DAP) and the All Wales Dementia Care Pathway of Standards. Published in 2018 by Welsh Government, the four-year Dementia Action Plan (DAP 2018- 2022) is currently undergoing an evaluation period and is supported by the All Wales Dementia Care Pathway of Standards published by Improvement Cymru in 2021 and a dementia specific Regional Integration Fund.

There are twenty standards for improvement across five themes and the work streams under the CTM Regional Dementia Strategy Group reflect the five themes. Further information on the CTM Regional priorities for Dementia and the All Wales Dementia Care Pathway of Standards can be found here in the CTM Regional Partnership Board Area Plan 2023-2028: https://www.ctmregionalpartnershipboard.co.uk/useful-documents/

Neurological Conditions
The Welsh Government published *The Quality Statement for Neurological Conditions* in November 2022. The quality statement stated that there are more than 577 recognised neurological conditions, disorders and syndromes which affect the brain, spinal cord, nerves and muscles. It is estimated that one in six people in the UK have a neurological condition. The number of people living with a neurological condition is set to increase over the coming years as more children survive beyond birth into adulthood and as the UK's population ages, so do the number of people living with age-related neurological conditions. The number of years lost due to ill health, disability or early death as a result of a neurological condition is higher than that of diabetes. The impact of neurological conditions on quality of life is greater than that of cardiovascular conditions or diabetes. The quality statement outlined the quality attributes of neurological conditions services in Wales as: equitable, safe, effective, efficient, person-centred, and timely.

The Ageing Well Strategy Group will continue to work closely with the Unscheduled Care Group and our commissioning team to review services for neurological conditions with key priorities to:

- Map the neurology pathway across CTMUHB
- Complete demand and capacity analysis for secondary care
- Review current commissioning of services and establish detailed contracting agreements
- Work closely with NHS Exec to implement nationally developed pathways, such as for headache
- Develop service proposals arising from process and demand/ capacity mapping exercises.



Dying Well

In October 2022 Welsh Government published the *Quality Statement for palliative and end of life care for Wales*. The quality statement describes what good quality palliative and end of life care services should look like. The quality statement sets out high-level Welsh Government policy intention for children, young people and adult Palliative and End of Life Care to ensure care is: safe, timely, effective, person-centred, efficient and equitable.

The quality statement states that it will be supported by the NHS Executive and implemented through a series of health board enabling plans, collaborations with other networks and programmes (such as dementia, cardiovascular, neurological, diabetes and cancer) and the work programme of the National Programme Board for palliative and end of life care.

The National Service Specification for Wales: Palliative and End of Life Care Services was released by the NHS Executive for consultation on 5th February 2025 (with deadline for comments of 21st March 2025). The specification was produced under the National Palliative and End of Life Care Programme in Wales and reflects a collective ambition to deliver equitable, person-centred, and high-quality care to individuals and families navigating life-limiting conditions.

The Dying Well Strategy Group will closely with colleagues across the CTM UHB area to develop a strategic planning structure for development of PEoLC services in line with the core principles outlined in the specification which include:

- **Person-Centred Care**: Respecting and responding to the unique needs, preferences, and values of each individual and their families, ensuring that care is delivered with cultural sensitivity and inclusivity.
- **Timely Identification and Holistic Support**: Proactively identifying patients who could benefit from palliative care, addressing physical, emotional, spiritual, and social needs through comprehensive assessments and personalised plans.

- **Integration and Collaboration**: Fostering seamless partnerships between the NHS, voluntary organisations, social care providers, and community groups to ensure continuity and coordination across all care settings.
- **Workforce Excellence**: Equipping our healthcare professionals with the skills, knowledge, and support needed to deliver compassionate care, while prioritising their wellbeing and professional development.
- **Equity in Access**: Addressing disparities in service availability to ensure that every individual, regardless of geography or socioeconomic status, can access high-quality palliative and end-of-life care.
- **Bereavement Support**: Recognising bereavement care as a core aspect of PEoLC, this specification ensures access to pre- and post-bereavement support for families and carers.

ESCALATION STATUS

At the start of the financial year (2024/25), the Cabinet Secretary de-escalated the Health Board from enhanced monitoring to 'routine arrangements' across four key areas: maternity and neonatal services, quality and governance, leadership and culture, and trust and confidence.

Following the autumn tripartite meeting, the Health Board was de-escalated from targeted intervention to enhanced monitoring for Child and Adolescent Mental Health Services. The performance improvements delivered in this area are being sustained with confidence.

The current escalation status of CTM is summarised in the table below (updated November 2024):

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

Compliance with the 62 day Single Cancer Pathway (SCP), reducing waiting times across planned and urgent and emergency care remain key focus areas of our targeted intervention programme for the next year.

EMERGENCY PLANNING PREPAREDNESS AND RESPONSE

As a Category 1 Responder, the Health Board must fulfil its statutory duties in relation to Emergency Preparedness, Response and Recovery (EPRR) under the Civil Contingencies Act (CCA) 2004 and in line with Emergency Guidance issued by Welsh Government (WG). There is a robust governance structure for oversight of the EPRR functions with an executive lead for EPRR and formal reporting structures to sub-committee and the board.

The Health Board's Strategic Emergency Preparedness, Response and Recovery Group continues to oversee planning and preparedness within the HB and work is ongoing to further develop and embed operational EPRR functions across revised care group structures. This is to ensure that pre-planning for foreseeable and unforeseen events is embedded within processes and procedures.

During 2024-2025 key achievements for the health board were:

- The review and updating of the health board's Major Incident Plan and the development of site-specific plans for the three acute hospital sites.
- Agreement of a memorandum of understanding with the Office of the Coroner for action in the event of a mass fatalities exercise.
- Signing the Charter for Families Bereaved by Public Tragedy.

Amongst the key actions for 2025-2026 are:

- Pandemic framework review
- Incident management training needs analysis and delivery plan
- All Wales mass casualty dashboard development
- Work with Facilities/Estates colleagues to deliver the Protect Duty and security assessments in line with Martyn's Law.

QUALITY

Quality is at the heart of the Health Board and our aim is to improve outcomes for our people, whoever they are, and wherever they live.

Our 6 inter-dependant quality ambitions are based on the 6 dimensions of quality and shape our strategic quality goals. These in turn provide the framework for our Annual Quality Work Plan, containing SMART objectives (Specific, Measurable, Achievable, Realistic, and Timed) against which we monitor and report our progress at regular intervals, adjusting our plans as required. Where appropriate, priorities have been mapped against NHS Wales Performance Framework & Guidance for 2025-2026.

The Duty of Quality and delivery of high–quality care

Our Quality Strategy was developed in 2022 to cover the period 2022-2025. Its purpose is to enable the Health Board to deliver on the NHS Wales core value of ***putting quality and safety above all else and providing high-value, evidence-based care for our patients at all times***. All plans are aligned to this strategy which is supported by a work plan for each year.

During 2025-26, our annual Duty of Quality Report will be produced and this will inform the review of our Quality Strategy and the development of our new Quality Strategy for the next three years. The reporting of the delivery of this new Quality Strategy will be aligned to the future Duty of Quality Report for each year thereafter.

The alignment to the strategic quality goals is set out in our operational delivery plans, which are constructed by care group (our six operational divisions) and the full quality strategy can be accessed via our website.

Investing in Quality

Quality and risk management is embedded in all that we do. All service development/ investment and change requirements identified across all services and teams are subject to a Quality Impact Assessment (QIA) along with Equality Impact Assessment, where required. This approach has been employed in appraising all areas of development for prioritisation for the three year plan for 2025-28. All proposals have undergone a QIA screening assessment to determine their impact

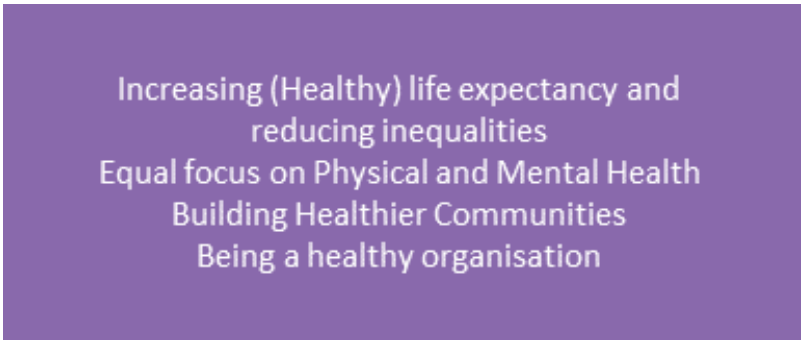
PUBLIC/POPULATION HEALTH AND HEALTH PREVENTION

Public health is essential to all aspects of health and wellbeing and is crucial to reducing health inequalities and influencing the wider determinants of health. The Public Health Directorate provides strategic leadership and service delivery to protect and improve population health while reducing inequalities in Cwm Taf Morgannwg. This includes the wider determinants of health and well-being, such as housing and education, along with promoting and supporting healthy behaviours and the prevention of chronic conditions and communicable diseases. This is informed by data, behavioural insights, evidence of effectiveness and research.

A key element of this is working with partners across the Health Board and in the system, including national bodies such as Welsh Government, Public Health Wales and the new NHS Executive as well as local partners including our three Local Authorities, third sector organisations, schools and communities. This is often facilitated through statutory partnerships including the Public Services Board, the Regional Partnership Board and the Area Planning Board.

CREATING HEALTH STRATEGIC PLAN

During 2024-2025 we developed a Creating Health Strategic Plan for 2024 to 2030. This document has four primary aims.



The strategic plan sets out four objectives as set our below.

1. Improve population health metrics (health risks/ behaviours, life expectancy and healthy life expectancy) and reduce inequalities in health (within CTM and between CTM and Wales)
2. Become a population health organisation (modelling priority action areas on the Ottawa Charter)
3. Build Healthier Communities
4. Empower Systems leadership for Population Health Improvement

Deliverables and Timescales

Each programme in the Creating Health structure has a detailed work plan with unique supporting deliverables and milestones. A summary of the overarching key deliverables for the programmes are listed below and will be monitored as part of the reporting structure in the Creating Health Programme.

Programme	2025/26 Deliverables	Creating Health Objective
AF and HPT	Build on current learning to develop pathways for patients to offer a holistic support through the system to improve their opportunities to change behaviour and reduce risk	Objectives 1 and 3
3 Ps	Undertake local and national evaluation of the impact of SPOC team.	Objective 3
	Further development of roll out plan, for other priority patient groups to be developed and implemented. Implementation of 2025/26 quarterly milestones as monitored by Welsh Government.	Objective 3
	Evaluation of impact of SPOC team, third sector in signposting patients to a wide range of community based services.	Objective 3
National Hepatitis Elimination Programme	Achieve micro elimination of Hepatitis C within Parc Prison and demonstrate sustainability	Objective 3
	Implement a sustainable service for testing across the three probation offices within CTM.	Objective 3
	Continue to improve testing rates and ultimately treatment rates.	Objective 3
MECC	Re-establish MECC Level 2 offer in line with national direction from PHW	Objectives 1 - 4
	Scope ambition of Level 1 MECC training (e-learning) mandatory for all CTM UHB employed staff, and for this to act as a pre-cursor for relevant staff to go on to undertake the Level 2 training	Objectives 1 - 4
PHM	Review of implementation and delivery of the model within CTM	Objectives 1 - 3
	Work with HB corporate team on ways to embed a PH approach to all HB business	Objective 2 Objective 3
	Develop training specifically around using PSRS tool	Objective 2 Objective 3
	Develop how to guides, case studies and FAQ to support clinical teams develop PHM project ideas	Objective 2 Objective 3
	Scoping exercise on secondary care requirements	Objective 2 Objective 3
Integrated weight management and	Introduction of obesity tier 2 and 3 services for children	Objective 3

Whole system approach to Healthy Weight	Develop consistent CTM offer on Food Environments contribution	Objectives 3 and 4
	Building upon evaluation of PIPYN service to inform system learning and service development	Objective 3 Objective 4
	Ongoing measuring impact and learning of PHW nine steps for CTM	Objective 3 Objective 4
	Development of CTM Healthy Travel Charter	Objective 3
Smoking Cessation	Ongoing delivery of smoking prevention activity	Objective 3
	Evaluate HMQH model	Objective 3
	Review impact of Primary Care referral data and target groups appropriately	Objective 3
	Ongoing delivery of our communication plan	Objective 3
	Review progress of 24/25 and evaluate updated prevention strategy from PHW and continuously improve HMQ service offer	Objective 3
Catering	Grab & Go Shop RGH under phase 2	Objectives 2 and 3
	Ein Lle Restaurant and Starbucks Pod under phase 2	Objectives 2 and 3
	Roll out cost price mobile fruit stalls	Objectives 2 and 3
	Implement Coffee ground waste recycling	Objectives 2 and 3
Diabetes	To systematically introduce preventative services for Type 2 Diabetes – these include prediabetes screening, remission services (very low calorie diet), patient education programme, physiological support	Objective 3
Mental Health and Well-being	Complete Mental Health and Well-being assessment for CTM	Objectives 2 and 3
	Develop with CTM partners Mental Health and Well-being Strategy for CTM	Objectives 2 and 3
Social Prescribing	Explore digital solutions to providing information and the monitoring of activity and outcomes	Objectives 1 – 4
	Establish a strategic view of local community development needs.	Objectives 1 – 4
	Continue to Develop "Healthy Partnership"	Objectives 1 - 4
Data and Performance	Ongoing performance monitoring schedule	Objectives 1, 2 and 4
	Scope and implement where possible the automation of data feeds	Objectives 1, 2 and 4
	Re-evaluate performance measure targets	Objectives 1, 2 and 4

HEALTH PROTECTION

In 24/25 we developed a Health Protection Strategic Plan to enable an integrated Health Protection system in CTM to prevent and mitigate risk from communicable disease and other threats to health. The core themes of the plan are around improvements to surveillance and insight, governance and coordination, preparedness, prevention and management of health protection risks, as well as health protection aspects of housing and health and climate change and health. Core to the strategic plan is the systematic identification and addressing of inequalities around all health protection areas of work.

Achievements and milestones in 24/25

Key achievements in 24/25 include:

- The development and recruitment to the CTMUHB Health Protection operational and strategic teams
- A refresh of the CTM governance for Health Protection
- Improved preparedness for measles and high consequence infectious disease
- Sign up to Fast Track Cymru network to support the work to end new transmissions of HIV in Wales by 2030
- Significant improvement in Hepatitis C testing in key vulnerable groups in CTM
- XXXX Vaccine and NIF.

Key priorities and actions/milestones for 25/26

- In 25/26, CTM have been awarded an addition £1.06m for health protection which will be focused on creating capacity across the CTM health protection system around coordinated community infection, prevention and control; addressing inequalities in vaccination and testing; emergency planning and preparedness for pandemic, and communications and engagement with communities around health protection
- Implementation of the national Health Protection Framework
- Development and implementation of systematic approaches to address inequalities in health protection
- Delivery of plans to eliminate or reduce communicable disease including Hepatitis B/C and HIV
- XXX Vaccine

REGIONAL PARTNERSHIP

In line with legislative and policy responsibilities including the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and 'A Healthier Wales', Cwm Taf Morgannwg University Health Board will continue to play an active role within the CTM Regional Partnership (RP) over the next three years. This will include continued delivery against the six models of care utilising the Regional Integration Fund:

1. Community based care – prevention and community coordination
2. Community based care – complex care closer to home
3. Promoting good emotional health and well-being
4. Supporting families to stay together safely, and therapeutic support for care experienced children
5. Home from hospital services
6. Accommodation based solutions

In 2023 we published our Regional Area Plan which was developed using our Population Needs Assessment, the Market Stability Report, working with our partners and engaging our population through a series of Hackathons. The Regional Area Plan is a 5-year plan and delivery will continue during the three years to 2028. This includes a focus on:

- Children and young people – we want all children and young people to lead healthy and happy lives. To create a better future we need to ensure their voices are heard.
- Learning disabilities – we know people experience learning disabilities in many different ways; we aim to ensure their voices are heard so they can have greater ownership and control over their lives.
- Mental Health – we are looking at ways to support the mental health of people living in CTM. This includes improving systems to provide better services, removing barriers and inequalities.
- Dementia – we know that living with dementia can be challenging and we want to ensure people living with dementia feel supported and listened to.
- Older people – we are ensuring older people have the right information, advice and access to services so they can make informed choices about health and social care, staying living independently for as long as possible.
- Unpaid carers – we aim to ensure unpaid carers feel listened to and understood and have access to up to date information, advice and access to services such as support groups.
- Accessibility – we want to create accessible services to ensure people with accessibility needs, including physical disabilities and sensory impairments (reduced or loss of sight, hearing or both) are empowered to make choices and feel part of their communities.
- Neurodiversity – we want to create a neurodiversity friendly CTM to ensure neurodivergent people and their families feel supported.
- More information about the work of the RPB can be found on the website https://ctmregionalpartnershipboard.co.uk/

GREEN 2030

Sustaining our Future is one of our four strategic goals. It encompasses the sustainable development principles of the Wellbeing of Future Generations Act (2015), and our commitment to:

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

We have ensured a more focused approach to achieving our Net Zero goals by establishing the Environmental Sustainability Group in 22/23, which forms part of our formal governance arrangements. We have also introduced the "five R's" concept into our reporting processes (reuse; refine; reduce; repurpose; recycle) so all projects and programmes must consider the impact on sustainability of their work.

We are refreshing our Decarbonisation Action Plan (DAP) for 2024 -2026 and will continue to deliver our Biodiversity and Ecosystem Resilience Plan, reporting as appropriate to WG. This includes a focus on:

- The reduction of plastic waste within healthcare;
- Reduced use of inhalers with a high environmental impact;
- Introduction, with system partners, of a healthy travel charter;
- A review of Site Travel Plans and shift from single occupancy car travel to sustainable modes;
- Procurement options for future fleet;
- A focus on climate adaption interventions as well as mitigating interventions; and
- Reducing the use of pesticides across all CTMUHB sites.

We continue to develop our "Green Movement" and use our CTM Green Group as a means of engaging, communicating and inspiring our workforce to learn about and tackle climate change. We plan on building on the success of our Green Scholar programme to encourage more people to act upon green initiatives.

FOUNDATIONAL ECONOMY

Reducing health inequalities is at the heart of our plans and a focus on developing our foundational economy is key to that. We understand the important role that health plays in the wider economy and we know that the foundational economy is a concept that emphasises the importance of certain essential, everyday economic activities and services that provide the foundation for a stable and flourishing society.

The Health Board is committed to ensuring that foundational economy principles are considered in its everyday activities and strategic planning as we know that the wide range of sectors and activities are often taken for granted but are crucial for people's well-being and the functioning of the broader economy. Adopting this approach is a critical element of meeting our responsibilities with the Well-being of Future Generations (Wales) Act 2015. By recognising the importance of the foundational economy and acting as an anchor institution, we know the health board is playing its part in developing a thriving society.

Examples of how we do this include:

- Providing employment, as approximately 77% of our workforce live locally, making our staff not only the lifeblood of our organisation but of the diverse communities that we serve.
- Working with our third sector partners and community organisations to support social cohesion, as human interactions offer opportunities for people to connect and support each other.
- Buying locally when we can – as this invests in local businesses and therefore local employment, as well as reducing the carbon impact on our environment.
- Focus on our environment, including the use of renewable energy, reducing waste and increasing recycling.

SIX GOALS FOR URGENT AND EMERGENCY CARE

OVERVIEW

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 a 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 them:

- Are easy to navigate
- Deliver urgent and emergency care as close to people's homes as possible
- Meet national requirements and standards
- Align with transformational changes in the region

Given the systemic nature of the Six Goals for Urgent and Emergency Care, key developments are embedded throughout this plan, in particular in the Urgent and Emergency and Primary and Community Services Care Group plans. The delivery of the following specific requirements are also included in the health board response to the enabling actions set out in the planning framework for 2025. These are the delivery of the following:

- Implementation of the Community Based Falls Response
- Implementation of the remote clinical assessment services framework
- Implementation of acute frailty model at the Front Door
- Implementation of the Welsh Health Circular - Ambulance Handover Guidance
- Implement the Optimum Hospital Flow Framework
- Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements. Ensure consistent delivery of effective integrated discharge planning, utilising the National Discharge Guidance issued by the 6 Goals Programme.

LOCALITY (CLUSTER) PLANNING

Locality (through the Joint Partnership Boards) and Primary Care Cluster planning is underpinned by Population Health and segmentation data and is a fundamental element on which to base new locality and cluster service development projects, with the overarching aim to improve patient outcomes, equity of access to services and sustainability.

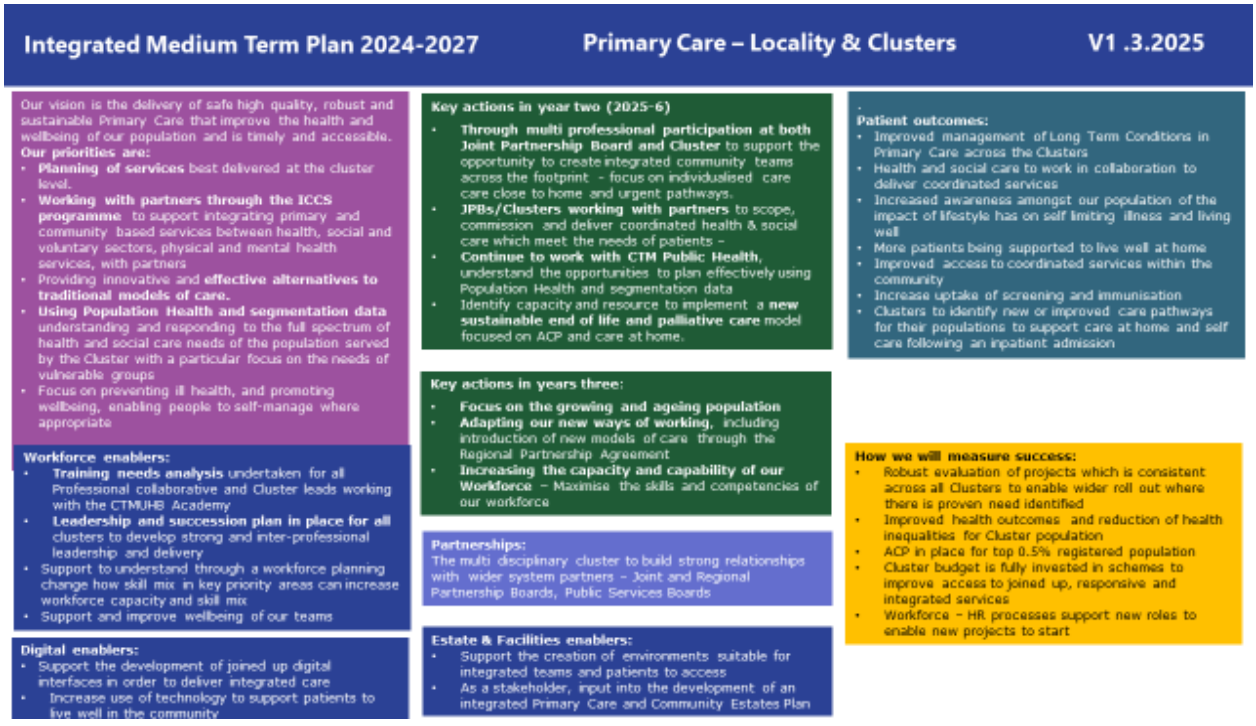
During 2024 - 25 the three Joint Partnership Boards (JPB) in Bridgend, Merthyr Tydfil and Rhondda Cynon Taf have identified their locality priorities to inform both locality and cluster project development which align to the wider Regional Partnership Board 5 year plan and the overarching themes are:

- Frailty
- Mental Health
- Children and Young families

There are eight clusters in Cwm Taf Morgannwg and the investments of funding allocated to clusters are assessed against the following criteria:

- The service meets at least one of the outcomes of the 13 Primary Care Management Wales and/or the 7 Accelerated Cluster Development (ACD) outcomes;
- The service meets identified need from the population health and segmentation data provided by the health board's public health team;
- The service aligns with Regional and Locality priorities;
- The service is not provided through other contractual/ funding arrangements

Our plans for year 2 of the 2025 - 2026 are set out in the plan on a page below:



Cluster projects

In order for cluster projects to be recurrently resourced and where appropriate offered across the locality and/or region, there is ongoing work over the next year to identify the best process. This will form part of the wider locality and cluster development which is being overseen by the Primary Care and Community Transformation Board.

LOCALITY AND CLUSTER DEVELOPMENT

A review of the relationship of Joint Partnership Boards and Clusters within the planning framework of CTMUHB is being carried out through the auspices of the Primary Care and Community Transformation Board.

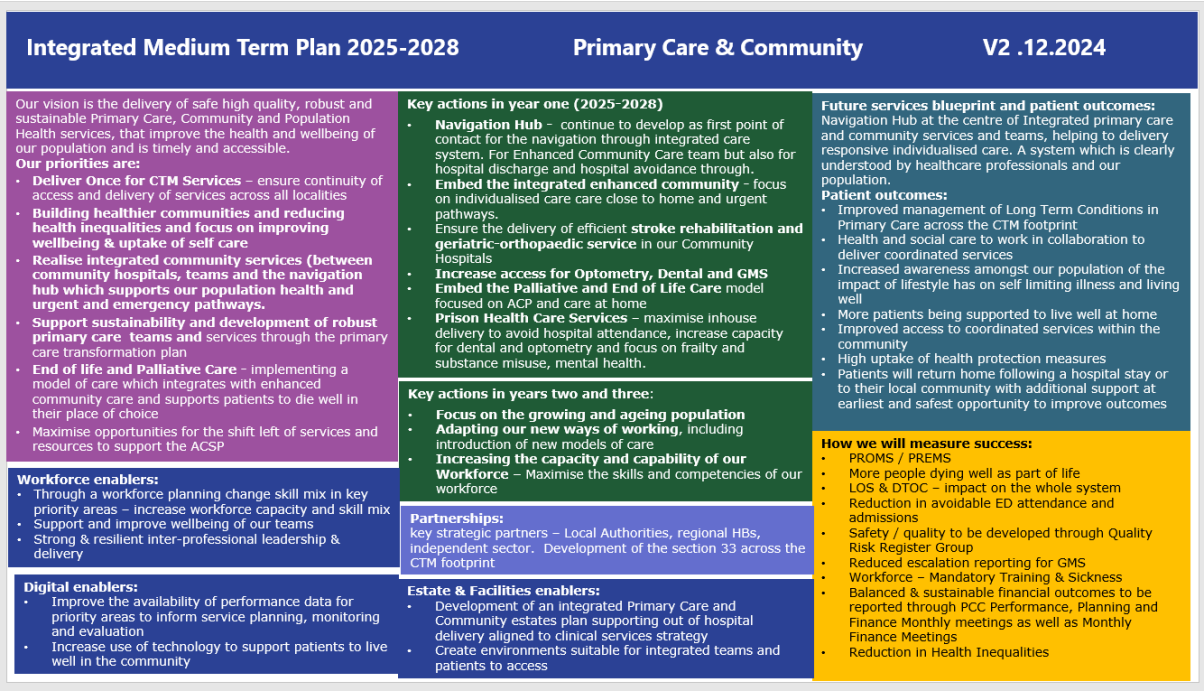
The outcomes of the review will provide clarity of roles and function to include any delegated authority in decision making. This work will also identify co dependencies with other programmes within the Primary Care and Community Care portfolio e.g. The Integrated Community Care Services Programme and contribute to the national summit planned for 2025.

PRIMARY AND COMMUNITY CARE

Primary and community care services span the life course and provide both planned and unscheduled care. The Primary and Community Services Care Group's goals are to:

- Improve patient outcomes and quality of care through robust governance
- Increase resilience of, and improve access to primary care services
- Develop integrated services through partnership working
- Give our teams the tools, training and support needed to deliver our vision
- Ensure financial sustainability through efficient use of resources

The portfolio is aligned to policy and strategic drivers, including the various Strategic Programmes for Primary Care, e.g. community infrastructure model, the Six Goals for Urgent and Emergency Care (notably goals one, two and three), Further Faster, Nursing Workforce Plan and Allied Health Professionals (AHP) Framework. The Care Group will build on the work undertaken in 2024-25 with plans developed and developments initiated coming to fruition during 2025-26. This firm foundation will enable the Care Group, in collaboration with other Care Groups and Community partners, to build and transform its services and delivery to patients across CTM's Communities. The following plan on a page provides a high-level overview of the care group's priorities for the 2025-2028 period.



Specific priorities for Primary and Community Care in 2025 - 2026 and beyond are:

1. **Implementation of a single integrated Community Services model across the health board area and pathways for Urgent and Emergency and Population Health Management.**
    - To mature and progress the development of the Enhanced Community Care Service.
    - To progress the development of the Section 33 Agreement across the footprint.
    - To focus on maximising outcomes and capacity within community to help patients return home or avoidable unnecessary attendance in acute hospital services. 4 Focus on reducing delayed transfers of care and length of stay.
    - Take advantage of digital options to help assess and monitor patients in their own homes.
    - Sign up to a Section 33 Agreement between the Health Board and Partners.
    - Focus on rehabilitation and re-ablement.
    - Increase in number of patients receiving stroke rehabilitation in YCR community hospital
    - Introduction of Geri-ortho ward in YCC (TBC)
    - See to explore with partners how the care home market can be stimulated to ensure beds vacancies are minimised. Implement the new community bed model with focus on rehabilitation and improved flow.
    - Develop and implement a new palliative and end of life model which focuses on community not inpatient beds.

2. **Implementation of new model of comprehensive Palliative Care & End of Life out of hospital services across the health board area**
    - To reduce the reliance on inpatient beds in our SPC units.
    - To refocus the workforce into the community
    - To commission more end of life support in the community from providers
    - Develop a workforce equipped with the skills and knowledge to make every opportunity for future care planning to become a priority for all patients.
    - Ensure each patient choses where they wish to die and to respect this.
    - Reduce the number of patients dying in hospital where their choice is at home.
    - To ensure the vacancies within Consultant and Nursing are recruited to.
    - To ensure CTM benchmarking is aligned to the Wales average.

3. **Development of robust sustainable primary care services, including GPs, dentists and optometry services.**
    - To work with a consultancy agent to finalise the engagement sessions with stakeholders.
    - To articulate a model of care which provides sustainability and capacity.
    - To work with the consultancy to agree an implementation plan.
    - To work through the resource implications for this new model of care and implement the models
    - To explore the opportunity to commence or bring on board with other contractor professions.
    - To complete the full review of contacts and retender for providers delivering services in HMPS Parc & YOU to reflect the needs identified in the last Health Needs Assessment.
    - To reduce the need for patients in HMPS Parc and youth offending units to have to attend emergency departments or outpatient settings.

4. **Building healthier communities by encouraging our communities to live healthier lifestyles and taking responsibility for the management of their own conditions management and preventing people from becoming unwell.**

- Following review of WISE implement new operational model (if supported)
- Promoting and increasing uptake of vaccination and immunisations.
- Exploring behavioural change methods and finding new ways of encouraging patients to take responsibility for management of own conditions.
- Utilising and maximising communications to promote wellbeing, and increasing uptake of patient education programmes.
- Working with partners and with LA, all key employers in the community to promote amongst our own workforce.

5. **Maximise opportunities to support the 'shift left' of services and the acute Clinical Services Plan**
   - Continue to review the GP supplementary services, decommission those ineffective and commission services others which are.
   - Continue to implement the National Assurance Framework for general medical services and equivalents for the dental and optometry contracts to ensure core services are delivered.
   - Regularly review the national benchmarking to identify areas for improvement. Maximise the Welsh General Ophthalmic Services contract's four services to enable the shift left.
   - Focus on respiratory, obesity and diabetes for year one

MENTAL HEALTH AND LEARNING DISABILITIES

Our Mental Health and Learning Disabilities Care Group's vision is to deliver high quality, robust and sustainable services, meeting needs and hearing all voices to enable open, honest and continuous collective improvement. Our 7 high profile objectives are:

- **Once for CTM** – building on the best internally and externally, ensuring safety, listening and hearing the voices of our population to drive continuous improvement
- **Strong primary prevention** – working in partnership across geography and population
- **Robust and responsive core service** which is timely, effective and promotes independence
- **No wrong front door** – welcoming, effective and responsive based on need
- Developing **new models of care** which respond to changing need and new opportunities
- **Sustainable use of resources** which are fit for the future
- A **people focus**, valuing, respecting and hearing the voices of all and supporting development for the future

The service plan on a page sets out the vision, key priorities and actions for the 2025-28 planning cycle on the basis of these priorities.

Integrated Medium Term Plan 2025-2028 **Mental Health & Learning Disabilities**

Our vision is the delivery of high quality, robust and sustainable mental health & learning disability services, meeting needs and hearing all voices to enable ...

Our priorities are:
- **Once for CTM** – building on the best internally and externally, ensuring safety, listening and hearing the voices of our population to drive continuous improvement
- **Strong primary prevention** – working in partnership across geography and population
- **Robust and responsive core service** which is timely, effective and promotes independence...
- **No wrong front door** – welcoming, effective and responsive based on need
- Developing **new models of care** which respond to changing need and new opportunities
- **Sustainable use of resources** which are fit for the future
- A **people focus**, valuing, respecting and hearing the voices of all and supporting development for the future

Workforce enablers:
- •Development of a future workforce plan aligned to Strategic Mental Health Workforce Plan
- •Strong & resilient inter-professional leadership & delivery
- •Cultural competence

Digital enablers:
- Implementation of a single care record across the Care Group
- •Exploration of improved technological approaches to delivery

Key actions in year one (2025-2026)
- **Once for CTM** – all directorates embed SOPs & outcome measures
- **Strong primary prevention** – 3rd sector review & commissioning, whole schools approach & cluster alignment , Mental Health Collaboratives, WISE
- **Robust & responsive core service** – Embedding of outcomes of Inpatient improvement program, outpatient improvement, HMP Parc & Psychological Therapies redesign
- **No wrong front door** – Expansion of 111#2, alternatives to admission, psychiatric liaison
- **New models of care** – CHC, Day Services, Older Adult Beds, Rehab & Recovery and Recovery College model
- **People focus –** inter-professionalism, cultural competency, lived experience

Key actions in years two and three:
- **Strong primary prevention** – Establish MH Collaborative models
- **Robust & responsive core service** – CMHTs, EIP, LD, Perinatal, CDAT & specialised services
- **No wrong front door** – Crisis & Wellbeing retreats
- **New models of care** – Complex female care, LSU & suicide/self harm
- **People focus –** psychologically informed workforce

Partnerships:
Ensure strong relationships with key strategic partners – 3rd sector, Local Authorities, regional HBs, independent sector, police & RPB/PSB.

Estate enablers:
- Development of a robust and integrated estate plan
- Improvement of inpatient facilities to support recovery and experience

Future services blueprint and patient outcomes:
To be added pending the new MH strategy for Wales – approval anticipated in April 2025.
- Vision Statement 1: People have the knowledge, opportunities and motivation to prioritise their own mental wellbeing
- Vision Statement 2: Cross government action to protect good mental health
- Vision Statement 3: Action to deliver a connected system where people will receive the appropriate level of support wherever they reach out for help
- Vision Statement 4: Seamless mental health services– person centred, needs led and guided to the right support first time without delay
- Vision Statement 5: Suicide & Self Harm Strategy

Patient outcomes:
These will be informed by the Lived Experience but in the interim we will develop a mechanism for capturing PROMS and PREMS across all services.

How we will measure success:
- PROMS / PREMS to be developed through People's Experience Group
- Mental Health Measure and alignment with Targeted Intervention escalation
- Outpatient Activity & Waits to be developed through Performance Group
- Inpatient LOS & outcomes to be developed through Inpatient Improvement Programme
- Safety / quality to be developed through Quality Risk Register Group
- Workforce – PADT, Mendatory Training & Sickness
- Balanced & sustainable financial outcomes to be reported through MH&LD PPPF & Monthly Finance Meetings

The outcomes of our vision, objectives and plan is that:

- People living in the health board area will have the knowledge, opportunities and motivation to prioritise their own mental wellbeing
- Services will be delivered within a connected system where people will receive the appropriate level of support wherever they reach out for help and ensuring seamless service delivery

During 2025-28 we will deliver further improvement across the whole patient pathway. We will strengthen existing relationships with Local Authority and Third Sector Partners and build a Once for CTM approach for all our services from community prevention, primary and secondary care to tertiary and specialised services. Key actions in this period include:

- Once for CTM – building on the best internally and externally, ensuring safety, listening and hearing the voices of our population to drive continuous improvements
    - Review of tier 4 adult eating disorder commissioning arrangement with Cardiff and Vale University Health Board
    - Team working with our regional stakeholders
    - Lived experience plan and commissioning structure implemented

- Strong primary prevention – working in partnership across geography and population
    - Development of the regional partnership priority Parent/Infant Relationship project
    - Explore opportunities for the development of complex case panels with local authority partners
    - Development of joint working arrangements between child and adolescent mental health services and the children and young people's neurodevelopmental service
    - Development of regional dialectic behavioural therapy service following repatriation of service from SBUHB

- Robust and responsive core service, which is timely, effective and promotes independence
    - Development plan for the Adult Integrated Autism Service (IAS)
    - Improvement in access psychological therapies and ND services
    - HMP & YOI Parc - improved coordination of AMH and & CAMHS

- No wrong front door – welcoming, effective and responsive based on need
    - Introduction and monitoring of the transition policy between CAMHS and Adult Services
    - Working in partnership to support the embed the requirements for Right Care, Right Person
    - Development of a once for CTM psychiatric liaison service specification

- Developing new models of care which respond to changing need and new opportunities
    - Inpatient transformation programme (PICU, inpatient and workforce)
    - Older Adult - Inpatient Redesign Discovery phase
    - Development of rehabilitation deliverables with new patient flow and community recovery models
    - Phase 2 development of the ECA area in Ty Llidiard

- Sustainable use of resources which are fit for the future

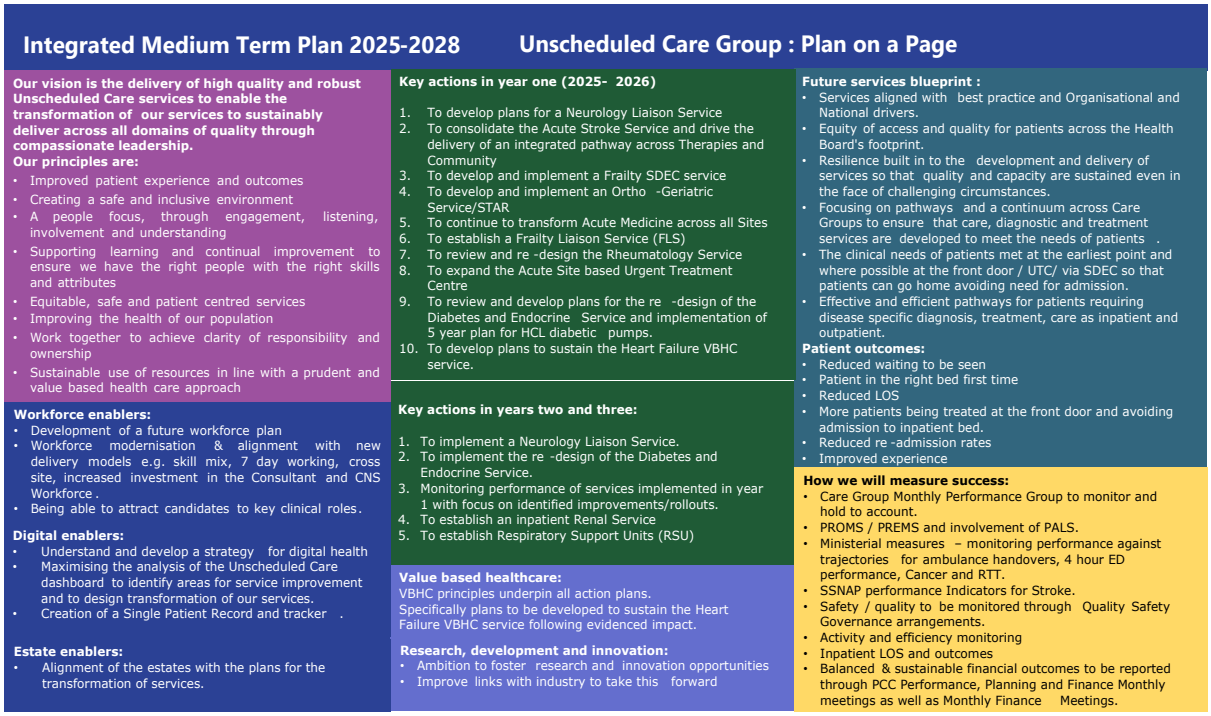
    - Procurement new single patient record offer
    - Exploration of improved technological approaches to delivery

- A people focus, valuing, respecting and hearing the voices of all and supporting development for the future
    - Implementation of People plan with a focus on diversification of workforce; new roles and succession planning
    - Enhanced training provision
    - Implementation of peer support worker supporting infrastructure and roles
    - Trauma informed workforce

URGENT AND EMERGENCY CARE

The Unscheduled Care Group provides a range of emergency, acute, integrated and specialty health and care services for our population. The focus is on providing safe and effective services for patients ensuring smooth and timely transitions along pathways as inpatients and/or outpatients. There has been increased investment and development in services to meet patients' health needs at the earliest point of contact for improved patient experience, avoiding unnecessary hospital admissions and to ensure that patients aren't staying in a hospital bed longer than they need to.

The 2025-28 plan builds on our previous plans, and our improvement plans are supported by the care group management structure and the Six Goals Programme.



Our priorities for the 2025-28 period are set out in further detail below. The impact of actions on quality, safety and performance against key metrics will be consistently reviewed.

To review and roll out admission avoidance opportunities at the front door

- Establishment and development of community pathway with Welsh Ambulance Services Trust and primary care to reduce avoidable emergency department (ED) attendances
- To build on the successful impact of the Medical same day emergency care services (SDEC) and develop a specialist model for Frailty SDEC across the health board.
- To review all ambulatory pathways and maximise opportunities across all sites

- To extend the STAMP across all acute sites
- To increase capacity of the medical model to meet the demand and build on the evidenced impact in relation to admission avoidance and reduced length of stay
- To roll out and expand the urgent treatment centres across all sites.
- To work in partnership with Primary and Community Care Group to develop clinical pathways through the Navigation Hub

To review the development of the stroke service and pathway and the opportunities to align with the development of a new Neurology Service Model

- To develop and implement a model for the temporary centralisation of acute stroke at RGH. The learning and outcomes will inform the future model of stroke services which will be develops as part of our Acute Clinical Services Plan
- Work in collaboration with regional partners to establish a regional stroke service for the South Central Region.
- To oversee the development and delivery of the optimal stroke pathway through the Stroke Re-design Steering Group ensuring that the appropriate clinical model and bed base are established to enhance flow and maximise outcomes for patients.
- To develop a Neurology Liaison Service aligning with the developments for a wider Regional Neurology Model and exploring opportunities for synergies with the future development of the Stroke Model

To review and re-design care of the elderly (COTE) services

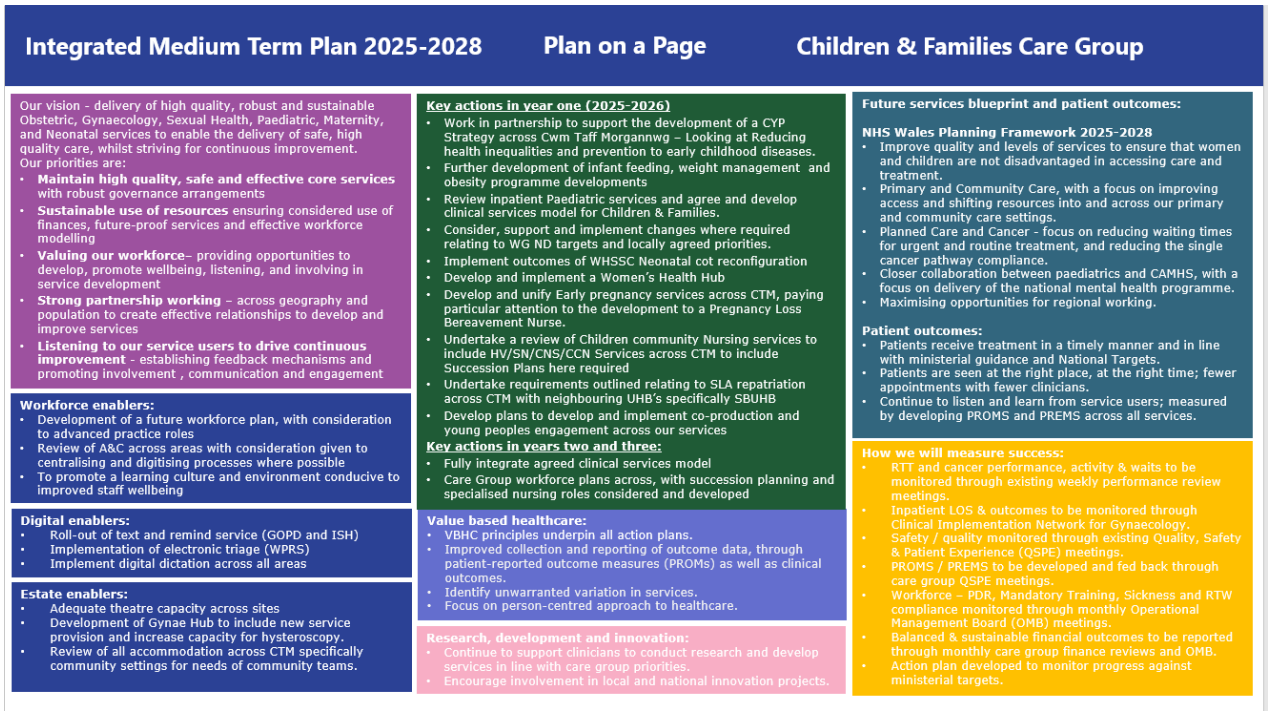
- To progress plans to extend the Frailty Liaison Service (FLS).
- Developing the COTE medical model at PCH
- Support the development of the Ortho-Geriatric Service with Planned Care colleagues
- Development of a Frailty same day emergency care service across all acute sites
- To review movement disorder services across the health board to establish an equitable model
- To develop a Frailty Data and Performance Dashboard to monitor and drive improvements

To review the opportunities for the development of Medicine specialties and rolling out the optimal model for:

- **Cardiology** including mapping pathways and reviewing demand and capacity and commissioning arrangements. Exploring opportunities to maximise Value Based Health Care e.g. Heart Failure
- **Respiratory services** including development of Respiratory Support Units
- **Diabetes and Endocrine** including to agree implementation of 5 year plan for HCL diabetic pump provision maximising opportunities via Value Based Health Care
- **Rheumatology** including ensuring that the service has the capacity to meet the demand and reviewing the role of Day Units
- **Renal** including establishing a new inpatient service

CHILDREN AND FAMILIES

The Children and Families Care Group provides services to children and young people, maternity and women's health plus sexual health services and comprises both directly provided and commissioned services.



Our vision is that our population will

- **Be able to access services in the most appropriate place across acute and community venues as required**
- **Enhance and strengthen joint working processes to integrated physical and mental health services as required to include links with wider therapeutic and support services s required;**
- **Be able to inform the development of our services through engagement activities and the use of patient reported outcome and evaluation measures (PROMS and PREMS).**

During 2024-25 the care group have supported UHB and progress in the following areas:

- Temporary closure of the Maternity Ward, Labour Ward and Special Care Baby Unit due to urgent electrical and air handling units needing to be upgraded to meet current standards.
- Implementation of the care group organisational structure for nursing has seen developments in additional lead nurse post for key service areas to enhance nursing standards and service improvements.

- Supported the critical incident requiring the urgent replacement of the roof at the Princess of Wales site which delayed the return of the Maternity Ward, Labour Ward and Special Care Baby Unit including reconfiguring acute children's services.
- Worked across Neighbouring UHB's to ensure re-provision of services are undertaken within neighbouring UHB's as required to meet the need of our local communities.
- Engage and support the Babies, Children and Young People's weight management steering group to develop and implement a road map to healthy weight in line with our whole system approach to healthy weight

Children and Young People's Services

Key priorities for 2025-26 are set out below.

We will undertake review of our acute and community services in alignment with our acute clinical services plan development. Services will be reviewed with a view to ensuring equity of access across the CTM geography whilst meeting the needs of specific areas.

- Health visiting services are focused on supporting family resilience. The review will commence with scoping of the core and commissioned health visiting service models in place in collaboration with local authority partners and stakeholders and will comprise:
    - Reviewing the commissioning intention from each of the Local Authorities and agreeing future contracts.
    - Workforce review and development of a model based on a skill mix aligned to service needs.
- Workforce planning aligned with demand and capacity assessment, to incorporate consideration of new housing developments and associated expected population growth to include areas such as increased needs of children and young people with complex health needs, neonatal requirements e acute wards and improvements and joint developments for children and young people and their families in receipt of care packages;
- Work collaboratively with other care group and public health colleagues to ensure services are delivered in the right place by the right workforce (e.g. audiology, school immunisations)
- To work with colleagues both locally and nationally to develop and implement digital improvements in services – for example the E-consent system.
- School and Special School health services will be reviewed in collaboration with education partners and stakeholders. Workforce review commenced during 2024 and work will continue to ensure optimal allocation of service resources to meet need.
    - The delivery of services to support children and young people to achieve a healthy weight, as set out in the Growing Well section of this plan will be incorporated into the service planning.
- Our acute services improvement plans seek to ensure effective links with community services and to align the service capacity across a range of speciality areas to meet demand and be aligned with other service changes where paediatric services are or have a co-dependency with other Care Group Services to include developments in transition requirements across all services.
- Service specific priorities include the development of a health board wide paediatric diabetes service and aligning with therapies teams to develop a children's weight management services.
- Provision of equitable respiratory and allergy services in line with NICE Guidelines, the care group will consider these required developments in line with the development of regional and internal strategy and service model developments.

- Work in Partnership to support and develop neurodiversity services in line with Welsh Government targets and local needs to enhance and improve access to assessment and diagnosis services, along with treatment, care and support pre, during and post following diagnosis
- To review and develop children's play service based on the recommendations from the Play Wales review (2024).
- Developments in advanced nurse practitioner roles will be reviewed across the care group as required.

During 2024-25, Children and young people's services we have made progress across a number of areas:

- Worked with health board colleagues and Welsh Government to access additional short term funding for Halcyon to provide specialist parenting support to enhance waiting well
- Commenced work with partners to develop a Regional Children's Strategy
- Improved our care group safeguarding level 3 training and compliance significantly, and implemented our clinical nurse specialist role for safeguarding role which has seen enhanced improvements to our models of care.

Maternity and Neonatal Services

Further to our significant work to improve maternity and neonatal services, during 2025-26 we will:

- Continue to implement phase two of the Neonatal Safety Programme introduced in April 2024;
- Implement digital patient records in line with the ministerial priority development Digital Maternity Cymru, as part of the Maternity and Neonatal Safety Programme;
- Undertake a review of the midwifery workforce in 2025 to ensure that the service remains Birth-rate + compliant and meets the recommendations from the All Wales Perinatal Workforce Plan.
- Participate in the review and reconfiguration of neonatal cot services which is being facilitated by the Wales Joint Commissioning Committee.
- Take appropriate quality and safety learning from the temporary Maternity and Neonatal service in 2024 and embed the best practice in the new way of working.
- Undertake a review of our governance processes to incorporate all relevant standards and requirements (ATTAIN, NRI/LRI and RCA backlogs), improve our mandatory training compliance and ensure we are taking the learning and embedding into practice any National reports e.g. MBRRACE etc.
- Implement the Cwm Taf Morgannwg Infant Feeding strategy in 2025.
- Expand and appropriately staff elective caesarean section lists to accommodate the demand for elective sections demonstrated through the temporary change and backed up by data.
- Implement the hot week and prospective medical rotas at Prince Charles Hospital in early 2025 to make our service safer and more resilient.
- Seek opportunities to establish Foetal Medicine services within the resources we have.
- Develop a model for midwife led ultrasonography services to further enhance continuity of carer

During 2024-25, Maternity services we have made progress across a number of areas:-

- Developed and launched the Health Board's Infant Feeding Strategy on 3rd February 2025.

- Successfully maintained services to our residents during the temporary closure at Princess of Wales Hospital Bridgend. The maternity unit reopened in February 2025.
- Worked with national colleagues to implement the recommendations of the national maternity and neonatal safety support programme
- Introduced digital inclusion project for pregnant women and families experiencing digital poverty
- Working with care group colleagues to achieve Diverse Cymru cultural competence
- UNICEF Baby Friendly Initiative Assessment completed at Prince Charles Hospital

WOMEN'S SERVICES

In line with our acute clinical services planning work, a key priority for 2025 will be to review the delivery of Obstetrics and Gynaecology services to include urgent and emergency care, inpatient, outpatient and community services across all sites and the further development of our Women's hub. We will incorporate learning from the temporary changes in 2024-25 which have identified areas for improvement in emergency care. The care group will review the services provided backed up with a robust demand and capacity model and benchmarked with similar sites in England to develop a potential future service model for the health board.

During 2024, we developed the Gynaecology Hub at Royal Glamorgan Hospital to increase access to ambulatory Gynaecology services, outpatient services, rapid access clinic, rapid access diagnostics, early pregnancy services and outpatient procedures.

- In 2025 we have a capital plan in proposal to install an air handling unit in the Women's hub and further develop a hysteroscopy suite that is capable of necessary air changes to deliver a high quality service for outpatient hysteroscopy. A full unit plan will be developed to demonstrate highly efficient, effective and patient centred care which will enhance the delivery of the single cancer pathway in a timelier manner.
- We will continue to work through the Minister for Health and Social Services' plan for Women's Health services and seek to develop the next steps towards a Primary and Secondary care Women's Hub. The detail of our plans is provided in the associated ministerial template.
- During 2024, the service commenced a single point of access pilot which has already shown a 30% benefit of new referrals not necessarily needing outpatient appointment or adding to a waiting list.
- We are benchmarking day case provision and the opportunity to undertake more hysteroscopy sessions under sedation as part of the modernisation of Gynaecology surgical services and will pilot this in 2025-26.
- In 2025 we have started using the surgical robot at Royal Glamorgan Hospital for gynaecological procedures successfully.
- Embed the National framework for Bereavement care into our pregnancy loss services, working closely with the Bereavement lead for the Health Board and maternity services to support a seamless service for families.
- Identify areas where nurse-led provision can enhance and benefit our service provision to improve patient experience and undertake associated workforce planning.

During 2024-25, Women's Services inclusive of Integrated Sexual Health services have made progress across a number of areas:

- During 2024 a partial disaggregation of the service level agreement with Swansea Bay University Health Board has taken place. The outpatients and theatre provision has

now been repatriated to our geographical area and we are planning a phased repatriation of hysteroscopy and colposcopy in 2025-26. As part of the repatriation process, we have successfully expanded some of the outpatient services in Maesteg Community hospital in an attempt to keep services closer to home for our residents.

- Worked in collaboration with bereavement lead to improve how we provide bereavement care to women experiencing a pregnancy loss with refurbishment of quiet spaces and communal cremation.
- Introduced the role of menopause clinical nurse specialist that has greatly impacted waiting list and enhanced patient experience.
- Established the gynaecology hub improving the way we deliver gynaecology care
- Established the gynaecology rapid access service to improve the urgent care pathway for women experiencing post-menopausal bleeding.
- Developed nurse sonography in the Gynaecology Hub
- Enhanced and expanded the way we receive patient feedback through text messaging services
- Continued to meet and exceed targets within our colposcopy service, maintaining our high quality service for cervical screening wales
- We have repatriated integrated sexual health services for all patients living in the Bridgend locality to our health board area.
- Enhanced our termination of pregnancy services with a number of developments including the introduction of a clinic at Dewi Sant Health Park for women requesting a termination of an unintended pregnancy up to 12 weeks gestation and surgical services at Princess of Wales Hospital.
- Funding and procurement for an electronic results management system has been secured for integrated sexual health services. This will be installed during 2024-25 and will support improvement to the quality of care being delivered in addition to more effective use of resources and staff time
- Initiation of a weekly sexual health clinic at Parc Prison.

PLANNED CARE INCLUDING CANCER

During 2024/25, Planned Care teams achieved some notable and significant service improvements.

- Implementation of one-stop Breast Service at the purpose-build Snowdrop Centre
- Increased elective capacity at Royal Glamorgan Hospital through South Theatre
- Improved cancer pathway compliance from 49% (April 2024) to 61% (Nov 24)
- Improved Breast and Dermatology cancer pathway compliance to greater than 90%
- Increased both outpatient and elective capacity through productivity gains
- Delivered a 'perfect fortnight' for elective arthroplasty running high volume lists, reducing length of stay and making a materially positive impact on patient experience
- Commenced phase one delivery for the Glaucoma diagnostic hub
- Through emergency planning consolidated acute trauma admissions onto two main sites (North and South) as an interim measure
- Opened an additional endoscopy theatre at Prince Charles Hospital

However, in October 2024, a critical incident at the Princess of Wales Hospital resulted in the loss of eight surgical theatres and one-hundred and eight elective beds (gross). This has had a significant impact on the health board's ability to achieve the necessary levels of elective surgery to meet ministerial targets. A robust recovery programme was launched in November 2024, and with the support of both insourcing and outsourcing, we anticipate being able to clear all 104-week breach patients by the end of March 2025 with the exception of two service areas.

The predominant focus for 2025/26 will be maintaining our 104-week position through the elective recovery programme, overseeing the return to a stable substantive model of capacity with the Princess of Wales Hospital anticipated to return to become operational again from August 2025. Alongside that, the services will continue to drive their improvement agenda where possible and necessary. Our plans are founded and remain focused on the national recovery principles for Wales:

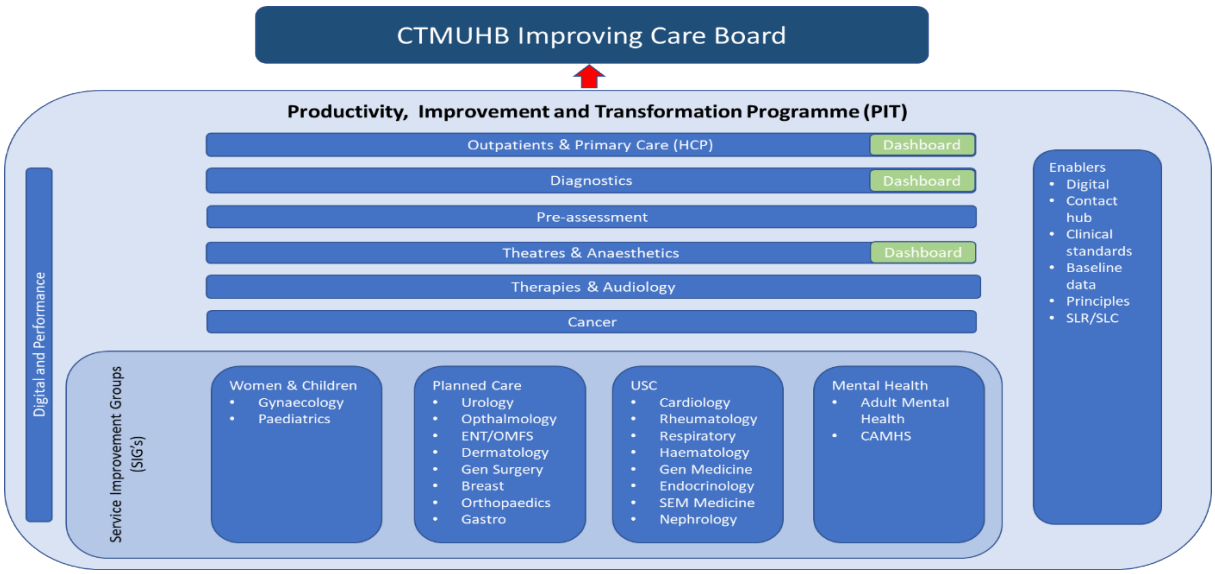
- Caring for those with the greatest need first, providing equitable access to all
- Doing only what is needed and do no harm, transforming the way we provide care
- Reducing inappropriate variation through evidence-based approaches, clinically-driven and quality pathway development

Our strategy is aligned to the national Five Goals for Planned Care and includes prioritising developments in areas of high-risk and of high impact, to ensure value driven improvements alongside work to maximise efficiency and effectiveness. The plan on a page for Planned Care, capturing the key actions and deliverables alongside enablers is set out below:

PRODUCTIVITY, IMPROVEMENT & TRANSORMATION

During 2024, CTM launched a Productivity, Improvement and Transformation (PIT) Programme with the primary objective of improving both the efficiency and effectiveness of elective services, through optimising existing resource and reducing waste, whilst working to enhance patient outcomes. All areas of the programme are focused on the following crosscutting themes:

1. Increased efficiency
2. Enhanced Quality of Care
3. Optimised resource utilisation
4. Improved Patient Outcomes
5. Reduction of Variability
6. Data utilisation
7. Workforce Development



PLANNED CARE PRIORITIES

In line with our Acute Clinical Services Plan (ACSP), a key focus of our work moving into 2025-26 will focus on the continued redesign of our service to ensure they are fit for the future and drive optimised efficiency and effectiveness.

Key priorities for service review and improvement over the next 12 months are:

- **Anaesthetics & Theatres** – Maintain cross-cover model and standardisation; explore alternative models of care for Chronic Pain service; full theatre kit rationalisation across all theatres
- **Pre-Assessment –** Rollout digital system across all sites; standardisation of patient screening
- **Critical Care –** Develop Advanced Clinical Practitioner role
- **Trauma -** Develop pathways re trauma rehab and Orthogeriatric service
- **Orthopaedics -** and implement HVLC model of delivery for elective arthroplasty
- **Breast -** Rollout Pintuition across OP services; develop physio support for service
- **Endoscopy -** Develop capsule endoscopy business case; implement phase 2 delivery of the Prince Charles Hospital service developments (including TNE & manometry services)
- **General Surgery –** Standardisation and centralised WL; explore one-stop Colorectal clinics; develop the surgical same day emergency care model across all hospitals
- **Vascular -** Develop a sustainable workforce plan
- **Dermatology -** Rollout virtual platform for Acne clinics; Develop hub and spoke model; explore options for LES services for low risk skin surgeries
- **Head and Neck Services –** Explore Automated Audiology and additional nurse-led services; increase Oral and Maxillofacial Services' outpatient procedure capacity; develop a sustainable workforce plan for Restorative Dentistry
- **Ophthalmology -** Establish central cataract treatment centre including a direct to treatment model and work to achieve the surgical list efficiency requirements set out in the enabling actions in the NHS Wales Planning Framework; phase two glaucoma model; rollout WGOS programme
- **Urology** - Implement the HoLEP laser service

DELVIERY EXPECTATIONS/ MINISTERIAL MEASURES

Notwithstanding the challenges presented during 2024-25, we are ensuring adequate capacity and reconfiguration is in place to achieve and then sustain a zero 104-week waiting cohort through the elective recovery programme. Orthopaedics will require a significant undertaking to recover from the three-month loss of capacity, but plans are in place to commence and continue delivering this throughout 2025/26.

Many cancer services made significant improvements and the health board continue to work toward achieving an 80% SCP compliance across all areas. Planned Care recovery allocations will reset for 2025/26 allowing additional activity to commence. Services are supported on single cancer pathway performance at weekly focused sessions, and these will continue throughout 2025/26, with services working through their demand and capacity trajectories, identifying gaps and putting mitigation plans in place. Our Cancer Board continues to provide oversight and challenge for the delivery of our cancer services plans.

DIAGNOSTICS THERAPIES PHARMACY AND SPECIALITIES

The Care Group comprises Pathology and Radiology, Therapies, Pharmacy and Healthcare Sciences.

The Care Group has an important contribution to a number of key programmes and ministerial objectives including: primary care access, urgent and emergency care, pathways of care, planned care and cancer improvement.

During 2024-25 the Care Group made progress in a number of areas and has undertaken foundational work for the 2025-28 period.

MINISTERIAL MEASURES

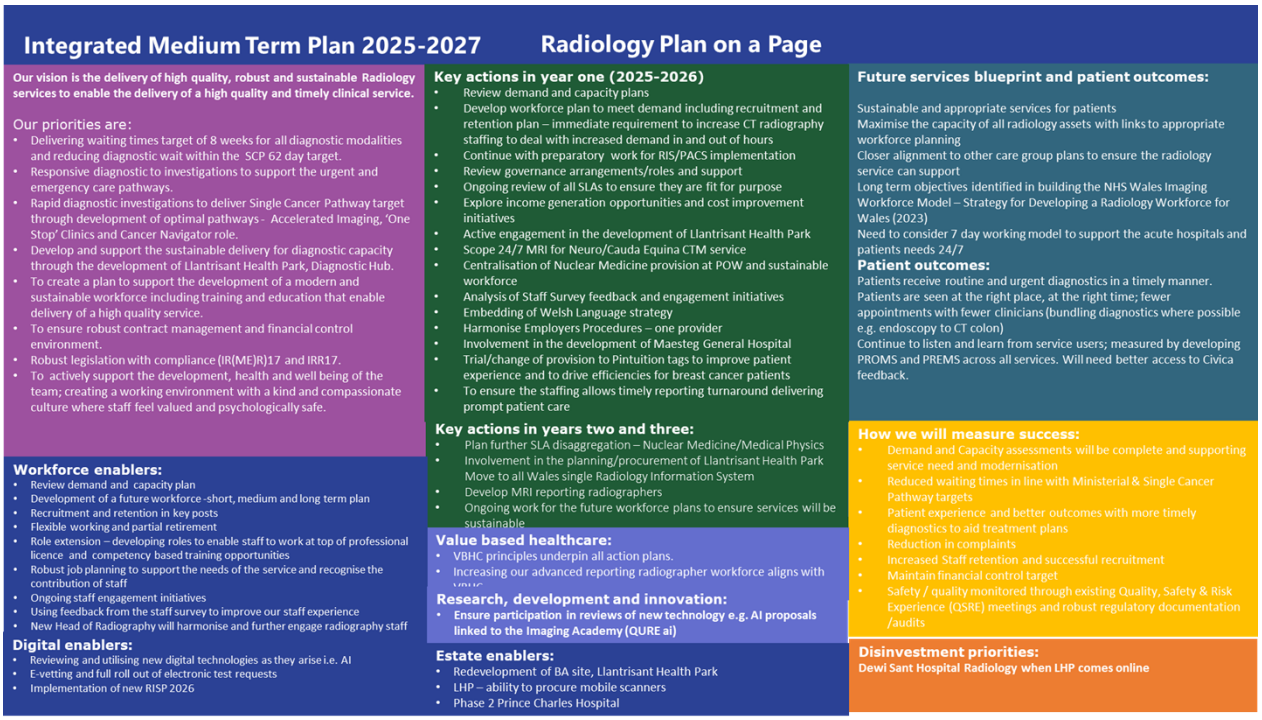
A key aim of the Care Group will be to work towards the delivery of ministerial measures for diagnostics and therapies including:

- Diagnostic tests to be provided within eight weeks.
- Diagnostic tests to be accessible to deliver the single cancer pathway.
- Therapies services to be provided to patients within fourteen weeks of referral.

Radiology

During 2024-25, the Radiology Directorate have successfully reduced the over 8 week waiting times for non-obsetric ultrasound, magnetic resonance imaging (MRI) and computerised tomography (CT) diagnostic tests through various initiatives. The service actively strives to maintain the single cancer pathway compliance. CTMUHB are currently the best performing health board for cancer breast services due to the centralisation of services at the Snowdrop Unit. The service implemented the gold standard LATPB procedure for suspected prostate cancer. The service replaced a significant amount of capital equipment, driving efficiencies and better image quality. Phase 1 of the ground floor plan for the Radiology Department at Prince Charles Hospital has been completed, providing new welcoming environment for patients and staff. The team are currently engaged in the Maesteg Hospital plans to with a view to deliver additional imaging services. There has been successful permanent appointments into the senior Radiology management team structure, further strengthening the department's capabilities to meet 2025-26 objectives.

The radiology plan on a page is set out below.



During 2025-26 we will:

- Continue our regional diagnostics work with our plans to develop a number of Community Diagnostic Hubs in the South East Wales region.
- Undertake scoping work for the development of 24/7 MRI provision for neurological conditions and suspected cauda equina.
- Review our service agreements with neighbouring health boards to ensure they are fit for purpose and in particular to strengthen the nuclear medicine provision with our partners.
- Work towards centralising nuclear medicine at Princess of Wales Hospital.
- Review demand and capacity plans and develop a workforce plan to meet demand including recruitment and retention plan.
- Continue with preparatory work for radiology information systems implementation.

Pathology

During 2024-25, we have made progress in the following areas:

- Worked towards the development of regional cellular pathology services
- Worked with colleagues in Swansea Bay University Health Board to assess the current service provision between the health boards and to assess future service options
- Worked towards the implementation of the new laboratory information management system (LIMS)
- We have delivered additional capacity to deliver timely access to diagnostics and supported the additional demands following the critical incident at Princess of Wales Hospital

- The Biochemistry and Laboratory Haematology teams have successfully moved into the new laboratory in Prince Charles Hospital which offers improved flow and resilience with the refreshed equipment
- We appointed a training Manager to support the improvements in training standards across disciplines
- Successfully completed the 2024 UKAS re-assessment and transitioned to ISO 15189:2022 standards

Across the four sub-speciality areas of Cellular Pathology, Clinical and Laboratory Haematology, Biochemistry and Microbiology, our plans are set out in the following plan on a page.

During 2025-26 we will:

- Continue our work within the regional diagnostics programme to develop regional Cellular Pathology Services. Baseline data sets have been agreed by health boards in 2024/2025 and a recognition that standardisation is urgently required to better understand the workforce implications. Working groups are to be established to progress implementation.
- Work towards the delivery of digital cellular pathology with recruitment underway and digital advocates appointed within the service. There is a requirement for space to allow for this to be sited in the department and run efficiently.
- Continue our work with Swansea Bay University Health Board (SBUHB) to review the jointly provided Pathology services to confirm the optimal future option for both health board populations.
- We undertook a review to create a sustainable future model for the Haematology service and a business case for investment was submitted. This has been successful and recruitment will be undertaken to support the stabilising of the service and transformation to the new model of care. Further work will be undertaken with SBUHB to plan for the changes required to services to our Bridgend patients.
- Continue to work in collaboration with Digital Health Care Wales for the implementation of the LIMS 2.0 system in 2025

Therapies

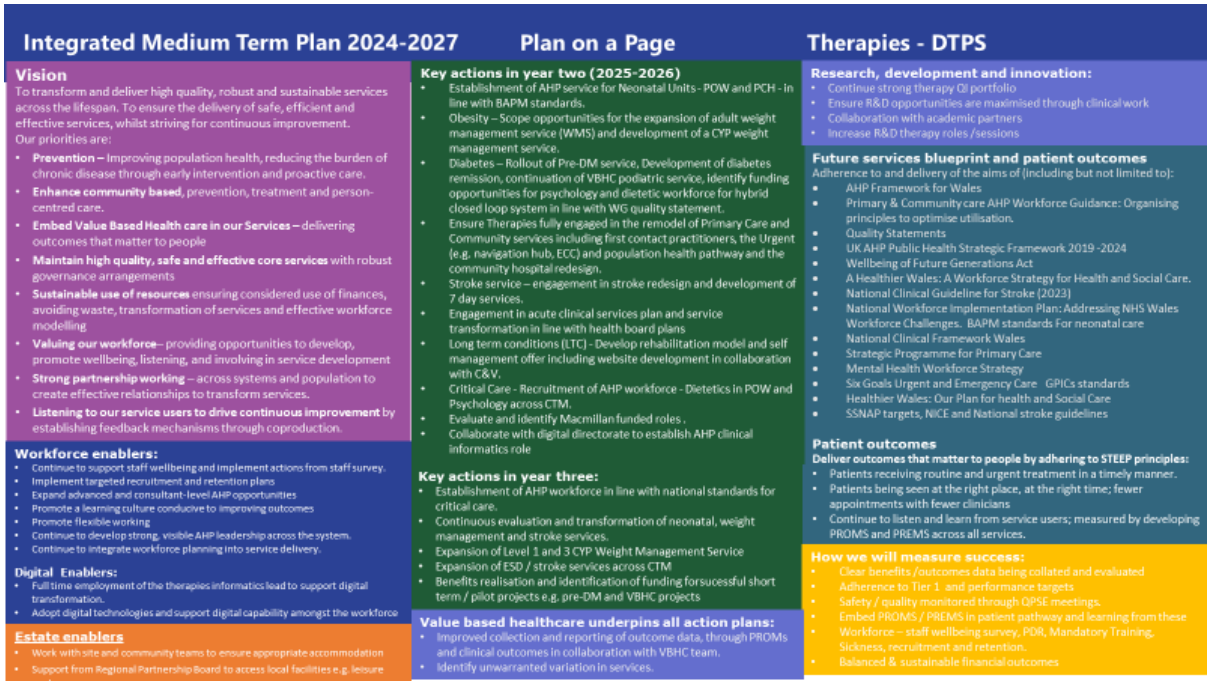
During 2024-25, we have made progress across a number of areas.
Workforce:

- The therapies department have developed consultant and advance clinical practice roles with the appointment of a Musculo-skeletal (MSK) consultant podiatrist, consultant MSK rehab physiotherapist and an advanced clinical practice physiotherapist for the Princess of Wales Hospital emergency department.
- We have widened access of allied health professional registration by supporting occupational therapy and physiotherapy technicians to access part time professional registration courses whilst maintaining their employment.
- Supported 2 physiotherapists to undertake clinical fellowships.
- Undertaken a targeted recruitment campaign and professional registration events in collaboration with Welsh Universities to improve recruitment of workforce.
- Undertaken deep dive workshops and developed an action plan following the NHS staff survey in collaboration with workforce partners.
- Increased research, audit and quality improvement activity with the continued development of an AHP wide interest group and led the development of a weight management research group in partnership with academic partners and our Research and Development team.

Clinical Transformation:

- Development and co-production of a multi-professional neonatal follow up service.
- Established rapid access and admission avoidance service model across therapies with the implementation of falls prevention service, dietetic, speech and language therapy and podiatry hot clinics and the rapid assessment and prevention occupational therapy service in the navigation hub.
- Developed the Stroke Early Supportive Discharge service in Bridgend, improving access to rehabilitation after stroke closer to home.
- Led the development of the Children and Young Persons weight management service model of care and working with stakeholders developed a case for change.
- Established the AHP Collaborative to support Accelerated Cluster Development and the AHP Transformation Board.
- Spread the implementation of the PIPYN to Rhondda and Taf Ely clusters, utilising the new cluster networks.
- Implemented diabetic foot inpatient podiatry service which is currently being evaluated by our Value Based Healthcare team.
- Realigned and adapted the AHP workforce in response to the POW critical incident and urgent Prince Charles Hospital stroke service relocation.
- Established the multi-professional cancer pre-habilitation service supporting patients to get fitter, stronger and psychological ready for cancer treatment. Established the Macmillan Clinical psychology service in Bridgend.

Our plans for 2025-2028 are set out in the plan on a page below.



Key areas for development in 2025-26 include:

1. **Neonatal Units**: Establish AHP services at POW and PCH.
2. **Diabetes**: Rollout Pre-DM service, develop diabetes remission, continue VBHC podiatric service, and secure funding for psychology and dietetic workforce for hybrid closed loop system.
3. **Primary Care & Community Services**: Engagement in service remodel, including first contact practitioners, urgent care, population health pathway, and community hospital redesign.
4. **Stroke Service**: Engage in stroke redesign and develop 7-day services.
5. **Obesity**: Expand adult weight management services and develop CYP weight management services.
6. **Critical Care**: Recruit AHP workforce for Dietetics at POW and Psychology across CTM.
7. **Acute Clinical Services**: Participate in service transformation aligned with health board plans.
8. **Long Term Conditions (LTC)**: Develop rehabilitation model and self-management offer, including website development.
9. **Digital Collaboration**: Establish AHP clinical informatics role in collaboration with the digital directorate.
10. **Macmillan Roles**: Evaluate and identify Macmillan funded roles.

Pharmacy/ Medicines Management

The Pharmacy and Medicines Management service comprises direct services in acute and community hospitals, a broad and developing service in General Practice which includes delivery of clinical pharmacy, prescription management and medicines safety and efficiency work, close working with community pharmacy colleagues to deliver public health initiatives including vaccination, specialist services, including support for patients who are treated within services for interstitial lung disease, rheumatology, heart failure, pain, mental health, addictions and Your Medicines at Home.

During 2024-25, key developments included:

- Redesigning the workforce to strengthen clinical leadership, and to create the potential for development of consultant pharmacist roles
- Ensuring Organisational compliance with controlled drugs legislation

Key priorities for development in 2025-26 are:

- Ongoing review of staffing levels to ensure clinical services prioritised according to highest risk.
- Ensure all specialist clinical pharmacists embedded in multi-disciplinary teams and attending and contributing to all Quality and Safety, Planning and Performance and Operational meetings within each Care Group to support safe, effective and cost effective use of medicines.
- Improve progress with the national and local antimicrobial stewardship agenda
- Health Board wide analgesic stewardship group to be established
- Produce acute / inpatient pain guidelines
- Develop a planned audit process and schedule for primary and secondary care
- Enhanced clinical service to our community hospital wards linking with cluster pharmacists in primary care to promote de-prescribing and decrease anticholinergic burden.

- Continue to embed Your Medicines Your Health and Making Every Contact Count approach into all clinical pharmacy work on all sites – focus on smoking cessation
- Develop and agree Technician and rotational band 7 pharmacist plan
- Implement On-call review outcome
- Implement Blueteq technology across the HB
- Continue to lead on safety of teratogenic medicines and adherence with legislation
- Develop palliative care service with creation of consultant pharmacist post to lead strategy development and delivery
- Ensure smooth transition of aseptic services to Transforming Access to Medicines.

Healthcare Sciences

Healthcare sciences comprises of Audiology, Clinical Engineering, Medical Illustration, Cardiac Physiology, Neurophysiology and Respiratory Physiology.

During 2024-25, we have made progress across a number of areas:

- Embedded a Clinical Director of Healthcare Science role
- Established robust Senior Leadership Team
- Reviewed performance reporting and enhanced governance structures.
- Baselined demand and capacity data and reviewed workforce in audiology.
- Ensured consistent Healthcare Science representation on appropriate local, regional and national forums.
- Delivered key actions of our Healthcare Sciences Delivery Plan 2023-2026

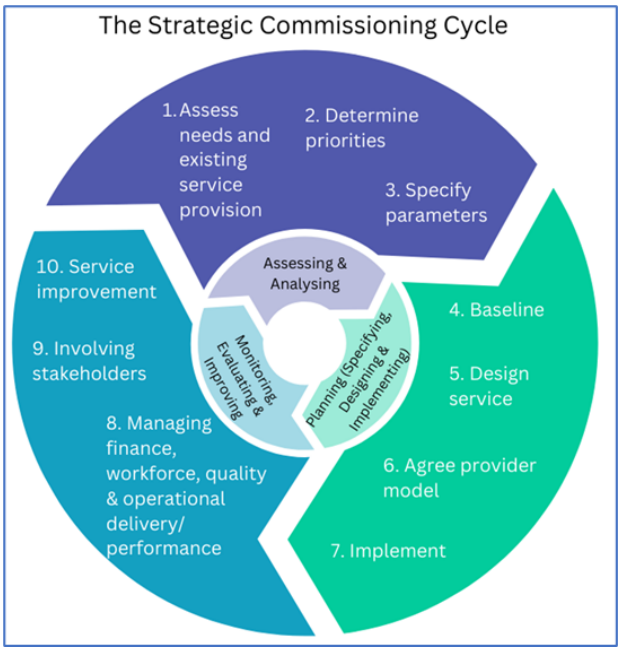
During 2025 – 26 we will:

- Develop & implement plans for each HCS profession that align with the future demand for workforce, with increased use of specialist / advanced practitioner / support roles.
- Improve attraction, recruitment and retention through education.
- Continue to standardise healthcare sciences digital functionality.

REGIONAL PLANNING AND COMMISSIONING

We continue to recognise that many services across Wales can be enhanced and optimised when Health Boards plan collaboratively to maximise benefit to the wider population. Whilst not every service will lend itself to regional service provision, we continue to see the benefits that wider partnership working can provide to a sustainable future.

Working across organisational boundaries is not easy and with the partnership soon to be entering into its third year we have collectively reflected on our journey to date. A key output from this reflection is that through 2025/26 the partnership will look to test and operationalise a 'collaborative commissioning model' in order to even better plan and deliver effective regional services. This model is depicted in the image below.



As we moved into 2024/25 all partners spent time together reviewing where the focus of the partnership needs to be. It was agreed that the Llantrisant Health Park (LHP) programme (delivered by CTMUHB) is the number one priority for the partnership

Llantrisant Health Park

This programme of work will see the creation of a regional diagnostic and treatment centre on a brownfield site adjacent to the Royal Glamorgan Hospital. To ensure this programme of work proceeds at pace and with the rigour required;

- Radiology and Endoscopy components of the historic regional diagnostic programme that are directly relevant to the LHP development now sit within the LHP programme structure.
- Orthopaedic components of the historic Regional Orthopaedic Programme that are directly relevant to the LHP development now likewise sit within the LHP programme structure.

By the end of 2024/25 we envisage that all partners will have agreed, through their respective Boards, the regional LHP endoscopy business case. In 2025/26 we will;

Key area of focus	Action the partnership will take	By when / from
Radiology	Agree through respective Boards a regional business case regarding radiology service provision at LHP.	July 2025
Orthopaedics	Agree through respective Boards a regional business case regarding Orthopaedic service provision at LHP.	October 2025
Other Opportunities	Take a collaborative approach to understanding and agreeing additional opportunities that the LHP offers.	End of Q1

Ophthalmology

The regional Ophthalmology programme (hosted by ABUHB) should be a second clear priority as partners continue to collectively address immediate pressures across cataract services but also importantly implement the pre-existing regional eye care strategy for South East Wales.

The programme will continue to build on work undertaken to date by addressing waiting time challenges across cataracts whilst in parallel developing a long term sustainable cataract surgery solution and similar plans for glaucoma services. In 2025/26 we will collectively with partners;

Key area of focus	Actions the partnership will take	By when / from
Cataract services	Develop, agree & implement further interim cataract plan for 25/26	In Q1 for delivery through to March 2026
Cataract services	Develop sustainable cataracts business case for 26/27 and beyond	May 2025 – November 2025
Open Eyes	Develop plans and governance processes for the regional rollout of open eyes (dependent on funding).	September 2025 – March 2026
Glaucoma services	Set out regional plans for Glaucoma (dependent on open eyes)	June 2025 – March 2026

Stroke

The SEW region have agreed to the delivery of a transformative programme aimed at enhancing stroke care services across Cardiff and Vale University Health Board (CAVUHB) and Cwm Taf Morgannwg University Health Board (CTMUHB) through the provision of a Stroke Network for South Central. Whilst the programme is driven forward by CAVUHB and CTMUHB it will have profound implications for ABUHB, PTHB and WAST through the changes in flows created. All three partners consequently remain active and engaged in the work. The programme is being delivered through 3 phases;

- Governance and Planning
- Analysis and Assessment
- Planning and Development
- Implementation, Readiness, and Launch

At the end of 2024/25 we have completed the governance and planning phase. In 2025/26 we will undertake the following actions.

Key area of focus	Actions the partnership will take	By when / from
Analysis and Assessment	Demand/Capacity Modelling Supported through National Programme	End of Q2
Analysis and Assessment	Define/Agree Regional Clinical Care Model	End of Q2
Planning and development	Development of a regional business case	End of Q4

Pathology

Pathology has historically been a work stream of the existing regional diagnostic programme. A specific regional Pathology programme has been created for 2025/26 in recognition of the fragility of the services due to workforce challenges, inadequate estates/facilities, inadequate digital infrastructure, increasing demands on pathology services due to post Covid-19 recovery and the detrimental effect that insufficient capacity in the current system is having on patient waiting times and diagnosis. The objective of the programme will be a focus on cellular pathology in include;

- Standardisation across all organisations and services. Leading to,
- Exploration of the feasibility for a single South East Wales managed cellular pathology service

We continue to note the key dependency regarding the implementation of a digitised clinical information system for the service, for which a national business case has been approved by all partners. Specifically in 2025/25 we will, collectively with partners;

Key area of focus	Actions the partnership will take	By when / from
Standardisation	Conduct a baseline assessment of all tests and processes	By Qtr 2
Standardisation	Develop standardised processes for adoption	By Qtr 4
Single management model	Undertake fieldwork into options pertaining to a single management model	By Qtr 4
Single management model	Subject to agreement- production of a single management model OBC	By Qtr 2 26/27

Cancer

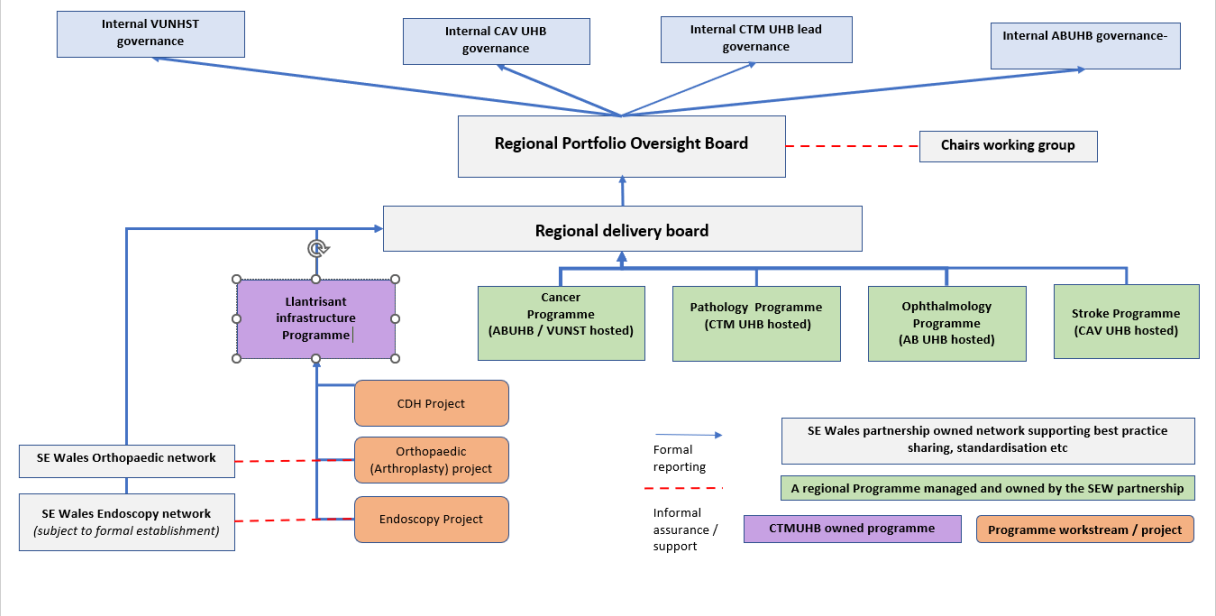
Finally, partners recognised the importance continuing to make progress across cancer services in the region and consequently the commitment to continue proceed with a regional cancer programme (jointly hosted by ABUHB and VUNHST).

Early scoping of the cancer programme as identified four objectives for the programme. This objectives will see a focus on.

- Shared Regional Cancer PTL (Patient Tracking List)
- Regional MDT Governance & Support
- Regional Cancer Workforce Development
- Prehabilitation to Rehabilitation

At the time of writing projects progressing these areas continue to define project approach and milestones.

The image below articulates the governance of these confirmed areas.



SWANSEA BAY AND CWM TAF MORGANNWG SERVICES

The Health Board has continued to work with SBUHB to repatriate services where appropriate, the contractual mechanisms including Long Term Agreements (LTA), Clinical Capacity service level agreements (SLAs) and individual medical staff, service and staff agreements that were established to ensure the continuation of services for the Bridgend and Neath populations following the boundary change.

The 2024/25 work programme was agreed by the Joint Executive Group (JEG) which is represented by both organisations. This plan outlined the intention to work together on specific service changes and whilst a number of these changes and contractual reviews will be enacted by 31st March 2024, the Princess of Wales critical incident has impacted on our ability to complete all changes and reviews within that financial year.

Our intention is to roll forward any items not completed in the 2024/25 work plan and incorporate them in the 2025/26 work plan. We will also jointly review the remaining services supported by delivered through clinical capacity agreements on either Health boards sites.

The work plan and process will continue to ensure a focus on full benefits appraisal and option assessment to ensure that cross-boundary services can be retained and strengthened, as required, where this provides benefit to both health boards' patients alongside further repatriation where most appropriate.

Both organisations are committed to ensure any change is for the benefit of patient care and positive outcomes for our population, with any programme of change ensuring that both organisations work collaboratively in reviewing current pathways and patient flows to identify the best sustainably provision going forward and ensure that the appropriate level of Llais and patient consultation is undertaken.

AGREEMENTS WITH OTHER HEALTH BOARDS

There is an intention for CTMUHB to work with all Health Boards that have LTA arrangements in place with our organisation in rebasing the LTAs, whilst the timelines for this exercise have not been agreed CTMUHB would expect the reviews to be undertaken during 25/26 and implemented for 26/27 commissioning arrangements.

The reviews will ensure that the services and activity that is being commissioned reflects current cost and demand levels whilst considering the impact of any strategic changes.

Where NHS to NHS SLAs are in place CTMUHB will be working with our colleagues in the external Health Boards to review and update the agreements to ensure commissioning levels are set at sustainable levels with robust service specifications to support the commissioned services.

THIRD SECTOR SERVICE AGREEMENTS

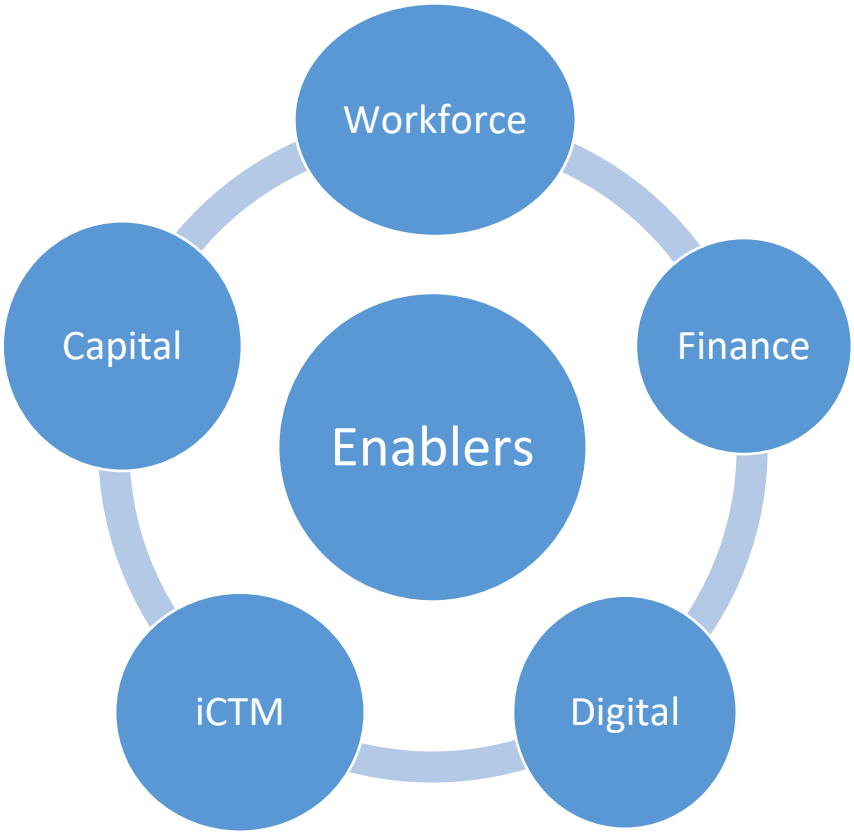
Due to the new Procurement Act and Health Services (Provider Selector Regime) (Wales) Regulations 2024 expected to come in to force WEF 24/2/25 CTMUHB will be conducting a review of 3rd/Voluntary sector SLAs that sit within the central commissioning team during 2025/26 to inform commissioning arrangements from 2026/27.

This review will strengthen partnership working, ensure that robust commissioning arrangements are in place, that the Health Board is complaint with mandatory procurement processes and that the service commissioned meet the needs of our population and align to CTMUHB's plans set out in the wider IMTP and underpin the strategic priorities included in the latest NHS Planning Framework.

SPECIALISED SERVICES AND AMBULANCE SERVICES

The Health Board commissions specialist services and ambulance services for its population via the newly-formed Joint Commissioning Committee (JCC). The committee works on behalf of all 7 Health Boards to ensure equitable access to safe, effective and sustainable specialist services for the people of Wales. The Health Board is also host to JCC.

The Health Board has been engaged in the processes for the development and agreement of the JCC's first integrated medium term plan through to its completion.


Workforce
Capital
Finance
Enablers
iCTM
Digital

PEOPLE

During 2024-2025 our People team has facilitated a number of achievements including:

- Coordination of the NHS Wales staff survey achieving a response rate of 26.7% against an all-Wales average of 21.8%. An additional 1,251 people in the health board shared their views. The health board had an engagement score of 70.4% and there will be ongoing work to respond to the feedback in the survey.
- We launched our Inspire programme which aims to develop collective and compassionate senior systems leadership.
- Our 5-year Strategic Plan for Welsh Language was developed and endorsed. 200 staff took advantage of the Welsh Language learning offer.
- Development of automated workforce reporting and dashboards, including implementation of Nursing Dashboard phase 1
- Improved retention: rolling 12-month turnover was 11.66% in Jan 24 and at January 2025 had reduced to 10.16%.

The plan on a page sets out further achievements and our plans for the next three years.

Integrated Medium Term Plan 2025-2028

People Directorate

Key achievements in 2024-2025: -

- Staff survey response rate of 26.8% against All-Wales response of 21.8%- extra 1,251 people shared their views. Engagement score 70.4%.
- Core Learning compliance reached highest level to date with level 1 subjects at 87.6% (+1.91% YTD)
- Inspire programme launched, to develop collective and compassionate senior systems leadership
- Launched Affina Team Performance diagnostic and coaching programme, training 25 in-house practitioners
- Clevry psychometric assessment tool embedded into senior leadership recruitment
- CTM workforce is reflective of our population. Work is underway to embed inclusion, with 4 teams gaining Diverse Cymru's Cultural Competence accreditation
- 5-year Strategic Plan for Welsh Language developed and endorsed. 200 staff took advantage of the Welsh Language learning offer
- CTM is the only HB in Wales with a comprehensive VR service; statistically significant positive impact on staff wellbeing
- Developed Social Media Strategy to enhance our employer brand, increase engagement and attraction
- Development of automated workforce reporting and dashboards, including implementation of Nursing Dashboard phase 1
- Improved retention: rolling 12-month turnover was 11.66% in Jan 24; now at 10.16% (Jan 2025)
- Lateral Moves Scheme resulted in over 30 successful internal moves, retaining our B5 Nurses and Midwives
- Silver Employer Recognition Scheme Award, recognising CTM's support for the Armed Forces
- Collaborative Occupational Health Services with Cardiff and Vale UHB in second phase with integrated management functions
- Launched M&D rate cards, enabling consistent pay for additional duty hours and increasing workforce flexibility.

Our People Plan: -

Our People Plan priorities are being co-developed to drive continuous improvement. These priorities will be refined through involvement, communication and engagement with staff and trade union colleagues:

- **Leadership and culture**

A workplace where you can belong, feel safe and healthy at work, with excellent management and leadership support

- **Becoming an employer of choice**

A great place to work, train and grow, where your contribution is valued

- **Right size and shape, now and for the future**

We have the right number of people, with the right skills to enable you to get your work done safely. We innovate and future proof our services and models of care

Key priorities in year one (2025-2026): -

- Co-develop and publish our revised People Plan
- Develop workforce plan for ACSP, LHP and other transformation programmes, maximising innovative multi-disciplinary workforce models and regionalisation agenda
- Implement establishment controls to support workforce planning
- Strategic review of e-systems and contract renewals
- Enhance and enable business accountability for job planning and rota monitoring compliance
- Improve data quality, enabling access to meaningful data insights via new people dashboards
- Review and harmonise CTM approach to shift patterns
- Reduce racial inequities as per WRES, including progression/ appointment inequity, Board representation and capability/ disciplinary inequities.
- Reduce our Gender Pay Gap
- Embed Speaking Up Safely and a restorative and just culture
- Reform access points for People Services and Wellbeing support
- Focussed effort on implementing progressive People Policies

Key priorities in years two and three: -

- Embed strategic workforce planning methodology across CTM to support workforce development, productivity, efficiency and sustainability
- Define approach to Talent Management and Succession Planning, aligned to strategic workforce plans
- Maximise new roles /advanced/ extended skills and clear career pathways (including grow our own initiatives)
- Publish and set ambitions for reducing all pay gaps, with an initial focus on gender
- Broaden leadership development opportunities through Ignite and Aspire
- ESR2 readiness: data validation and resource plan

How we will measure success: -

- Improved engagement results
- Mandatory training compliance
- Reduction in sick absence
- Reduction in ER cases and case resolution time
- Reduction in turnover
- Increase in Welsh speaking staff
- Increase in staff vaccination rate
- Reduced OH waiting times
- Improved EDI outcomes (reduce inequalities and pay gap)
- Increase in Diverse Cymru accreditation
- Retain living wage accreditation
- Achieve Gold Defence ERS Award
- Reduction in vacancies vs establishment
- Support financial efficiencies- 30% reduction in agency
- Support job monitoring/ 90% job planning compliance

The People team's priority actions for 2025-2026 are as follows.

- Co-develop and publish our revised People Plan
- Develop workforce plan for ACSP, LHP and other transformation programmes, maximising innovative multi-disciplinary workforce models and regionalisation agenda
- Implement establishment controls to support workforce planning
- Strategic review of e-systems and contract renewals
- Enhance and enable business accountability for job planning and rota monitoring compliance
- Improve data quality, enabling access to meaningful data insights via new people dashboards
- Review and harmonise our health board approach to shift patterns
- Reduce racial inequities as per WRES, including progression/ appointment inequity, Board representation and capability/ disciplinary inequities.
- Reduce our gender pay gap
- Embed Speaking Up Safely and a restorative and just culture
- Reform access points for People Services and Wellbeing support
- Focussed effort on implementing progressive People Policies

FINANCE

1. FINANCIAL PLAN

To be added once finalised

1.1 FINANCIAL PERFORMANCE IN 2024/25

2. CAPITAL AND ESTATES

In response to the challenging financial climate, in 2023/24 Welsh Government developed a framework to provide a common basis for investment decision making across NHS wales. Organisations were requested to submit prioritisation forms for all schemes requiring All Wales Capital Funding over a c10 year period, excluding schemes requiring funding through the Digital Priorities Investment Fund (DPIF) and the Integration and Rebalancing Capital Fund (IRCF).

As a result of the above request and in alignment with known risks and service planning the Health Board developed a prioritised list of schemes looking to be developed over the short (0-3 years) and medium (4-9 years) term. The below summarises this programme of work and was submitted to WG in March 2024.

		2024-25	2025-26	2026-27	Further Years	Total
Priority	Scheme	£m	£m	£m	£m	£m
1	Llantrisant Health Park Infrastructure Programme	12.27	67.42	74.05		**153.74**
2	POW Theatres - Fire Safety Requirements	0.50	15.00	0.50		**16.00**
3	PCH - Phase 3		23.20	23.20	11.60	**58.00**
4	POW Programme of infrastructure work	1.00	15.00	45.00	189.00	**250.00**
5	Endoscopy Scope Decontamination POW	3.00	2.00			**5.00**
6	RGH Mechanical Infrastructure	0.50	3.00	2.50	3.00	**9.00**
7	Diagnostic Imaging Replacements	2.00	3.00	2.00		**7.00**
8	Additional ward facilities on 3 major DGH sites	2.00	4.00	3.00	3.00	**12.00**
9	Phased Outpatient Reconfiguration	1.00	2.00	3.00		**6.00**
10	Consolidation of Mental Health Services	1.00	3.00	5.00	41.00	**50.00**
11	ITU - reconfiguration		0.50	1.00	13.50	**15.00**
12	HSDU Single Site Decontamination			0.50	13.50	**14.00**
13	Third Eye Theatre at POW				5.00	**5.00**
14	Regional Pathology		0.50	1.00	48.50	**50.00**
15	Interventional Cardiology Unit				5.00	**5.00**
16	Emergency Dept South			0.50	11.50	**12.00**
17	Reconfiguration of Obs & Gynae South				20.00	**20.00**
18	Mortuary capacity PCH				5.00	**5.00**
19	Diagnostic Imaging Replacements				19.00	**19.00**
20	Centralised haematology day unit				3.00	**3.00**
21	Expand Central Production Unit			0.50	11.00	**11.50**
22	Single CTM Contact Centre				2.00	**2.00**
		23.27	**138.62**	**161.75**	**404.60**	**728.24**

The outcome from the NHS prioritisation exercise was recently communicated to Health Boards and this confirmed that for CTMUHB, Llantrisant Health Park and Prince Charles Hospital – Phase 3 are schemes which WG endorse to be taken forward for business case development and submission. All other proposals fall outside the scope for the capital plan at this point. There are however alternative options through the recently launched Targeted Estates Fund (TEF), ring-fenced diagnostics replacement programme, DPIF and IRCF. The Health Board will therefore need to maximise funding through these avenues in order to address risks across the estate.

The Health Board experienced an exceptionally challenging year in 2024/25 with the critical incident in Princess of Wales Hospital and the requirement to decant a significant portion of the hospital. The situation has obviously been extremely challenging and disruptive from a service perspective but the Health Board was able to secure a significant amount of funding from the All Wales Capital Programme to address a number of longstanding risks on the site

(part of priority 4), including lifting the fire enforcement notice on the theatres which has been in place since 2019 (priority 2) and re providing some lost capacity (priority 8).

The table below re-lists priorities that were submitted as part of the prioritisation process with an added update on plans for how the Health Board now sees these progressing. As described, there are potential funding routes which cover at least the top 8 priorities for the Health Board. Further discussion will be required on options for the remaining priorities given the WG position, particularly if key TEF bids are not supported.

Priority	Scheme	Update
1	Llantrisant Health Park Infrastructure Programme	Endorsed by WG for business case submission
2	POW Theatres - Fire Safety Requirements	Approved as part of PoWH Roof and Compliance Programme
3	PCH - Phase 3	Endorsed by WG for business case submission
4	POW Programme of infrastructure work	Approved in part with PoWH Roof and Compliance Programme, other priorities also being submitted through TEF
5	Endoscopy Scope Decontamination POW	To be submitted through TEF
6	RGH Mechanical Infrastructure	To be submitted through TEF
7	Diagnostic Imaging Replacements	Ringfenced funding to support
8	Additional ward facilities on 3 major DGH sites	Additional ward facilities being provided in community sites linked to PoWH roof
9	Phased Outpatient Reconfiguration	
10	Consolidation of Mental Health Services	
11	ITU - reconfiguration	
12	HSDU Single Site Decontamination	
13	Third Eye Theatre at POW	Initially addressed with Surgicube
14	Regional Pathology	
15	Interventional Cardiology Unit	
16	Emergency Dept South	
17	Reconfiguration of Obs & Gynae South	
18	Mortuary capacity PCH	
19	Diagnostic Imaging Replacements	Ringfenced funding to support
20	Centralised haematology day unit	
21	Expand Central Production Unit	
22	Single CTM Contact Centre	

Discretionary Capital Programme

Confirmation has been received that additional discretionary funding of £1.77m will be received in 2025/26 taking the total discretionary allocation to £12m. In addition, if the Health Board is successful in the sale of Pontypridd Health Centre there could be up to an additional £0.295m of funds available in the year.

Bids of just under £26m over 2 years were submitted for TEF funding, these are not all expected to be approved at this point however an amount of c£3m per year will be earmarked for the 30% contribution required to this fund. This increase in discretionary capital is welcomed by the Health Board and is a much-improved position compared to the cuts seen in previous years.

The latest risk adjusted backlog maintenance position for the Health Board, as reported in the latest EFPMS return is £84.4m. This is based on 2023/24 data and hence there will be additions to this however, with the additional funding received in 2024/25 combined with an

increase in discretionary funding and potential TEF bids an improvement on this figure is expected over the next few years.

Despite this welcome progress the demand on the discretionary position remains a significant challenge. Requirements for equipment replacements as well as the growing digital replacement demands far exceed the current allocation, combined with requirements to support service sustainability work and service improvements in several key areas.

The internal IMTP process together with organisational risk registers will determine how the discretionary funding is utilised to ensure service continuity, compliance and to address smaller scale service change requirements. The Health Board will however still be reliant on additional slippage funding to address the majority of the medical equipment and digital replacement requirements.

Approved All Wales Capital Programme - 2025/26

The table below illustrates the approved schemes for 25/26 and anticipated funding requirements. At this time the figures are estimated as profiles are yet to be confirmed but all allocations below are within already approved funding limits. This will be reviewed and discussed with WG before a formal Capital Resource Limit is issued.

Capital Projects with Approved Funding 2025/26	£m
Prince Charles Hospital Refurbishment - Phase 2	40,000
Princess of Wales Roof and Compliance Programme	9,678
YCC Extra Capacity Works	574
Llantrisant Health Park - Demolition	700
Llantrisant Health Park - RIBA Stage 3 Fees	999
IRCF - Sunnyside	12,250
IRCF Maesteg HWBC -Business Case Fees (SOC/OBC)	400
DPIF - ePMA Implementation	1,493
DPIF - Single Clinical Record (MHLD)	250
National Imaging Academy Wales Discretionary	200
Total	**66,544**

Prince Charles Hospital Refurbishment Phase 2– This refurbishment programme was developed to address the statutory requirement to address underlying modern standard fire stopping deficiencies associated with a live Fire Enforcement Notice. Approval of the £220m Full Business Case for Phase 2 was received in October 2020 and work commenced in November 2020. Phase 2 is broken into 6 sections (some of which overlap) and is now estimated to complete October 2026. Over this period the scheme will deliver new Theatres, ITU, Radiology, Pathology and a combination of ambulatory care service accommodation housing Outpatients, Maxillo-facial, Endoscopy, Transfusion as well as some support accommodation.

To date four sections have completed (1, 2, 3 and 6), section 3 being the largest of the works with some key handovers achieved in 24/25. Sections 4 and 5 have both now commenced on site and include 23:59, theatres, critical care, pathology and radiology.

Phase 3 is final phase to deliver the remaining accommodation improvements and lift the Fire Enforcement Notice.

Princes of Wales Roof and Compliance Programme - Following the Health Board decision on the 9th October 2024 to declare a 'Critical Incident', CTMUHB decanted a significant proportion of the first floor of PoWH hospital. This included closing six operating theatres, Intensive Care Unit, Endoscopy facilities and Wards 5, 6, 7, 8, 9, 10, 11&12. The Neo Natal Department was already vacant as it was in the process of being refurbished. The Health Board rapidly prepared and submitted a business case to Welsh Government which was approved, and the works commenced November 2024.

The scheme includes the replacement roof covering for the impacted area as well as the work required to lift the existing Fire Enforcement Notice in Theatres. In addition to this a number of high-risk fire and backlog maintenance concerns are being addressed such as fire compartmentation, replacement of end of life air handling units and IPS/UPS installations. Funding was also provided for a new PV installation on the roof.

Work is progressing well with the first areas already being handed back early 2025. The scheme is due to fully complete in the summer 2025

YCC Extra Capacity Works – linked to the above scheme and the temporary loss of beds, funding was provided to create additional capacity on other sites across the HB. This scheme brings Ward 5 at YCC back into use and will complete early in the financial year.

Llantrisant Health Park – In 2023 CTM purchased the former BA site in Llantrisant using WG strategic capital funding to enable the development of an elective care centre for the South East Wales Region. During 2024/25, whilst the development of the main scheme has been progressing, the site has been used to accommodate a mobile MRI facility and a mobile CT.
Significant design work has progressed throughout the year and tenders completed both for a demolition contractor and a main contractor for the project. Initially the appointment will support design development for the remainder of RIBA 3, at which point a business case will be submitted to WG for approval to proceed to the next stage.
Alongside this work has been ongoing on the development of a community diagnostic hub on the Llantrisant Health Park (LHP) site. This will look to include MR, CT, ultrasound, plain film and endoscopy services. A preferred service provider is required to be appointed ASAP to complete the RIBA 3 design.
IRCF – Sunnyside - Funding for Bridgend Health and Wellbeing Centre was initially approved by WG in October 2020 for this scheme being delivered in partnership with LINC Cymru. In early July 2021 the contractor (WRW) went into administration and hence the scheme has experienced significant delays. A new contractor was finally appointed at the end of 2024/25, a funding uplift was secured from IRCF and works commenced on the 3rd June 2024. The scheme is progressing well and is due to handover January 2026

IRCF - Maesteg Health and Wellbeing Park - In 2022/23 a significant community and stakeholder engagement exercise was undertaken to develop future plans for the Maesteg Community Hospital site. Funding was secured from the Integration and Rebalancing Capital Fund (IRCF) to enable the development of a joint Strategic Outline Case and Outline Business Case for a Health and Wellbeing Park on the site. A Supply Chain Partner (SCP), Project Manager and Cost Advisor were appointment from the Building for Wales Framework and the SCP provided a feasibility report for the RIBA Stage 1 design work on the short listed options for the development. Before progressing to RIBA 2 the information collated to date was shared with NWSSP and the IRCF team to ensure it is progressing in line with expectation. The feedback provided is that the estimated funding ask greatly exceeds the amount available and hence the HB have been tasked with a further review of the options. This work

is ongoing but as a result the remaining fees originally intended to be spend in 2024/25 have slipped into 2025/26

DPIF – ePMA and Single Clinical Record – Two business cases were submitted and successful in gaining funding approval in 2024/25 from DPIF, both are for delivery over multiple years and have both revenue and capital funding streams associated with them.

National Imaging Academy Wales (NIAW) A recurrent allocation for NIAW was secured in 2024/25 and has been very gratefully received by the Academy and the Health Board. The allocation has enabled a planned programme of works and replacement equipment items to be developed and delivered, rather than relying on year end slippage funding.

Anticipated All Wales Capital Programme Allocations 2025-26

As per feedback from the All Wales NHS Prioritisation exercise, the only schemes currently being progressed through to a business case are LHP and PCH Phase 3.

Anticipated Allocations	
Llantrisant Health Park	35,500
Prince Charles Hospital Refurbishment - Phase 3	4,000
Targeted Estates Fund (TEF) - Bids submitted 31/1/25	TBC
Diagnostics Replacement Programme	TBC
IRCF Maesteg HWBC -Business Case Fees (FBC)	TBC
IRCF Llanilid - Business Case Fees	TBC
Total	**39,500**

Llantrisant Health Park – the below funding assumes fees are provided for the completion of RIBA 4 design and construction commences late 2025.

Prince Charles Hospital Refurbishment Phase 3 - this is final phase to deliver the remaining accommodation improvements and lift the Fire Enforcement Notice. A business case is expected to be submitted in autumn 2025 and hence a start on-site is forecast for early 2026.

Targeted Estates Funding (TEF) - bids for funding were submitted 31st January 2025. A total of 59 bids were submitted for consideration over the 6 defined categories totalling just under £26m over the 2 years of the funding.

Category	**Available Funding (over 2 years)**	**Bids Submitted**
	£m	**£m**
Infrastructure	51	11
Fire Safety	14	3
Mental Health	14	3
Decarbonisation	17	4
Infection Prevention Control	9	3
Decontamination	9	3
Total	**114**	**26**

The bids look to address a number of backlog maintenance and estates risks across the sites as well as initiatives aligned to the NHS Wales Decarbonisation Strategic Delivery Plan.

Key bids include

- RGH Phase 1 Mechanical Package - AHU replacement theatres 1 – 4, links to priority 6 from prioritisation framework above - £2.455m
- Negative Pressure Isolation Rooms RGH and PoWH -£2.2m
- PoWH Centralised Scope Decontamination, links to priority 5 from prioritisation framework above - £1.8m

Diagnostics Replacement Programme – the Health Board are awaiting further information on the criteria and process for securing funding from the ring-fenced pot.

IRCF - Maesteg Health and Wellbeing Park - assuming submission of the SOC/OBC is achieved early in 2025/26 and approved by WG then funding will be required to develop the FBC. The timing of this is uncertain with the current review of options being undertaken as mentioned above.

IRCF Llanilid- Through joint working with Rhondda Cynon Taf County Borough Council (RCT), Bridgend County Borough Council (BCBC) and third sector colleagues, the aim is to develop an integrated Health and Wellbeing Hub that addresses the growing challenges residents have accessing primary care provision in Llanilid and surrounding communities (Pencoed, Bryncae and Llanharan).

Persimmon Homes are currently building 1800 new homes (c.450 built currently) in a new development in Llanilid, which will increase in a second phase to c.3000 homes. Through recent draft RCT and BCBC Local Development Plans, there is the potential that a further 4000 homes will be built within c.2 miles of the planned Centre at Llanilid over the next 15 years, including c. 700 new homes on the Bridgend College site in Pencoed. There is currently limited capacity across local primary care providers (Pencoed Medical Centre and New Street Surgery), which will be exacerbated as new houses are built and local population grows.

Utilising Section 106 'Variation of Condition', RCT instructed the development of a new Health Centre in the 'Village Centre' of the Persimmon Homes Llanilid development, along with a new primary school and a number of retail units. As such, the development provides a fortuitous opportunity to develop a new Health and Wellbeing Centre that meets growing local demand.

An initial draft application has been submitted for review by the Regional Partnership Board and if supported, fees will be requested to develop the first stage business case for the scheme.

Digital Priorities Investment Fund - The Health Board will continue to work with the WG digital team in the allocation of DPIF funding and the development of both national and local ICT initiatives. As detailed above, funding for two schemes has been approved in 2024/25 and funding is also expected for new Radiology Informatics System Programme (RISP) however CTM are at the end of the programme for delivery of RISP and hence are not due to go live until 2026/27.

Alternative Funding Sources

With ongoing pressures on WG capital funding, the Health Board will continue to take advantage of any other funding opportunities or routes which become available. One route actively being pursued is the repayable grant funding available for decarbonisation schemes through the Welsh Government Energy Service.

The Health Board have been working with Local Partnerships for some time and have now appointed a Partner from the Re:fit framework. An initial High-Level Assessment (HLA) has been completed with suggestions for schemes that could potentially be included in a programme for phase 1 of the works. The Health Board is now in the process of agreeing the schemes within this that will be taken to the next level of Investment Grade Proposal (IGP). Once suitably developed a funding application will then be made to the Welsh Government Energy Service.

Alongside this there is work ongoing to support and facilitate private wire connections with solar farms for RGH and POWH. Whilst support in the form of estates staff resource is required, no direct capital investment is expected to be required for these schemes to progress.

Development of Further All Wales Capital Programme Schemes

Whilst the message re the current All Wales Capital Funding position is clear re development of business cases, it is assumed that this is the position for the next 2/3 years maximum. Work will therefore still continue internally on a number of key priorities as listed in the original prioritised submission. Notably Outpatient Reconfiguration, Critical Care Reconfiguration and Mental Health Inpatient Capacity.

DIGITAL & DATA

The Health Board's Digital & Data sets out that: *the Health Board will aim to become a digital exemplar within NHS Wales, as an innovator and early adopter of digital technologies and approaches, to enhance care quality, better engage with patients and deliver sustainable services.*

To achieve this vision, we must have the **digital and data architecture, roadmap, skills and capability** to deliver. To this end we need the digital infrastructure to support our ambitions to deliver a digitally enabled health and care system.

This Digital and Data Strategic themes underpin the four strategic goals for the Health Board, and teams from across the Digital and Data Directorate have been actively supporting the delivery of core services, as well as supporting and shaping a narrative for the delivery of future service ambitions. The Digital and Data strategic themes are as follows:

1	**Digital health board**	Digitising the processes across the health board that support patients and employees across all care settings, removing manual effort, eliminating paper and capturing valuable, reusable data as standard
2	**Insights-driven healthcare**	Providing the platform to interrogate and analyse multi-source data, surfacing previously unknown insights on performance and driving optimal decision making
3	**Single patient view**	Managing a single, digital view of a patient's care and history across Primary, Community and Secondary services, improving patient centric care, reducing delays in information seeking and removing re-keying errors
4	**Intelligently integrated healthcare**	Intelligently integrating processes and systems, providing two-way communications across silos and implementing smart workflow to automate key process interactions across care settings, removing manual effort and baking in zero-error processing
5	**Digital workforce**	Providing the digital tools to support employees in their day to day activity, reducing admin and travel time and enabling increased clinical contact
6	**Adoption and exploitation**	Providing the resources, structures and toolkits to properly manage identification, implementation and adoption of new solutions; and supporting staff in exploiting the systems they have access to
7	**Managing innovation**	Managing and encouraging innovation with innovation forums and idea receptors; as well as a governance and funding model to turn them into reality
8	**Digital enablers**	Putting in place the enabling infrastructure and maturing the key supporting capabilities needed to deliver the strategy

The development of our digital and data capabilities underpins our ambition to provide integrated care around the patient, improving our information and understanding as to the relative value of the interventions that we take and which in turn can identify those interventions that have the most impact on improving our health and wellbeing for the population of Cwm Taf Morgannwg.

The Health Board is focused on enabling the seamless working across hospital and community boundaries, with services integrated between health, social care, and other professionals. The flow of common and reliable information is at the heart of successfully implementing this

approach. It is also a critical enabler to our ambition to improving our communities' health and wellbeing through preventative and predictive population health measures.

As the Health Board aligns its **Digital and Data Strategic Plan** with the wider Clinical Strategy for CTM 2030, work has begun on mapping the path to achieving an Integrated Health Record and developing the vision and case for change to transform the way in which patients are engaged with our services. At the heart of these programmes is how the Health Board will deliver a core platform and suite of digital tools to enable an integrated pathway of care, deliver Clinical Workflow and redefine the management of Administration processes and workforce for all specialties. Simultaneously, streamlining the variation in processes and practices currently at play. This wholescale system development will form a cornerstone for digital maturity and inclusion across the Health Board.

During 2024/2025, work has continued on the alignment of our Health Board systems with the team now focused on completing the technical elements and moving to a single **Welsh Patient Administration System (WPAS)** instance in May 2025. This work has demonstrated collaboration, not just across the Health Board, but also aligning delivery with Swansea Bay University Health Board and Digital Health and Care Wales.

The year has also seen the launch of **electronic Prescribing for secondary care**, and the programme is now actively engaging across the Health Board, working in partnership with our supplier Nervecentre, to implement a first go-live in the autumn of 2025.

The data and compliance functions have continued to support the **National Data Repository** programme and develop the Health Board's **Clinical Data Repository**, both of which are core components of our data interoperability strategy.

The introduction of technology to support Clinical Coding activities saw the team shortlisted for an NHS Wales award during 2024. This team has seen a transformation in its performance and have become an exemplar for other coding teams across NHS Wales.

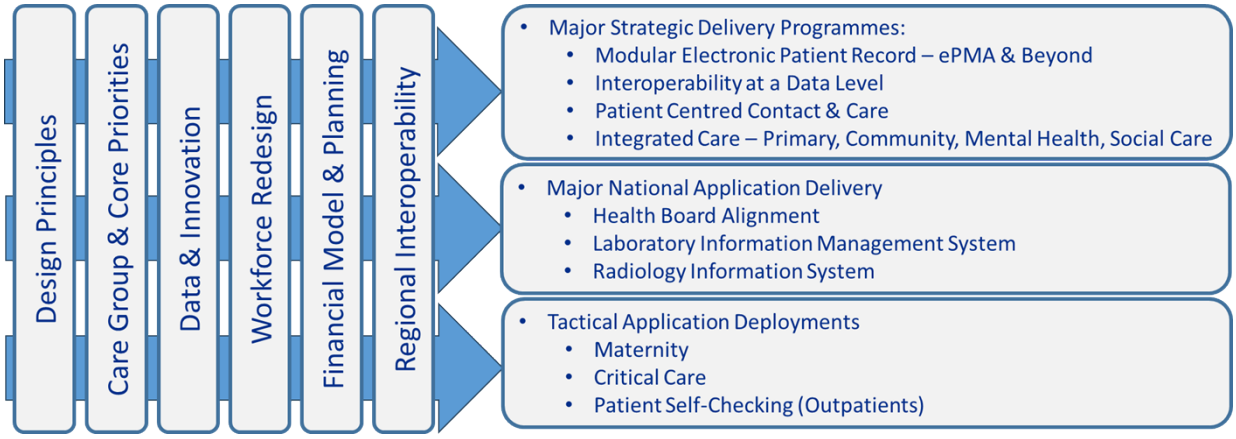
Cyber Security continues to be a core element of the Digital and Data programme, with further development and additional capabilities to support our **Cyber Security Assurance Plan**.

In terms of operational delivery, a restructure of our service provision has taken place to better equip the team in readiness for the wider requirements of Digital and Data services from our clinical service teams as they drive their own transformation and service improvement programmes of work. This includes the introduction of a new leadership role for **Cloud and Data Services** to support our transition to Cloud and development of our wider Health Board infrastructure.

Towards the end of 2024, the Health Board approved two key business cases that will form a core element of our delivery plans throughout this IMTP. Development of a digital solution for **Mental Health** services is long overdue and will enable the capture of key data sets to improve our services. Furthermore, the Health Board will also implement a solution to support our **Maternity** Services in alignment with key priorities set by Welsh Government.

For the duration of this plan, the Health Board has divided its digital and data work programme into some key strategic priorities, core national implementations, and tactical projects to ensure objectives for the Health Board and NHS Wales are met. While elements of the programme are resourced to deliver, additional investment decisions are required to ensure the Health Board realises and maximises the opportunities of digital and data technologies and ultimately support the wider Health Board ambitions for integrated health and care across the region of CTM.

Key priorities for our Integrated Digital and Data Plan:



There are many opportunities to improve and develop technology solutions that would improve access to services, improve the working lives of staff and deliver efficiency and productivity gains across the NHS in Wales.

The Health Board is committed to integrating care and drive the shift from the acute setting to meeting the health needs of our communities and neighbourhoods. Working collaboratively with our Health Board Digital & Data Clinical Network, other Health Boards, and wider NHS Wales partners, CTM has begun to develop its plans for a modular approach to its future **integrated health and care system**, underpinned by development of plans for an electronic patient record at its core.

Any approach to implementation of an **electronic patient record**, although a key component, is only part of the technology solution. At a time when across the UK, Health organisations are focused and committed to front line digitalisation, we need to ensure a robust, resilient and future proofed way of record patient information to enable their care for the long term.

While there is strong empirical evidence that an electronic record will improve efficiency, reduce length of stay and see significant reductions in life-threatening conditions such as Sepsis, it is also acknowledged that financing such solutions are a significant undertaking for any Health organisation. A **modular, iterative and incremental** implementation is at the centre of our strategic plan. As such, for 2025/2026, CTM will look to build out our capabilities for urgent care, with procurement of Emergency Care functionality.

In continuing the focus on unscheduled care, and a drive to provide care outside of the physical acute setting where appropriate, the introduction of a "virtual Emergency Department" will need to be enabled by a digital front door. In attempting to "schedule" unscheduled care, patients will connect with the NHS before attending Emergency Department (ED) so they can be potentially triaged to alternative options. Where a patient does need an ED attendance, then this is booked for a specific time to manage demand / flow into the ED.

Advancements in digital technologies and automation have created opportunities to replicate administrative tasks that will reduce the administrative burden on manual tasks and create capacity within the current workforce to focus on higher value tasks for patients.

As a core priority for the Health Board, the **Patient Contact** programme will enhance the patient experience and reduce costs. By providing these automation services, this improves patient experience and gives more time back to administrators and clinicians to spend more time focused on delivering patient care. When we consider our interactions with patients, a key enabler will be the wider implementation and adoption of the **NHS Wales App**, and the team are currently working with the national programme to ensure alignment and development of core capabilities that will drive benefits across NHS Wales.

For the past few years, a digital solution for **Maternity Services** has been a priority for the Health Board. Following the decision to pause the procurement process for the Digital Maternity Cymru programme, the Health Board will be procuring a digital solution in Quarter 4 of 2024/2025 with a view to implementing during 2025/2026.

The Health Board have commenced a collaborative procurement process with **Betsi Cadwaladr University Health Board** for a new digital solution to capture **Mental Health Services** activity. Availability of Mental Health data is currently limited within the Health Board, so a new digital solution will be critical to our future digital and data service provision. It is anticipated that the procurement will be completed during 2025/2026, with implementation occurring during the reminder of the IMTP duration.

Cyber Security and delivery of our **Cyber Security Assurance Plan** will be a key priority for the Health Board through the lifetime of this IMTP. Building on the capabilities the Health Board has previously invested in, it is hoped that further capabilities and technology can be developed.

The **National Digital Cellular Pathology Project** have developed a business justification case, for the national scale up of digital enablement across Wales, emphasising that digitisation of cellular pathology services is realistically the only option to enable delivery of a robust and sustainable diagnostic cellular pathology service fit for the future.

The national move towards scanning of histological material for primary diagnosis and more recently, the adoption of artificial intelligence /computational pathology to improve the accuracy, reliability and quality of reports, means that most Pathologists, especially new trainees who are already using digital technology, will, in the future, choose to work in departments where digital technology will enhance and underpin their diagnosis thus benefiting the quality of patient care.

Therefore, Digital Pathology is critical to the ongoing development of an efficient, effective and optimal pathology service that contributes to the delivery of the current national strategy and is a key interdependency of any move to a regional cellular pathology service, which is an agreed priority of Health Boards in South-East Wales.

The development of the **Llantrisant Health Park** is a fantastic opportunity to showcase digital and data services at a regional level. During the term of this IMTP, the digital and data teams are committed to ensuring digital and data capabilities are integral to the fabric and design of the building, which in turn, will be essential to enable technology solutions to thrive in a state-of-the-art facility.

Building on work already underway for Ophthalmology, Orthopaedics and Diagnostics, the digital and data teams continue to explore and identify opportunities to work with **regional partners** across South-East Wales, not only at a Health Board level, but also at a Local Authority and Third Sector level.

Underpinning the above programmes is a focus on the standardisation, digital capture and reusability of data items. The Health Board is committed to a programme of **integration at a data level**, which includes the ongoing development and expansion of the Health Boards **Clinical Data Repository**.

Digital and Data literacy for both our workforce and wider community continues to be a challenge that the Health Board faces. Work continues with academia to help support the development of our workforce, alongside an ongoing exercise to map digital literacy and skills needs with colleagues in Health Education and Improvement Wales. While ambitious, the above Digital & Data Strategic Plan for the next 3 years is fundamental to the success of the wider service improvement and transformation programmes of the Health Board.

IMPROVEMENT, INNOVATION, VALUE BASED HEALTHCARE, RESEARCH & DEVELOPMENT

iCTM
Gwella ac Arloesi
Improvement
& Innovation

Cysylltu. Connect.
Trawsnewid. Transform.
Meithrin. Motivate.

Over the past three years, iCTM (Improvement CTM) has delivered significant advancements, directly benefiting patients, staff and communities, while supporting organisational and national priorities around quality, safety and patient care. These initiatives have improved patient outcomes, empowered staff with new skills, and strengthened community ties. By prioritising quality, sustainability, and value, iCTM has laid the groundwork for continued progress, aligning with national healthcare objectives and enhancing care for all.

QUALITY IMPROVEMENT

A dedicated QI team and the introduction of the 'ABCDE' model have driven improvements in patient safety, enhancing care quality.

Our staff ideas platform has empowered staff to contribute ideas addressing priorities such as sustainability, winter pressures and staff wellbeing, directly improving patient care and operational resilience.

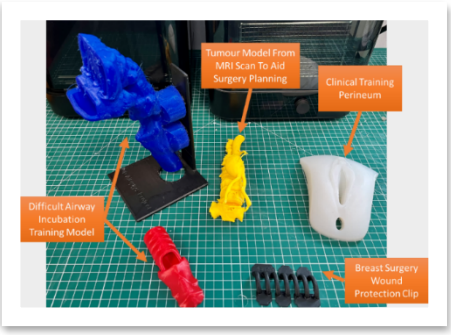
The comprehensive quality improvement training programme and the 2024 launch of the Improvement Community of Practice have strengthened staff capabilities and fostered collaboration, delivering safer and more efficient services for patients.

- Significant improvement in the health board's assessment in relation to quality improvement maturity moving from a Welsh Government assessment of Basic to now Mature with some elements of Exemplar achieved
- Falls Reduction Collaborative launched and Pressure Damage Collaborative maturing
- Implementation of '5 minute improvements' – a quick and easy tool for teams to use to find improvement solutions to day to day problems or challenges on our wards.
- Now over 1,600 members of health board staff actively engaged with the staff ideas and improvement platform with over 140 improvement suggestions made

INNOVATION

Our maker space and partnerships with academia and local business has encouraged collaboration resulting in innovations like a breast wound protection clip, which promises to improve post-surgical outcomes.

Sustainability initiatives, such as recycling theatre plastics into chairs and other products and repurposing cardboard into commercial products, have reduced waste and benefited local communities while aligning with national environmental goals.



- Sustainability including exploring operating theatre Recycling of plastic packaging into 3D printer filaments, Cardboard Recycling with ELITE Paper Solutions, into commercial viable products including horse bedding for South Wales Police
- Healthy Housing programme an exemplar for Wales linking poor housing with Health and working with UK Government ECO5 scheme
- Launch of first health aligned 'challenge' into University of South Wales as part of our academic partnership

VALUE-BASED HEALTHCARE (VBHC)

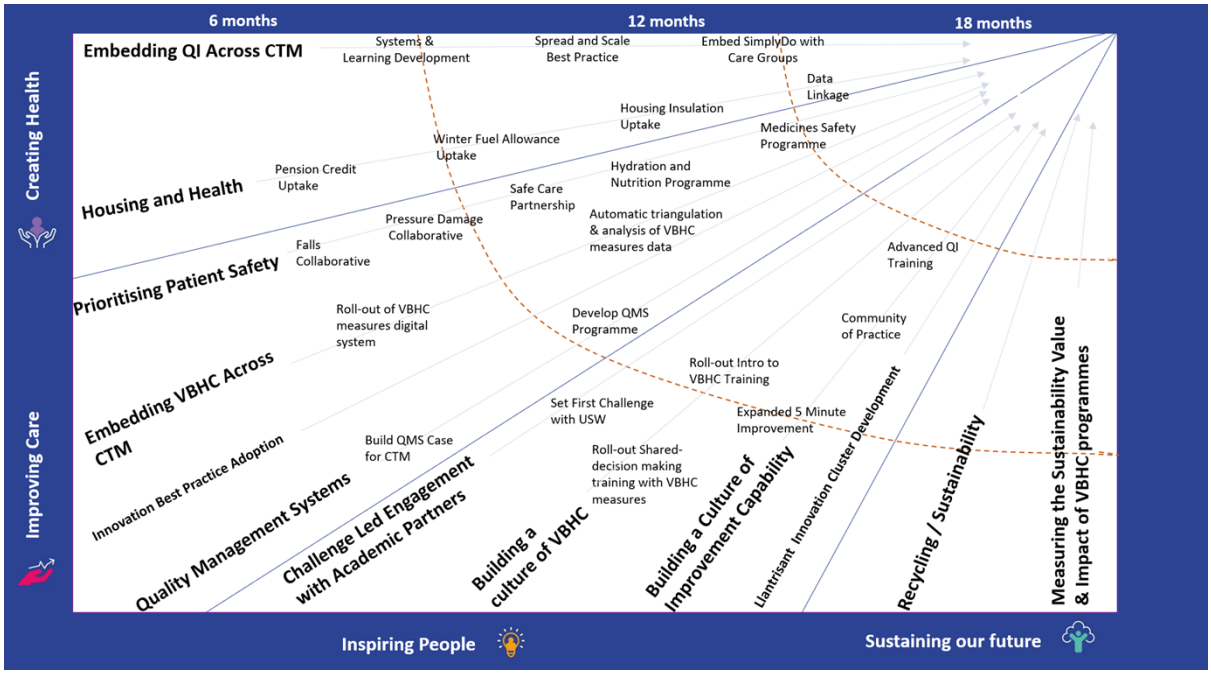
A dedicated VBHC team has developed key projects addressing health priorities like diabetes and heart failure, improving patient pathways and outcomes.

The implementation of a digital system for capturing PROMs (Patient Reported Outcome Measures) and PREMS (Patient Reported Experience Measures) and CROMS (Clinical Reported Outcome Measures) has enabled real-time data analysis, enhancing patient experience and supporting shared decision-making.

Tailored VBHC training has equipped staff to embed value-driven care into everyday practices, ensuring alignment with organisational strategies and improving resource utilisation.

- Key specialty projects across CTM to improve pathways and person centred care, reducing inequity and un-warranted variation, improved patient outcomes and experiences, and maximising utilisation of resources
- Implemented the VBHC digital system enabling the collation and analysis of patient reported outcome measures, people reported experience measures and clinical reported outcome measures
- Enabled partnership working and co-design with service users, partners, community voluntary councils, Parc Prison and industry - ensuring that stakeholders involved in the health system work together to identify solutions that are person-centred and addresses what matters most to them, with them

iCTM FOCUS FOR 2025 AND BEYOND



1) BUILDING A CULTURE OF IMPROVEMENT CAPABILITY
    a. Outcome: Empowered staff with advanced skills will drive safer patient care, higher staff satisfaction, and increased system efficiency, fostering a culture of excellence and continuous improvement.
2) EMBEDDING QUALITY IMPROVEMENT ACROSS THE ORGANISATION
    a. Outcome: Enhanced collaboration and ownership of Quality Improvement efforts at all levels will enhance patient outcomes and operational excellence.
3) PRIORITISING PATIENT SAFETY
    a. Outcome: Reduced patient harm, optimised data utilisation and enhanced patient safety metrics.
4) ADOPTING AND SCALING INNOVATIONS
    a. Outcome: Solutions aligned with patient and staff needs will drive improved safety, efficiency, and satisfaction.
5) STRENGTHENING COLLABORATIVE NETWORKS
    a. Outcome: A stronger innovation ecosystem will lead to faster problem-solving and resource optimisation for population health challenges.
6) FOSTERING A CULTURE OF INNOVATION
    a. Outcome: Empowering a workforce that embraces innovation will enhance patient care, streamline workflows, and reduce costs.
7) DEVELOPING VBHC MEASURES
    a. Outcome: Enhanced patient outcomes and reduced unwarranted variation in care.
8) LEVERAGING DATA AND ANALYTICS
    a. Outcome: Data-driven decision-making will improve patient-centred care and financial sustainability.
9) FOSTERING COLLABORATION AND LEARNING
    a. Outcome: A culture of shared learning will advance VBHC practices, benefiting staff and patients alike.

Value Based Healthcare 2025-26 plans

Our roadmap into 2025/26 will extend further across specialties in the digital rollout, supported by training and engagement of staff, patients, and partners. In addition, we work with a whole systems approach throughout the patient journey and engage with Primary and Community Care, Third Sector, and Industry partners.

The VBHC team will continue to support key transformation programmes across the Health Board, including diabetes, acute medicines and unscheduled care, planned care, (3Ps), outpatients, primary and community care, pre-habilitation and persistent pain. In addition, a new round of temporary fixed-term VBHC projects will commence.

The team will continue to support service areas to engage stakeholders, building meaningful partnerships to improve services through lived experiences and co-production. Through work in areas including diabetes, alcohol care, Community Voluntary Councils, and Parc Prisons' elimination of Blood-borne viruses, the team fosters open dialogue with patients, communities, and frontline staff. This inclusive approach ensures that service improvements are shaped by those who use and deliver them, leading to more responsive, effective, and compassionate care.

The team will continue to enable collaborative cross-specialty working, breaking down silos and enhancing patient care. Connecting specialties, including maternity and alcohol care, diabetes and lymphoedema, and heart failure and smoking cessation and frailty services, the team facilitates the sharing of knowledge, expertise, and resources. This synergistic approach streamlines pathways, reduces duplication, and ensures patients receive holistic, coordinated care that addresses the full spectrum of their needs.

RESEARCH AND DEVELOPMENT

CTMUHB's R&D Strategy 2025-30 has been drafted, outlining how CTMUHB will further develop its visibility, infrastructure and research culture to embed research as a core function of the organisation, in alignment with key UK, national and CTMUHB policies and strategies and is being progressed through formal governance routes. This will form the basis of the team's work during the lifetime of the 2025-2028 IMTP.

CTMUHB's R&D Department continues to prioritise the set-up and delivery of Clinical Research Portfolio (CRP) and commercial research across the UHB. The R&D Department circulate information on studies in need of recruiting sites, trawling the CRP for open studies in specific areas of interest and working with our academic and industry partners in the development of collaborative research studies. There was an 11% increase on number of open non-commercial studies and 8% increase on recruits to CRP studies on the previous year. CTMUHB's R&D team identifies and circulates potential grant funding calls to all research active professionals across CTMUHB, with the offer of support to help with the costing and submission of funding applications and assistance in sign posting to academic colleagues to develop joint applications. Securing external grant funding provides capacity to develop and deliver research through cost recovery for existing infrastructure or the appointment of additional fixed term posts. Securing external funding through a competitive process also enables research projects to be adopted onto the Clinical Research Portfolio, attracting delivery support from the CTMUHB R&D team. Recent grant successes include an SBRI Award (£125,626) in collaboration with Cansense Ltd to undertake a project investigating the use of AI and blood testing to reduce colonoscopy demand on cancer

pathways and a Kidney Research UK Allied Health Professional Fellowship (£181,467.50), in collaboration with Cardiff University. An outcome for 5 further grant applications is currently awaited in collaboration with our academic partners to include Swansea University, Cardiff University and Cardiff Metropolitan University.

The UHB provides £15k development funding per annum for CTMUHB's R&D Department to release an annual funding call for up to 6 collaborative research projects with our academic partners to address specific health care challenges, with the aim that the resulting partnership will lead to the development of collaborative grant applications. This year's funding call closed in November 2024 and 11 applications were received. 6 projects have been funded with Cardiff Metropolitan University, University of South Wales and Swansea University in the fields of infection, laboratory Sciences / ICU (long covid), Parkinson's disease, paediatric diabetes, breastfeeding provision for CTMUHB's workforce, staff perceptions towards healthcare support for migrant populations.

Following the award of funding from Moondance for 0.2 wte Consultant for 18 months to act as a Research Champion to further increase and support cancer related research, the UHB has continued to fund 0.2 wte consultant sessions to continue this work. This work will be in partnership with CTMUHB's R&D Department and will help support the Tackling Cancer through research national initiative.

The R&D Department continues to work with academic partners to offer clinical placements for health care professionals in training. Placements to date include one-week placements for University of South Wales student nurses, a two-week Trainee Clinical Scientist (AWMGS) placement and a three-day Cardiff University student midwife placement. Discussions are also in progress to host a research placement for an Audiology STP trainee. In addition, the R&D Department continues to support the development of our researchers, through enrolment on the Associate Principal Investigator (PI) Scheme. Currently, there are 8 Associate PIs supporting research across the Health Board.

Undertaking commercial research is crucial to increasing the UHB's research capacity as it enables the re-investment of overheads and capacity building funding paid by pharmaceutical and medical device companies for the UHB to act as a recruiting research site. This funding is in addition the recovery of the necessary costs for the study to be undertaken and potential cost avoidance / savings through the provision of medications for clinical trials. Current areas of strength in the delivery of commercial research includes Cardiology, Dermatology, Rheumatology, Vaccines and Primary Care.

A 5-year voluntary scheme for branded medicines pricing, access and growth (VPAG) initiative was agreed by the UK Government, NHS England and the Association of the British Pharmaceutical Industry (ABPI) to provide £22.1 million investment for Wales between 2024/25 and 28/29. The purpose of the funding is to develop capacity to deliver commercial research, with a view to developing a network of clinical research facilities, research delivery and a re-investment plan. CTMUHB R&D will be submitting applications for any funding calls that will be released as part of the VPAG initiative. To date, £180k funding has been received from the VPAG equipment funding call.

A key priority is identifying and securing designated clinical and administrative space for research is critical to delivering a sustainable and increasing research portfolio across the health board, avoiding the reliance on available space in clinical areas e.g. outpatients. The development of the

Clinical Research Centre at Royal Glamorgan Hospital has transformed the types of research that can be undertaken and has enhanced our reputation with our academic and industry partners. Increasing clinical and administrative space at Prince Charles and Princess of Wales Hospital sites remains a key strategic objective, to facilitate the equitable access of CTMUHBs population to participate in research. Discussions with the project team for the Llantrisant Health Park, CTMUHB's R&D Department and Health and Care Research Wales have also been undertaken to seek to include capacity for staff and facilities to provide research support.

A key national metric from Health and Care Research Wales continues to be for 80% CRP and 80% commercial studies to close having met their recruitment to time and target. Meeting this metric can attract research sponsors to use the organisation as a recruiting site and is also key to the organisation maintaining autonomy on the management of the Local Support and Delivery budget received from Health and Care Research Wales. During 2024/25, 100% CRP and 100% commercial studies in CTMUHB closed having met their recruitment to time and target and 2024/25's recruitment to time and target is currently 100% for closed CRP studies. The metric is not yet applicable for commercial studies in 2024/25 as no commercial studies have closed to date during this financial year.

The R&D Department is cognisant of the need to support and deliver research that is aligned to national and local health priorities. A key focus for Wales is to increase cancer research activity and CTMUHB's R&D Department supports the set up and delivery of a number of CRP cancer related research projects to include breast, lung, colorectal, gynaecological and head and neck cancer.

The R&D Department continues to support the development of the population health research agenda through a dedicated Principal Researcher to set up and delivery of public health research. A collaborative project with the University of South Wales, funded by Burdett Nursing Trust is underway to co-produce and test a behaviourally-informed intervention to empower nurses to address smoking & promote smoking cessation with hospital patients in Wales. A research project evaluating CTMUHB's Level 3 weight management service is in progress and a research project investigating the prevalence of fat mass and obesity-associated genes in people with severe obesity attending a weight management service, in collaboration with Cardiff Metropolitan University is in set up. There have also been ongoing discussions between CTMUHB's R&D Department, weight management service and a commercial company to explore the potential of CTMUHB acting as a recruiting site for commercial research in obesity. CTMUHB's Public Health and R&D teams continues to support the NIHR Health Determinants Research Collaboration (HDRC) with Cardiff University, Rhondda Cynon Taf Local Authority and Interlink, which will provide an opportunity to develop research at the interface of health and social care.

Mental health remains another key focus for CTMUHB's research activity and current studies include Adapting evidence-based guided internet-based treatment for veterans with post-traumatic stress disorder, the use of electronic devices to predict relapse of psychosis and a randomised controlled trial of tailored acceptance and commitment therapy for older people with treatment resistant Generalised Anxiety Disorder. CTMUHB's R&D Department continue to work with the National Centre of Mental Health and the Wolfson Centre for Young People's Mental Health in support of their work.

In line with Cwm Taf Morgannwg Regional Partnership Board's Population Needs Assessment 2022-2027, priority areas for future set up and delivery of research includes dementia, domestic violence, substance misuse, sensory loss, economic well-being, and safety and security.

A key strategic objective is to ensure that CTMUHB supports a portfolio of research that provides inclusive and equitable access to its diverse population. The R&D Department recently undertook an evaluation to ascertain a baseline of the demographic and socio-economic profile of participants recruited to research studies in secondary care supported by the delivery team in CTMUHB between 1st April 2023 to 31st March 2024. Results indicate that in general, participants were representative of CTM's population in terms of age, gender and deprivation quintile. The R&D Department plan to extend this work further by recording additional data for analysis (e.g. ethnicity, health status) and by evaluating the barriers and facilitators to participants who undertake research in CTM. The R&D Department is also exploring ways to further support the set up and delivery of research in under-represented populations in CTM. Recent examples include a research project exploring the barriers and facilitators to breastfeeding infants among the gypsy and traveller population and a research project exploring attitudes to vaccination in prison residents.

CTMUHB's R&D Department continues to work closely with the communications teams at CTMUHB and Health and Care Research Wales to share examples of research best practice and successful grants awarded to CTMUHB's researchers. The development of a communications plan is key priority for the R&D Department to raise the profile of research both within the UHB and externally amongst academic and industry partners and the public.

CTMUHB's R&D Department holds an annual R&D conference to showcase and disseminate the high quality multi-disciplinary and multi-professional research being undertaken across the Health Board, which also provides a networking opportunity for delegates from the NHS, academia, industry, Welsh Government and patient representatives. Last year's R&D Conference was held on Tuesday 26th November 2024. There were 10 oral presentations, 60 posters presentations and 224 delegates attended the event. Planning is now underway for this year's conference, which will be held on Wednesday, November 26th, 2025.

GLOSSARY

WHSSC	Welsh Health Specialised Services Committee
CTMUHB	Cwm Taf Morgannwg University Health Board
RCT	Rhonda Cynon Taf
ABUHB	Aneurin Bevan University Health Board
FYE	Financial Year Ending
VBHC	Value Based Health Care
BCBC	Bridgend County Council Borough
SOC	Strategic Outline Case
UNCRC	United Nations Convention on the Rights of the Child
ND	Neurodevelopment
PROMS	Patient Reported Outcome Measure
PREMS	Patient Reported Experience Measures
WREMS	Workforce Reported Experience Measures
MECC	Making Every Contact Count
PHW	Public Health Wales
PHM	Population health management
CAVUHB	Cardiff and Vale University Health Board
WG	Welsh Government
RPB	Regional Partnership Board
MAS	Memory Assessment Service
VIPS	Values, Individuals, Perspectives Social
NCIG	Neurological Conditions Implemented Group
TI	Targeted Intervention
EM	Enhanced Monitoring
IMSOP	Independent Maternity Service Oversight Panel
RIF	Regional Integrated Fund
MAMMS	Models of Access for Maternal Smoking Cessation Services
IMR	Infant Mortality Rate
LBW	Low Birth Weight
DAP	Decarbonisation Action Plan
NWSSP	NHS Wales Shared Services Partnership
JVCI	Joint Committee on Vaccination and Immunisation
AHP	Allied Health Professionals
MDT	Multi-disciplinary Team
AMD	Age Related Macular Degeneration
CAMH	Child and Adolescent Mental Health
SLA's	Service Level Agreement
LTA	Long term Agreement
DES	Directed Enhance Services
SDEC	Same Day Emergency Care Service
ED	Emergency Department
MD's	Minimum Dataset
GIRFT	Getting It Right First Time
HEIW	Health Education and Improvement Wales
CDC	Community Diagnostic Centres
NEP	National Endoscopy Programme
ICP	Integrated Commissioning Plan
EASC	Emergency Ambulance Service Committee
WAST	Welsh Ambulance NHS Trust
ED&I	Equality, Diversity and Inclusion
PDR	Personal Development Review

HIW	Healthcare Inspectorate Wales
RLW	Real Living Wage
RIC	Regional Innovation Coordination
WIDI	Wales Institute of Digital Information
EQIA	Equality, Impact Assessment
PFI Scheme	Private Finance initiative
CSSD	Central Sterile Services Department
R&D	Research and Development
FBC	Full business case
DGH	Distract General Hospital
EFAB	Estates Funding Advisory Board
LPHT	Local Public Health Team
PSRS	A population health management tool
ANP	Advanced Nurse Practitioner
SOP	Standard Operating Procedure
WISE	Wellness improvement Service
JAG	Joint Advisory Group
HSDU	Hospital Sterilization and Disinfectant Unit
HCSW	Healthcare Support Worker
INNUS	Intervention not normally undertaken
BAPM	British Association of Perinatal Medicine
D2RA	Discharge to Reassess
BSW	Bowel Screening Wales
ACSP	Acute Clinical Services Plan
DCM	Dementia Care Mapping

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

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

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

Enabling actions	Plan reference	Adoption status and monitoring	Baseline and milestones/delivery trajectory
Implementation of the Community Based Falls Response - 6 Goals Programme	Six Goals Plan/ Programme	**Adoption status:** planning phase **Governance and monitoring:** Community Steering Group/Workstream 1 6 Goals UEC Programme Board **Key Deliverables:** • Finalise Strategic Outline Case for implementation of community based falls response service based on demand data and analysis of gaps i.e. LA provision of mobile response covering Merthyr Tydfil area. • Enhanced Care in Community (ECC) Level 4 Phase 3 implementation – 'Admission Avoidance' – urgent response in community to include falls response (8am – 9pm/7-days a week coverage) to supplement Telecare and LA-funded mobile response teams • Comprehensive Directory of Services for community, primary and secondary care services to ensure clear pathways and point of referral when fall occurs in community	**Adoption status:** planning phase **Governance and monitoring:** Community Steering Group/Workstream 1 6 Goals UEC Programme Board **Key Deliverables:** • Finalise Strategic Outline Case for implementation of community based falls response service based on demand data and analysis of gaps i.e. LA provision of mobile response covering Merthyr Tydfil area. • Enhanced Care in Community (ECC) Level 4 Phase 3 implementation – 'Admission Avoidance' – urgent response in community to include falls response (8am – 9pm/7-days a week coverage) to supplement Telecare and LA-funded mobile response teams • Comprehensive Directory of Services for community, primary

		• Continue training provision for care home providers to increase capability, provision of timely response to those who suffered fall and reduce admissions where safe and appropriate	and secondary care services to ensure clear pathways and point of referral when fall occurs in community • Continue training provision for care home providers to increase capability, provision of timely response to those who suffered fall and reduce admissions where safe and appropriate
Implementation of the remote clinical assessment services framework - 6 Goals Programme	Six Goals Plan/ Programme	**Adoption status:** delivery phase **Governance and monitoring:** Community Steering Group/Workstream 1 6 Goals UEC Programme Board **Key Deliverables:** • Build on Navigation Hub capacity: admission avoidance - Implementation of Doccla Virtual Wards as part of the SDEC pathway in RGH. • Care home support – support conversation/review before conveyance. Roll out the WAST-led LUSCII project in care homes with the view to mandate care home calls to NH as first point of contact where safe and appropriate • Merge operational activity of Discharge Hub with Navigation Hub to support delivery of enhanced care in community (discharge and	**Adoption status:** delivery phase **Governance and monitoring:** Community Steering Group/Workstream 1 6 Goals UEC Programme Board **Key Deliverables:** • Build on Navigation Hub capacity: admission avoidance - Implementation of Doccla Virtual Wards as part of the SDEC pathway in RGH. • Care home support – support conversation/review before conveyance. Roll out the WAST-led LUSCII project in care homes with the view to mandate care home calls to NH as first point of contact where safe and appropriate • Merge operational activity of Discharge Hub with Navigation

		admission avoidance) Phase 3 of ECC Level 4 implementation • Falls: central coordination for admission avoidance with ECC level 4 in place to support urgent response in community including falls.	Hub to support delivery of enhanced care in community (discharge and admission avoidance) Phase 3 of ECC Level 4 implementation • Falls: central coordination for admission avoidance with ECC level 4 in place to support urgent response in community including falls.
Implementation of acute frailty model at the Front Door - 6 Goals Programme	Six Goals Plan/ Programme	**Adoption status:** planning phase **Governance and monitoring:** Community Steering Group/Workstream 1 & 2 6 Goals UEC Programme Board **Key Deliverables:** • Produce acute frailty implementation plan guided by frailty at the front door framework (national team completion end of March 25) • Align front door provision with Integrated Discharge Team (front door discharge) and Navigation Hub for support in community (ECC and hot/frailty clinics - @Home service) – trusted assessor model • Scale up Acute Care of Elderly (ACE) model in RGH and PCH with additional clinical capacity and therapy input for effective in reach to ED and SDEC services across all three sites.	**Adoption status:** planning phase **Governance and monitoring:** Community Steering Group/Workstream 1 & 2 6 Goals UEC Programme Board **Key Deliverables:** • Produce acute frailty implementation plan guided by frailty at the front door framework (national team completion end of March 25) • Align front door provision with Integrated Discharge Team (front door discharge) and Navigation Hub for support in community (ECC and hot/frailty clinics - @Home service) – trusted assessor model • Scale up Acute Care of Elderly (ACE) model in RGH and PCH with additional clinical capacity and therapy

		• Align Fracture Liaison Service with overall frailty approach and falls framework as well as community services to support patients closer to home (Falls Response – priority 1)	input for effective in reach to ED and SDEC services across all three sites. • Align Fracture Liaison Service with overall frailty approach and falls framework as well as community services to support patients closer to home (Falls Response – priority 1)
Implementation of the Welsh Health Circular - Ambulance Handover Guidance - 6 Goals Programme	Six Goals Plan/ Programme	**Adoption status:** delivery phase **Governance and monitoring:** Workstream 2 6 Goals UEC Programme Board **Key Deliverables:** • Pilot eTriage in RGH and evaluation for further implementation in POW and PCH • Evaluation of HISU extended operational activity in PCH (national slippage funding Dec 24 – March 25) with view to extend investment in revenue 1. Ongoing delivery of Strategic Transformation of Acute Medicine Programme to support delivery of flow improvements at the front door 2. Evaluation of Urgent Treatment Centre in PCH with view to roll out on other acute sites	**Adoption status:** delivery phase **Governance and monitoring:** Workstream 2 6 Goals UEC Programme Board **Key Deliverables:** • Pilot eTriage in RGH and evaluation for further implementation in POW and PCH • Evaluation of HISU extended operational activity in PCH (national slippage funding Dec 24 – March 25) with view to extend investment in revenue • Ongoing delivery of Strategic Transformation of Acute Medicine Programme to support delivery of flow improvements at the front door • Evaluation of Urgent Treatment Centre in PCH with view to roll out on other acute sites

		3. Monitoring and delivery of 7 priorities as defined by ED Quality Statement 4. Formulation of implementation plans in readiness for WECDS for roll out by end of March 2026 5. Ongoing review of GIRFT/SEDIT data to evaluate EDs current demand, capacity, flow and outcomes, to understand why problems are occurring, and to target the root causes	• Monitoring and delivery of 7 priorities as defined by ED Quality Statement • Formulation of implementation plans in readiness for WECDS for roll out by end of March 2026 • Ongoing review of GIRFT/SEDIT data to evaluate EDs current demand, capacity, flow and outcomes, to understand why problems are occurring, and to target the root causes
Implement the Optimum Hospital Flow Framework - 6 Goals Programme	Six Goals Plan/ Programme	**Adoption status:** delivery phase **Governance and monitoring:** Workstream 3 6 Goals UEC Programme Board **Key Deliverables:** • Continue delivery of Optimal Hospital Flow Framework and pan-CTM training and mentoring programme (Optimise) including embedding of adding value in every day care through Red 2 Green principles and increase capability and knowledge around deconditioning • Launch and monitor compliance for ESR training uptake 'Optimise' modules: R2G, SAFER, deconditioning, D2RA • Design and implement board round audit tool to support delivery of SAFER compliance improvement	**Adoption status:** delivery phase **Governance and monitoring:** Workstream 3 6 Goals UEC Programme Board **Key Deliverables:** • Continue delivery of Optimal Hospital Flow Framework and pan-CTM training and mentoring programme (Optimise) including embedding of adding value in every day care through Red 2 Green principles and increase capability and knowledge around deconditioning • Launch and monitor compliance for ESR training uptake 'Optimise' modules: R2G, SAFER, deconditioning, D2RA • Design and implement board round audit tool to support

		1. Performance framework re site and flow processes to be implemented to provide site based support for OHFF principles to provide assurance from ward to board. 2. Continue Super Stranded review panels in POW and community hospitals and scale up to RGH and PCH 3. Implement ECC Level 4 Crisis Response Team 'Bridging Care' Phase 1 and Early Discharge Phase 2 of ECC (Enhanced Care in Community) – 7-day working model and improve discharges from acute hospitals to home – trusted assessor model 4. Improve timeliness of DST/CHC processes in community beds - integrated discharge model and implementation of Integrated Discharge Team	delivery of SAFER compliance improvement • Performance framework re site and flow processes to be implemented to provide site based support for OHFF principles to provide assurance from ward to board. • Continue Super Stranded review panels in POW and community hospitals and scale up to RGH and PCH • Implement ECC Level 4 Crisis Response Team 'Bridging Care' Phase 1 and Early Discharge Phase 2 of ECC (Enhanced Care in Community) – 7-day working model and improve discharges from acute hospitals to home – trusted assessor model • Improve timeliness of DST/CHC processes in community beds - integrated discharge model and implementation of Integrated Discharge Team
Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements. Ensure consistent delivery of effective integrated discharge planning, utilising the National Discharge Guidance issued by the 6 Goals Programme.	Six Goals Plan/ Programme	Key actions included in 50-day challenge guidance have been included in the delivery plan of 5 ministerial priorities for 2025/2026 across workstream 1, 2 and 3: Point 1 - 'Refresh focus on embedding six goals programme Optimal Hospital Flow Framework (workstream 3)	Key actions included in 50-day challenge guidance have been included in the delivery plan of 5 ministerial priorities for 2025/2026 across workstream 1, 2 and 3: Point 1 - 'Refresh focus on embedding six goals programme

		Point 2 – 'Apply 7 day working to enable discharge of patients during weekend' (workstream 1 and 3) Point 3 – 'Undertake Decision Support Tool (DST)/CHC process in the community (workstream 3) Point 4 – 'Regional collaboration to ensure that an integrated approach to system navigation exists' (workstream 1 and 2) Point 5 – 'Regional weekly review of LOS 21-28 days and 20 longest LOS patients with focused actions to progress discharge (workstream 3) Point 8 – 'Trusted Assessor model for all care settings' (workstream 3) Point 9 – Home first should be the default for all patients clinically optimised – discharge planning begins on admission' (workstream 3) Point 10 – 'Community services to focus on 7 day community-based falls response pathways' (workstream 1) Point 6 – 'Proactive management of identified 0.5% high risk population group by clusters and multi professional community teams' and Point 7 – 'Improving Primary and Community Care Integration for People Most at Risk of Admission or Readmission due to Frailty and/or co-morbidity – within the scope of Primary Care Transformation Board	Optimal Hospital Flow Framework (workstream 3) Point 2 – 'Apply 7 day working to enable discharge of patients during weekend' (workstream 1 and 3) Point 3 – 'Undertake Decision Support Tool (DST)/CHC process in the community (workstream 3) Point 4 – 'Regional collaboration to ensure that an integrated approach to system navigation exists' (workstream 1 and 2) Point 5 – 'Regional weekly review of LOS 21-28 days and 20 longest LOS patients with focused actions to progress discharge (workstream 3) Point 8 – 'Trusted Assessor model for all care settings' (workstream 3) Point 9 – Home first should be the default for all patients clinically optimised – discharge planning begins on admission' (workstream 3) Point 10 – 'Community services to focus on 7 day community-based falls response pathways' (workstream 1) Point 6 – 'Proactive management of identified 0.5% high risk population group by clusters and multi professional community teams' and Point 7 – 'Improving Primary and Community Care Integration for

		linking to 6 Goals UEC Programme Board re delivery of outcomes and collaborative/enabling actions	People Most at Risk of Admission or Readmission due to Frailty and/or co-morbidity – within the scope of Primary Care Transformation Board linking to 6 Goals UEC Programme Board re delivery of outcomes and collaborative/enabling actions

Thematic Area: Operational Productivity – Planned Care

Objective: Improving timely access to care, reducing unwarranted variation in clinical productivity

Summary statement: Cwm Taf Morgannwg University Health Board's Productivity Improvement and Transformation Board (PIT) provides the governance and delivery structure for the following actions. These are also reflected in the plans of the relevant care groups (Planned Care and other care groups providing planned care services). Each service area has a service improvement group within the PIT structure.

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

Enabling actions	Plan reference	Status	Baseline and milestones/delivery trajectory
Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. This includes delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CINs will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.	PIT Programme/ Planned Care	The health board will adopt this action. Guidance on the publication of the guidelines is awaited. Within the PIT programme, the Outpatients Group will provide the mechanism for monitoring and delivery for these actions. Each service area will implement and report through their service improvement group (SIG)	No baseline as currently not part of standard practice at CTM Orthopaedics first priority area **TARGET DELIVERY DATE:** **Orthopaedics Q1 25/26** **Opthalmology Q2 25/26** **Other appropriate service Q3 25/26** Key enabler: Digital support

		The health board has set requirements for PIFU and SOS. **Confirmation of expected completion date is requested.**	
All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.	PIT Programme/ Planned Care	**Adopt** This requirement is included in the Planned Care priorities for the IMTP 2025-2028.	No baseline as currently not part of standard practice at CTM. **TARGET DELIVERY DATE Q3 25/26** Key enabler: availability of POW theatre capacity
Ensure monitoring of DNA/CNA rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.	PIT Programme/ Planned Care	**Adopt** The health board has set this standard for DNA rates/ overbooking and will review the impact of CNA rates to align with the requirements of this action.	DNA rate 8% (Jan – Dec 24) CNA rate 10% (Jan – Dec 24) No baseline as currently not part of standard practice at CTM **TARGET DELIVERY DATE Q2/3 25/26** Key enabler: service-level implementation, mitigation planning
Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists	PIT Programme/ Planned Care	**Adopt** The health board will adopt this action and will monitor through operational and PIT monitoring processes.	**See enabling action no 1**
On 90% of days planned care inpatient/day case/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.	PIT Programme/ Planned Care	**Adopt** The health board currently actively works to protect planned care services and avoids cancellation of surgery other than when in high escalation (business continuity impact level). This will be monitored through the Theatre Project within the PIT programme.	**TARGET DELIVERY DATE** **Monitoring dashboard Q1 25/26** **Performance mgmt. Q2/3 25/26**

Ensure effective utilisation of theatre capacity through: - Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and - Increasing session utilisation to the GiRFT standard of 85% by March 2026.	PIT Programme/ Planned Care	**Adopt** This requirement aligns with the existing health board internal targets and will be delivered and monitored via the Theatre Project within the PIT. The CTMUHB team currently reviews all missed opportunities extending beyond the other than the late start/ early finish monitoring, to understand the causes and to seek to maximise theatre utilisation.	Based on the 9am theatre start time for morning and all-day sessions 10/04/24 to 31/01/25 Late starts 25% Early finish 46% **TARGET DELIVERY DATE Q1 25/26** Key enabler: job planning
Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on: - Anthroplasty 90% compliance with GiRFT standard of 4 primary joints/day, 2 by end of quarter 2; - Cataract 90% of lists to have 7 Cataracts per list by end of Q2 - 90% of the time achieve at least 6 HVLC general surgery procedures on an all-day list made up of hernia or gallbladders by end of Q2.	PIT Programme/ Planned Care	**Adopt** The health board will adopt these standards and will monitor delivery through the PIT programme. The health board anticipates a longer delivery timeframe due to current constraints in the health board estate that impact on operational delivery. Arthroplasty – The health board anticipates delivery by the end of Q3 (following completion of all work on the PoWH site by the end of Q2) In the interim period, the current bed footprint allows only three cases per day. Cataracts – the health board current operates an average of 4/5 per list. Noting the impact of the loss of the eye unit space at PoWH, on some of our improvement work, a delivery date of end of Q3 is anticipated.	Baseline: Cataract 5.5 p/list 30% of list cap Arthroplasty 4 p/list 100% list cap during Oct 24 pre-POW critical incident. Specific HVLC lists will be actively monitored through PIT programme monthly **TARGET DELIVERY DATE Q3 25/26** Key enabler: availability of POW theatre capacity

		General surgery lists are affected by our current limitations on bed base and theatre capacity. Delivery is anticipated to require until the end of Q3.	

Thematic Area: Workforce Productivity

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

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

Enabling actions	Plan reference	Status	Baseline and milestones/delivery trajectory
Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular	People Chapter Monitoring via Operational Delivery Committee	**Adopt** • Enhancing quality and safety of patient experience by delivering more care by our own workforce who are employed in and familiar with our organisations and processes.	CTM Workforce Shape and Supply Steering Group established to improve supply pipelines. Subgroups on Attraction/Resourcing and Retention in place, alongside current staff development and promotion of bank working. These are delivered in partnership to develop strategies to

			recruit and retain our substantive workforce to reduce agency cover and spend. This all aligns to the IMTP Education Training Commissioning returns.
		• Transparent, consistent, and equitable application of existing agreed national terms and conditions, ensuring we pay our employed workforce for their contractual and any additional hours worked at the appropriate contractual or agreed national rate.	CTM has several local people policies which ensure that our workforce is paid in accordance with the applicable Agenda for Change, Medical and Dental and ESP Pay Scales.
		• Transparent, consistent, and equitable application of national terms and conditions in pay and reward for those people who work flexibly through the NHS Staff Bank.	CTM is an accredited Real Living Wage Employer, committed to ensuring the workforce, including workers are paid above the National Minimum Wage. The Agenda for Change Pay rates for band 1 – 3 posts are increased on 1 April annually and applied to employees and worker, to comply with our accreditation requirements.
		• Better value for money for NHS resources – reducing the additional costs associated with avoidable deployment of agency workforce into the NHS at premium rates (covering all professional groups).	CTM has an in-house Staff Bank for nursing, midwifery, healthcare support workers, as well as for administrative staff. Work is being undertaken to establish the feasibility of creating a bank for facilities workers.

		• Avoid inter-organisation competition for people leading to increase in costs for the NHS with no extra workforce capacity for the additional costs. • Identify measures to address long standing hard to fill roles which are reliant on agency cover.	Payment of bank workers is accordance with all Wales AfC rates of pay for each band. A Bank modernisation will promote recruitment to the bank and improve rostering practices, to reduce reliance on agency cover. There is also a plan to develop bank and rostering KPIs to monitor improvements reported to the Nurse Productivity Programme. CTM is participating in the work with NHS Employers to develop an All-Wales Rate Card for M&D staff. CTM applies the All -Wales agreed national rates of pay. There are no provisions in place to increase capacity, outside of agreed national terms and conditions. There is a targeted action plan in place to address M&D long standing agency cover arrangements, into either substantive contract of employment or alternative, flexible workforce models to address hard to fill post and to reduce agency usage and spend **by 31 March 2026.**

			CTM has submitted a bid to the WG to recruit 17 International educated doctors. A response is expected response by April 2025.
Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.	People plans Monitored via the Value and Sustainability Board	**Adopt** CTM already has in place a targeted programme of work to drive down agency spend across all hard to fill posts. The governance structure for driving down agency spend in CTM is overseen by the CTM Values and Effectiveness Portfolio Board. Two programmes are in place: - - Medical and Dental agency reduction is managed via our monthly Medical Workforce Productivity Programme. - Nursing agency reduction is managed via our Nurse Productivity Programme The Health Board is actively working towards delivery of this requirement. It is anticipated there is an opportunity for the further reduction in M&D in 2025/26 from the 2024/25 outturn. A continued and sustained reduction in nursing agency expenditure is likely to take longer due to the complexity service demands and the HB specific challenges which will continue to	Total medical agency in M10 £676k. This has reduced on average by £530k per month when compared to 23/24. The introduction of consultant and non-Consultant pay rate cards in 2024/25, with a target for 2025/26 to maintain 95% compliance by 31 March 2026. There is focussed work being undertaken to substantively recruit or redesign the workforce to reduce vacancies and hard to fill posts, by 50% by 31 March 2026. International Medical Recruitment bid submitted to WG to support the recruitment of 17 M&D posts. Update on the funding available is expected in April 2025. CTM's NMR agency spend in M10 2024/25 £1,886k compared to £1900k at the same period in 2023/24.

		impact 2025/26 (e.g. POW critical incident, stroke services, ACSP, LHP etc.).	CTM has not used off contract NMR agency workers via Thornbury, since September 2024.
Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025.	People plan Monitoring is at Nursing Productivity Board for HCSW and Admin & Clerical and Estates & Ancillary agency spend is monitored at Operational Delivery Committee	**Adopt** Focussed workforce planning to ensure we are enabling opportunities for workforce redesign, improved attraction, retention and bespoke recruitment drives to reduce agency usage for hard to fill/specialised roles where, skills are in short supply. The Health Board is actively working towards delivery of this requirement. It is however anticipated that the trajectory to zero usage is expected to be after 30 September 2025. A Facilities Bank is in discussion to reduce the agency spend.	**HCSW** CTM significantly reduced using HCSW agency workers from 1 October 2023 and only in exceptional circumstances were such requests to be approved for the area of Mental Health. CTM has been using, on average 50 WTE HCSW agency per month. Usage reduced in October 2024, with a spike in December 2024. However, by February 2025, usage had reduced to 28.12 WTE per month. CTM undertook a bespoke bank recruitment campaign for Mental Health HCSWs in November 2024. The numbers are being worked through as the recruitment process progresses. **Admin and clerical** Within CTM A&C agency spend during Month 10 of 2024/25 was £397,197 down from £1,088,579 for the same period in 2023/24.

			The main areas of spend for A&C workers are within specialist areas where skills are in short supply. Focussed recruitment to attract specialist digital resource is underway and alternative options are being considered. **Estates and Ancillary** Within CTM the E&A agency spend during Month 10 of 2024/25 was £2,752,953, an increase of 50% on the same period in 2023/24 when expenditure was £1,367,215. CTM is currently in discussion to develop a Facilities Bank in 2025/26 to reduce the reliance on premium agency cover.
Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.	People plan Monitoring is via Medical Workforce Productivity Programme Board	**Adopt** The Health Board has an existing structure to oversee the delivery and compliance of job planning. This is overseen by the Executive Director for People and the Executive Medical Director. The Health Board is actively working towards delivery of this requirement. It is however anticipated that the time to achieve a completion rate of 90% of job	Job planning compliance within CTM, as of January 2025 was 34% (Consultants and SAS combined). The Care Group with the highest level of completed job plans was Children and Families with 75% (Consultant and SAS combined). Delivery targets are milestones are: 50% by Q2 30 June 2025; 60% by Q3 30 September 2025; 85% by Q4 31 March 2026; and

		plans, is likely to be later than 30 September 2025.	90% compliance timescales to be agreed at MWPP. From 1 March 2025, the current job planning process will be amended from 10 to 4 weeks, to support faster sign off plans. This process amendment should assist with the achievement of the target compliance rates.
Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels	People plan Monitoring is via Operational Delivery Committee	**Adopt** To support a reduction in sickness absence, CTM is focussing activities under three broad areas: - Policy awareness Skills development Case management. This will be monitored by Care Groups, via People Directorate. The People Directorate produce weekly sickness absence reports for monitoring purposes. This data forms part of the Care Group's monthly Performance Dashboard and is reviewed at Senior Leadership Team meetings, to identify hot spots and interventions. The People Services Team hold regular case management meetings with the Care Group Heads of People, to ensure appropriate and timely actions are being taken by managers and the Team.	Rolling 12-month sickness rate at the end December 2024 was 7.98% against the Welsh Government target of 4.5%. 2024/25 sickness absence will be included once data is available. The focus in 25/26 will be to reduce sickness rates particularly in our highest sickness % areas. Within CTM the staff group with the highest sickness levels is estates and ancillary employees with an average sickness absence rate of 11.16%. 77% of our workforce live within the CTM footprint. The Census 2021 confirmed that only 76.6% of the CTM population reported having very good or good health, which is lower than the Wales position of 78.6%,

		CTM is also part of the national working group reviewing the current All- Wales Managing Attendance at Work policy. It is anticipated that there is currently some under-reporting of sickness absence on ESR, so an increased focus on sickness absence is anticipated to result in an initial spike in absence rates. CTM is making good process implementing the All-Wales Occupational Health Minimum Service Levels and KPIs.	It is anticipated that there is currently some under-reporting of sickness absence on ESR. The increased focus on sickness absence is anticipated to result in an initial spike in recorded absence rates, in addition to seasonal variations. At January 2025 CTM was complaint in 43 out of the 49 activities and was making progress in implementing the outstanding 6 activities. This information is monitored and reported on a quarterly basis. This information will next be reported in April 2025.

Thematic Area: Maximising Value for Money

Objective: Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness

Summary statement: The Value and Sustainability and Individual Commissioned Patient Care Programmes have provided the structure for delivery of the requirements of the V&S programme. The health board is reviewing the structures to implement robust programme delivery mechanisms for all actions below.

Enabling actions	Plan reference	Status	Baseline and milestones/delivery trajectory
Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.		**Adopt**	
Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)	Medicines Management Value and Effectiveness Portfolio	**Adopt** The Medicines Management Value and Effectiveness Portfolio aims to optimise the value, safety, and clinical effectiveness of medicines. The programme will focus on ensuring appropriate medicine use, reducing waste, improving patient outcomes, and delivering cost savings for healthcare systems. A PID has been developed for the 2025-26 work plan.	There is a PID setting out all requirements for delivery in 2025-2026. A copy is available, if required.
CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This	Individual Commissioned Patient Care Programme	**Adopt** The Individual Commissioned Patient Care Programme is undergoing a review to reframe the programme and priorities for action in 2025-26.	The ICPC structure will deliver, monitor and review progress.

includes implemented a standard digital solution to support effective intelligence capture on a national basis.		These will include a continued focus on improving clinical and financial effectiveness for packages of care and work towards a digital solution. The priorities identified include: 1. An all Wales digital system for CHC 2. All Wales support for NHS CHC assessors and reviewers training and competency 3. A process to identify opportunities to ensure value through consistent pricing 4. A continuation of the High Cost Mental Health & Learning Disabilities Placements Reviews 5. CHC Health and Social Care Co-operation group 6. Strategic Commissioned Care Planning 7. Improving governance and oversight national and local CHC work	
Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.		**Adopt** The health board will continue to review and revise the use of its estate in alignment with both the Acute Clinical Services Plan and the Integrating Community Services Programme. The ongoing work on Prince Charles Hospital and Princess of Wales Hospital, the Maesteg Programme and the Llantrisant Health Park Programme will be significant contributors to this work.	

Thematic Area: Improving Value, Optimising Outcomes, & Minimising Variation

Objective: Support improvements in outcomes, effectiveness, and value, through optimising how resources are utilised, and focus on improving outcomes.

Summary statement:

Enabling actions	Plan reference	Status	Baseline and milestones/delivery trajectory
Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme.		**Adopt**	SCP Dec 2024 63% Improvement trajectory to be added 10.10.25 SCP target to be updated **TARGET DELIVERY DATE Q4 25/26**
Ensuring full compliance with straight to test guidance		**Adopt**	
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes	Strategy group chapter	**Adopt** The Diabetes Programme Board has adopted the high-impact diabetes pathway as part of its broader metrics to monitor progress against the developing 5yr Diabetes plan.	The dashboard will be in place and in use from Quarter 2 to monitor delivery of the pathway.
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health	Strategy group chapter	**Adopt** The Fracture Liaison service has commenced and adopted the high-impact Bone Health pathway and data reporting has commenced	Delivery will be during 2025-2026

		on the National audit platform. The team is working with the CTM VBHC Team and ABUHB to develop a National PROM which will be implemented during 25/26.	
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)		**Adopt** Work will commence with the service to adopt the high-value Arthroplasty pathway. Once relevant PROMs have been updated and agreed nationally they will be implemented across CTM	
Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.	Digital	**Adopt** The health board has approved investment to support the implementation of the digital maternity system and is working towards the implementation of the NHS Wales app.	
Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.		**Adopt** The health board is team working with the national programme to ensure alignment and development of core capabilities that will drive benefits across NHS Wales.	
Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation		Cyber Security Assurance Plan will be a key priority for the Health Board through the lifetime of this IMTP.	
Progress implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1.	PIT Programme		
Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement	PIT Programme		

ongoing recommendations throughout 2025/26			
Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.		**Adopt** The CTMUHB Health Pathways team has overachieved on the national targets for 2024/25 (100 localised pathways by end of March 2025 was achieved in October 2024). Work is progressing well with the CIN/SN priorities. This is monitored and reported on a monthly basis to the following meetings/groups: ▪ PIT via the PIT Outpatient Cross Cutting Group, ▪ National Health Pathways Programme Group, ▪ Planned Care Recovery meetings with the NHS Executive. The targets for 2025/26 have not yet been set by the national programme but the team will endeavour to ensure these are met. (Please note that Pathways Alliance has rebranded to Streamliners UK.)	

Agenda Item
2.2

Strategic Development Committee

Subsidy Control

Dyddiad y Cyfarfod / Date of Meeting	13/03/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Gareth Watts
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	Endorse for Board Approval

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

Acronyms / Glossary of Terms	
Nil	

1. Situation /Background

1.1 Subsidy control is a legal framework that governs the giving of subsidies. It must be followed by all UK public authorities, including the UK government, arm's-length bodies, the devolved governments, local authorities, and other organisations exercising functions of a public nature, in Wales this includes Local Health Boards.

1.2 The framework allows public authorities to use subsidies as a tool to meet their policy objectives, while at the same time avoiding unnecessary harm to fair competition between businesses in the UK, and between the UK and other countries.

1.3 A subsidy is where a public authority provides support with a financial value to an enterprise (which is any legal person who engages in economic activity by putting goods or services on the market), and this support gives the enterprise an economic advantage, meaning that equivalent support could not have been obtained on commercial terms. For example, a cash payment, a loan at below the market rate of interest or the free use of equipment or office space.

1.4 It is a public authority's responsibility to determine whether financial assistance is a subsidy or not, and therefore whether the requirements of the Act apply.

2. Purpose of the Report

2.1 The purpose of this report is to inform the Committee on the Subsidy Control requirements set out by Welsh Government with respect to The Housing with Care Funding (HCF) Capital programme, and to ask that the Committee endorses for Board approval the request from the Regional Commissioning Unit to submit a subsidy control scheme on Cwm Taf Morgannwg University Health Board's (CTMUHB's) behalf.

2.2 The Housing with Care Funding (HCF) is a Capital programme introduced by Welsh Government in 2022, with a primary focus on increasing the stock of housing that is available to meet the needs of people with care and support needs. In Cwm Taf Morgannwg, we receive £8.7m in HCF funding annually, which is broken down into 3 Objectives:

- Objective 1 – properties to be let as social rented tenancies i.e. Extra Care schemes.
- Objective 2 – intermediate care and accommodation i.e. Children's Residential homes, short-to-medium accommodation for adults as step-up/step-down services from hospital.

- Objective 3 – minor projects (below £100,000 in value) i.e. repairs, refurbishments and improvements to existing housing with care or intermediate care settings.

2.3 Working on behalf of the Regional Partnership, the Regional Commissioning Unit work in partnership with statutory partners including CTMUHB, Local Authorities, Registered Social Landlords and the Third Sector to develop projects that meet aligned priorities as set out in our 10-Year Strategic Capital Plan.

2.4 A Regional Capital Board was established to provide oversight and accountability on administering the funding, with members elected from each statutory partner.
The main portion of the funding is allocated to Objective 1 and 2 schemes, which is issued directly from Welsh Government to grant recipients.

2.5 Objective 3 funding is administered by the Regional Commissioning Unit (on behalf of the Regional Partnership) as an allocation of £872,900 of the total HCF budget, which is paid to projects via CTMUHB acting as bankers.

2.6 All RPB capital funding comes into the CTMUHB finance department and all funding award letters are duly signed by Paul Mears as CEO and Sally May as the Executive Director of Finance.

2.7 Monitoring and administration is undertaken by the Regional Commissioning Unit.

2.8 The latest award of funding letter makes reference to subsidy control

(a) This award of Funding is made on and subject to the Conditions and under the authority of the Cabinet Secretary for Housing, Local Government and Planning, one of the Welsh Ministers, acting pursuant to Sections 1 and 2 of the National Health Service (Wales) Act 2006 and functions transferred under sections 58A of the Government of Wales Act 2006.

(b) You must ensure that the use of the Funding is compatible with the Subsidy Control Act 2022 and the applicable agreements contained in the World Trade Organisation rules, UK-EU Trade and Cooperation Agreement and any Free Trade Agreement involving the UK and the Northern Ireland Protocol and any relevant domestic legislation.

2.9 Members of the Regional Commissioning Unit have attended a number of meetings with Welsh Government to understand the implications and action needed.

2.10 There will be a requirement to register any payments that may be classed as a subsidy and as such, show them on the relevant page of the UK Government's website.

2.11 The Welsh Government Subsidy Control team advise that the best way to proceed is to register the region's Objective 3 capital funding as a Programme Level subsidy with a subsidy reference number being attached to each payment made.

2.12 This allows the region to assess the Objective 3 funding as a programme and apply the 4-limb test to the programme, rather than each project individually. Once the 4-limb test has been applied, a 7-principles assessment to determine how the funding meets the Subsidy Control criteria, which will be logged by Welsh Government.

2.13 These projects cannot exceed £100,000 in value and for the financial year 2024/25, we received 26 new applications for funding with a total value of £1,545,391.18. A review panel formed from members of the Capital Board were elected to priorities and decide which applications would receive funding.

3. Specific Matters for Consideration

3.1 As stated above in order to comply with the Subsidy Control UK Act 2022, each project that is issued any funding that could be considered a subsidy is required to undergo a 4-limb test.

3.2 The 4-limb test is designed to provide guidance on whether any financial assistance is classified as a subsidy or not, with 'Yes' or 'No' answers sought for each question. If any of the four questions are answered 'Yes', then the award should be classified as a subsidy.

3.3 If the funding is determined to be a subsidy (in CTMs instance, each project answered 'Yes' to at least one of the 4-limbs), then a further 7-principles assessment should be carried out on each project, or the assessment can be completed at a programme level to encapsulate all the projects. These 7 principles outline the considerations that need to be made by the awarding body, in awarding a subsidy.

3.4 Once the Principles assessment has been completed, the document can then be registered on the UK Subsidy Control Database. The subsidies are then published and can be 'challenged' for up to 30 days from the date of publishing, from other potential fund recipients that may not have received any previously. This process allows full transparency from WG as funders and the CTM RPB as fund administrators, CTMUHB as bankers.

3.5 For context, Welsh Government have advised that they have not had to process any challenges since the Subsidy Control Act 2022 has been in place.

3.6 A 7-principle assessment of CTMs Objective 3 Programme has been completed. (Appendix 1). This has been shared with Welsh Government Subsidy Control colleagues who were supportive of the submission.

3.7 Across Wales, other regions have successfully submitted their Subsidy Control schemes and are live on the Subsidy Control database. Working collaboratively with other regions, the CTM proposed submission is similar in content and only varies in region specific wordings. Welsh Government have already approved this format.

3.8 Approval from the Board of CTMUHB is required before the subsidy can be lodged.

3.9 Once submitted and approved, the subsidy will remain in place until the end of financial year 2026/27, meaning no other submissions will be required during the cycle of the HCF fund. Any other award made until its expiry will be made under the existing subsidy scheme reference number

4. Key Risks / Matters for Escalation

4.1 In terms of risk, the regional team has been advised that CTM's Objective 3 capital programme would likely be classed as a SPEI (Service of Public Economic Interest) which would provide sufficient cover should any challenges be made to our awards,

4.2 In order to go ahead the Regional Team requires approval from the Board of CTMUHB and without this approval the subsidy control could not be logged.

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

150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	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	Subsidy control is a legal framework that governs the giving of subsidies. It must be followed by all UK public authorities, including the UK government, arm's-length bodies, the devolved governments, local authorities, and other organisations exercising functions of a public nature, in Wales this includes Local Health Boards.	
Enw da / Reputational	Yes (Include further detail below)	
	Failure to follow the appropriate governance in agreeing and lodging the subsidy control would have a detrimental effect on the Health Board's reputation and jeopardise future Objective 3 Funding.	
Effaith Adnoddau *(Pobl /Ariannol) /*	There is no direct impact on resources as a result of the activity outlined in this report.	

Resource Impact *(People / Financial)*	

6. Recommendation

6.1 The Strategic Development Committee are asked to:

- **NOTE** the new requirements on Subsidy Control for Objective 3 projects, as directed by Welsh Government.

- **ENDORSE FOR BOARD APPROVAL** the regional team's request to lodge the Subsidy on the health board's behalf.

7. Appendices

7.1 Appendix 1 – 7 Principles Assessment.

Cwm Taf Morgannwg Housing with Care Fund (CTMHCF) Principles Assessment August 2024

INTRODUCTION

In line with the Housing with Care Guidance, the Cwm Taf Morgannwg Housing with Care Fund (CTM HCF) is to support with minor projects within localised communities which are aligned to the overarching Housing with Care (HCF) principles and delivered to the eligible priority groups.

The application process is open to any partner which ensures that competition for funding is equal, and the applications are reviewed by a designated review panel, from members of our Regional Capital Board who work on behalf CTM Regional Partnership Board.

The CTM HCF (Objective 3, Minor scale programme) for 2024/2025 is £872,900 which is applied for via an open application process. There has been WG authorisation for an additional 5% funding of £436,450 (5% of our overall HCF budget of £8,729,000 for Objectives 1, 2 and 3) which is ringfenced for specific Disabled Facilities Grants for each Local Authority area – this is split based on the population split across the region – RCT at 55.2% = £240,920.40, Bridgend at 30.3% = £132,244.35 and Merthyr Tydfil at 14.5% = £63,285.25. Therefore, total value of the CTM HCF for 2024/2025 is £1,308,350 and 100% of the project value is from Welsh Government.

All eligible costs are referred to within the HCF Guidance (2021) and provides usage examples such as repairs, refurbishment and improvements to existing housing with care or intermediate care settings, equipment and adaptions to existing homes, other small-scale projects let by the community or third sector and digital aids, monitoring and assistive technologies.

HCF funding may not be used for purchase of vehicles or conversion or improvement of analogue to digital technology infrastructure.

The success of the CTM HCF minor projects will be measured against the health & Social Care Outcomes Framework, HCF specific indicators and benefits realisation.

WG directly award CTM HCF to the Cwm Taf Morgannwg Regional Partnership Board (CTM RPB), with CTM UHB acting as banker for the funds. CTM RPB then allocate, and programme manage the funding per financial year. The Local Health Board (Cwm Taf Morgannwg UHB) act as the 'banker' to support the financial administration of programme funds.

Each partner, including Local Authorities would assign a project lead who is directly responsible for the utilisation of the CTM HCF and to be a main point of contact between CTM RPB and the project. The process take place as follows:

1. Application window is opened, where partners are informed and invited to submit applications.
2. HCF Objective 3 Applications Form is completed and submitted.
3. Initial review and assessment of all application forms are done by Regional Commissioning Officer and Regional Capital Support Officer.
4. An application review panel is set up from members of our Regional Capital Board, with members from each statutory partner to ensure fair representation across the panel.
5. A shortlist is confirmed by the panel and submitted to the wider Regional Capital Board for approval.
6. Once the list of projects have been confirmed, confirmation of funding / offer letter is administered to successful projects
7. Project work takes place with quarterly progress reports submitted for each project, with invoices submitted to the RPB for forwarding to the LHB at the end of each quarter for review and payment.

STEP 1 – Consider principles A and E

Principle A: Common interest
Subsidies should pursue a specific policy objective in order to remedy an identified market failure or address an equity rationale (such as social difficulties or distributional concerns or local or regional disadvantage).

The purpose of CTM HCF is to facilitate minor projects to support independent living in the community for people with care and support needs, and to provide intermediate care settings in the community so that people who need care, support and rehabilitation can return to living independently or maintain their existing independence.

The CTM 10-year Capital Strategy (2022) outlines the following market failures (which are aligned with HCF priorities) within the Cwm Taf Morgannwg region:

- **Older People** – The challenge of the growing proportion of older people in the population is well-known. The PNA (population needs assessment) predicts a general rise in the population by 5% over the next 20 years, with decreases expected in those lower than 65 but significant increase in those over 85. The over-arching policy direction is to support people in their own homes, including home adaptations and the use of assistive technology.
- **Dementia** – There is a discrepancy in the number of beds available for older people living with dementia, with an estimated shortfall of 778 nursing beds available. From 2020-2040, we are expecting an estimated 62% increase in people living with dementia across CTM.
- **Children and Young People** – as of the 31st of March 2022, there were 1205 children looked after in Cwm Taf Morgannwg. Across CTM, roughly 25% of

children looked after are done so out of county. Using data from 2021-23 there is an estimated shortfall of 60-70 placements for children looked after across the region that currently reside in for profit accommodation. There is an estimated yearly demand of 85 unit of accommodation for CYP leaving care across CTM.

- **Mental Health** – CTM poses a higher than Wales average of people claiming Employment Support Allowance and Incapacity Benefit due to mental health issues – 4.4% compared to the average of 3.3%. As an example, RCT have reported in their 2022-23 prospectus that there is a year-on-year increase of 11% in mental health referrals. It also identified 17 individuals with mental health challenges were awaiting accommodation and 88 required step-down provision.
- **Physical Disability and Sensory Need** - There are just over 4000 people with a registered physical disability across the region although disaggregated data between older and younger adults is not available. Capital investment has had an emphasis on assistive technology and adaptations, supporting people to be maintained in a home of their choice rather than being placed.
- **Learning Disability and Sensory Need** - There is a considerable demand across the region for specialist housing for people with a learning disability and/or autism. Each Council has separate arrangements in place for the management of long-term and short-term placements, however provision is not sufficient to meet current and future demand. There are about 740 children and young people in RCT and Merthyr Tydfil who are Autistic, and some will also have a learning disability (Cwm Taf Regional Plan 2018-23). The number of people diagnosed with autism is expected to increase across the region.
- **VAWDASV** - A total of 2021 survivors of domestic abuse accessed services across the region in 2020-21 in high and medium risk categories. The model of support for survivors of VAWDASV includes a combination of dedicated refuges, move-on accommodation, and floating support services. In 2020-21 270 women and children were supported in refuges and 237 in 2021-22. In 2020-21 450 people were supported by floating support.
- **Unpaid Carers** – Respite care for individuals with learning disabilities is a specific challenge. The provision of respite care by homes is hampered by the administrative burden, and financial risk to independent providers. Where provision within the region is unable to meet the assessed needs of an individual, then specialist complex provision may be identified and commissioned out of county. The level of care and support for unpaid carers provided by unpaid carers is projected to increase significantly over the next 10 years as the population grows older, with many carers themselves over the age of 65.

The covid-19 pandemic has exposed some of the frailties of the health and care system. A combination of sustained public sector austerity and the wide-ranging impact of the pandemic is compounding pressures upon the whole system. Market uncertainty is inhibiting private investment and increasing levels of complexity are not being matched by corresponding workforce capacity – increasing pressure upon market stability.

Across adult services, waiting lists are developing and domiciliary care packages are being subjected to tighter assessment. Further there is limited access to some local specialist services – such as those focused on people with mental health issues, and critically, significant workforce shortages across all parts of the care and support market.

However, there is also a growing risk of market instability within the residential / nursing home market for older people across the region. Providers are facing significant workforce pressures, rising levels of complexity, increased costs and reduced occupancy levels. Market intelligence across Wales suggests that the pressures on residential

providers have escalated since Autumn 2021 with staffing issues meaning that some homes are not able to accept new residents.

Likewise in children services and services for working aged adults, there are growing challenges in ensuring access to the right services and support - with many placements being made outside of the county (and region) at significant cost.

CTM HCF will support minor projects within localised communities. Projects must assist to alleviate market failures as described above and prioritise the following principles, eligible priority groups and project types:

Principles:

- The ageing population
- Care closer to home
- Intermediate health and care services in the community.

Priority groups eligible for HCF:

- Older people including people with dementia
- Children and young people with complex needs
- People with learning disabilities, neuro-diverse and neurodevelopmental conditions
- People with physical disabilities
- Unpaid carers
- People with emotional health and mental well-being needs.

Project types:

- Repairs, refurbishments and improvements to existing housing with care or intermediate care settings
- Equipment and adaptions to existing homes which are not supported by other WG adaptions grants including supplementing the cost of Disabled Facilities Grants over the £36,000 statutory maximum
- Other small-scale projects in support of HCF objectives e.g. community or third sector led
- Digital aids, monitoring and assistive technologies.

Principle E: Least distortive means of achieving policy objective

Subsidies should be an appropriate policy instrument for achieving their specific policy objective and that objective cannot be achieved through other, less distortive, means.

CTM HCF will be awarded by way of small grants up to the maximum value of £100,000 each. If an individual grant is to exceed £100,000, WG authorisation must be sought prior to award. Other means of funding had been considered, however based on the guidance set out by Welsh Government, small scale individual awards were based to be the least distortive. Other *possible* means could have been loan arrangements, ring fencing funds to each LA based on population etc but these were not considered.

Minor projects can have a significant and disproportionately beneficial impact compared with their cost. 12-month minor projects provide short and sharp intervention and prevention within localised communities to help support independent living in localised communities for people with care and support needs.

No other means of financial awards have been considered as HCF guidance (point 129) stipulates the setup of a small grant scheme.

STEP 2 – Consider principles C and D

Principle C: Design to change economic behaviour of beneficiary
Subsidies should be designed to bring about a change of economic behaviour of the beneficiary. That change, in relation to a subsidy, should be conducive to achieving its specific policy objective, and something that would not happen without the subsidy.

The purpose of CTM HCF is to invest in and facilitate minor projects to support independent living in the community for people with care and support needs, and to provide intermediate care settings in the community so that people who need care, support and rehabilitation can return to living independently or maintain their existing independence.

Support of this fund can assist with market failures by improving overall societal welfare and distribute resource, and to assist HCF priority groups to maintain living independently within localised communities, thus supporting the NHS to save money from additional hospital admissions and extended hospital stays due to the inability to discharge to suitable accommodation which fulfils the needs of patients.

As stated within A Healthier Wales (2021), externality has occurred where and undersupply of health and social care services and activities have affected the health and wellbeing of third parties (general public). This market failure is having a detrimental effect upon the care and support needs of vulnerable citizens, which is leading to increased hospital admissions and lengthier hospital stays due to a lack of service and facilities to support independent living. These issues are putting additional undue pressures upon the health and social care sector which require addressing to support a more sustainable future for the sector.

Investment in housing with care and intermediate care settings is a preventative approach which is designed to deliver financial savings to the health and care system as a whole.

Projects must assist to alleviate market failures as described in step 1 and above, prioritise the following principles, eligible priority groups and project types, along with achieving HCF indicators and benefit realisations:
Without the CTM HCF, there would be no grant aided support for minor projects which help to support the prevention of hospital discharges and timely hospital discharges back into suitable accommodation which meets individuals needs by way of maintaining independence within localised communities, therefore market failures would continue.

The CTM HCF programme will have a long-term and disproportionately positive benefit compared with the investment it receives.

Principle D: Costs that would be funded anyway

Subsidies should not normally compensate for the costs the beneficiary would have funded in the absence of any subsidy
As explained in step 1 above, the covid-19 pandemic exposed some frailties of the health and care system, namely provider of adult services considering handing back contracts or stopping services, resulting in the development of lengthy waiting lists to access domiciliary care packages which are being subject to tighter assessments. Furthermore, there is limited access to some local specialist services – such as those focused on people with mental health issues, and critically, significant workforce shortages across all parts of the care and support market. It is evident that market failures are putting unprecedented pressure upon the housing and social care sector, and without funding support to alleviate, projects would not be taking place to address the failure or to plug the gap. If the CTM HCF programme was not in place, there could be two possible scenarios across the region: • The works being carried out would not be done at all, meaning significant hardship to those who receive the works in terms of their physical wellbeing, in terms of adaptations not being done. It could mean that as the need for assistive technology increases, less of the technology is being provided therefore those in need are not being supported. • The works/equipment are pai for by the service users, leading to financial hardship leading to negative mental wellbeing and impacting their overall health further. IRCF is a sister fund to the HCF, which is there to support the rebalancing agenda which is a priority identified in our 10-year Capital Strategy.

STEP 3 – Consider principles B and F

Principle B: Proportionate and necessary *Subsidies should be proportionate to their specific policy objective and limited to what is necessary to achieve it.*
Individual schemes are capped to £100,000 which is considered as a small subsidy and proportionate enough to achieve the required change in behaviour. There is significant risk-management involved in the administering of the funds, with payments not being made unless sufficient evidence is provided that the works outlined

the application is being progressed. This is done via quarterly progress returns which are requested at the end of each quarter, as well as invoices to draw down funding wherever possible and in-line with their award. This minimises the risk of projects overspending/underspending and ensures we are able to maximise on the funding that is available to us.

CTM HCF objective 3 funds are issued on a 12-month basis, therefore is time-limited and likely to lead to less distortion. Payment schedules are linked to criteria such as the achievement of specific milestones and benefit realisation.

CTM HCF's are to support capital projects therefore no 'day-to-day' costs will be funded.

Use of the CTM HCF is ringfenced to be utilised for minor projects which fulfil the HCF criteria and prioritisation of the priority groups. These rules are made clear in the WG HCF Objective 3 offer letter and the HCF Guidance.

The CTM HCF assists with Welsh Government health service ambitions as set out in 'A Healthier Wales', by encouraging engagement from a range of sectors to assist with the delivery of minor but fundamentally beneficial projects, which assist to achieve WG's aims and objectives to increase independent living within localised communities, therefore bringing care closer to home. Without the support of the CTM HCF, there would not be any financial support or incentive for organisations to get involved with the transformation of the health and social care system, therefore adding additional challenge to meet the needs of individuals, particularly those who are highlighted within the priority groups of the HCF eligibility criteria.

Principle F: competition and investment within the UK
Subsidies should be designed to achieve their specific policy objective while minimising any negative effects on competition and investment within the UK.

As identified in A Healthier Wales (2021), the fund is operating within the health and social care market which no longer meets the needs of the society the NHS was originally designed for. People now live longer, medicines are more advanced, technology has transformed the way we live, lifestyles and expectations have changed. Treating people in hospitals when they are ill is only a small part of modern health and social care. The Welsh Government's ambition is to bring health and social care services together, so they are designed and delivered around the need and preferences of individuals, with a greater emphasis on keeping people healthy and well. To achieve this ambition, there is a need to work towards a seamless whole system approach to health and social care. Services from different providers should be seamlessly co-ordinated, and going beyond services to make a difference to the social and economic factors which influence health, wellbeing and life chances.

The CTM HCF is open to applications from any partner – this ensures that competition for the funding is fair and equal. All applications are reviewed based on how well they meet HCF objectives, meaning it's an open process to apply if they can provide evidence that they support the funds overarching goals.

To offer transparency to the application process, grant applications are asked not to exceed £100,000 which also assists to ensure a consistent approach to size and scope of

projects. Nevertheless, there is scope to accept applications over £100,000, however such applications require proper discussion with the RPB and regional lead, and the structure of the proposed project must be heavily aligned with the HCF aims, objectives, priority groups and achieve substantial benefits. All proposed projects over the £100,000 threshold must be individually reviewed and authorised by WG.

Looking from a broader perspective, as a region, we are limited to issuing grants to within our region. Meaning that other, similar projects are funded in similar ways from within their own pre-determined regions. This approach allows us to focus on identified needs within our locality, with other regions adopting similar approaches to their own areas of work.

Certain funds are often ringfenced for Disabled Facilities Grant utilisation – the ringfencing measure is set by WG. If the RPB feels there to be a prominent area for exploration within the CTM HCF criteria, ringfencing of funds for projects which contribute to and address the area of interest may be actioned.

STEP 4 – Consider Principle G

G: beneficial effects outweigh negative effects
Subsidies' beneficial effects (in terms of achieving their specific policy objective) should outweigh any negative effects, including in particular negative effects on competition or investment within the UK and international trade and investment

The CTM HCF will create a wide range of positive effects which include:

- Before any award is made, significant due diligence is performed to ensure the positives far outweigh the negatives of the projects not being funded.
    - For example, one of the Local Authorities in the region have applied for funding to purchase specific chairs to use in their care homes. These chairs are to support care home staff to help its residents in getting back to their feet/sitting upright following a fall, without the need to call emergency services. The cost to purchase one of these chairs is £2,349.95 and have been noted to reduce the need for Care Homes to require emergency service support to help the person in question. The Welsh Ambulance Service have attributed a cost of £225 per attendance and conveyance with

an average cost of £95.72 per visit to A&E, showing potentially significant savings being made with these chairs.

- Without the CTM HCF, the minor projects would not take place due to the financial constraints and pressures currently experienced across all local authority areas and other partners.
- Each application is assessed to try and understand the level of need from each partner to gain a clear picture of what would happen should funding not become available. This assists to achieve WG's aims and objectives to increase independent living within localised communities, therefore bringing care closer to home.

- Without the support of CTM HCF, there would not be any financial support or incentive for organisations to get involved with the transformation of the health and social care system, therefore adding additional challenge to meet the needs of individuals, particularly those who are highlighted within the priority groups of the HCF eligibility criteria.

- The fund is operating within the health and social care market which no longer meets the needs of the market which the NHS was originally designed for.

- Encouraging engagement from a range of sectors to assist with the delivery of minor but fundamentally beneficial projects and support minor projects within localised communities. Projects must assist to alleviate market failures as described within our Population Needs Assessment and 10-year Capital Strategy and prioritise the principles, eligible priority groups and project types outlined within the HCF guidance.

- Assists projects to support independent living in the community for people with care and support needs, and to provide intermediate care settings in the community so that people who need care, support and rehabilitation can return to living independently or maintain their existing independence.

Due to the nature of the CTM HCF and it being a very small fund with a wide range of applicable support avenues, any negative effects on competition and investment within the UK and international trade and investment will be minimal.

Where local authorities and other funding beneficiaries seek to source suppliers for minor projects and adaptations, they do so in following due diligence with regards to procurement regulations.

Based on the above, we can say with positive certainty that the CTM HCF objective 3 programme has a monumental benefit to its end users, when considering the very minimal (if any) negative impact that these projects may have. This is further evidenced by way of assisting to achieve the Welsh Government's health service ambitions as set out in A Healthier Wales (2021). This is done by encouraging engagement from a range of sectors to assist with the delivery minor but fundamentally beneficial projects, which assist to achieve WG's aims and objectives to increase independent living within localised communities, therefore bringing care closer to home. Without the support of CTM HCF, there would not be any financial support or incentive for organisations to get involved with the transformation of the health and social care system, therefore adding

additional challenge to meet the needs of individuals, particularly those who are highlighted within the priority groups of the HCF eligibility criteria.

Agenda Item
2.3

Strategic Development Committee

National Digital Cellular Pathology Business Case

Dyddiad y Cyfarfod / Date of Meeting	13/03/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Melanie Barker, Deputy Director of Allied Health Professions and Health Science / Clinical Director of Healthcare Science
Cyflwynydd yr Adroddiad / Report Presenter	Melanie Barker, Deputy Director of Allied Health Professions and Health Science / Clinical Director of Healthcare Science
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Pwrpas yr Adroddiad / Report Purpose	Endorse for Board Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
EMB	24/02/2025	Endorsed

Acronyms / Glossary of Terms	
BJC	Business Justification Case
NDCP	National Digital Cellular Pathology Project

1. Situation /Background

1.1 The National Digital Cellular Pathology Project (NDCP) have developed a business justification case, for the national scale up of digital enablement across Wales, emphasizing that digitisation of cellular pathology services is realistically the only option to enable delivery of a robust and sustainable diagnostic cellular pathology service fit for the future.

1.2 The purpose of this Business Justification Case (BJC) is to set out the proposals for Phase 3 of the NDCP Project. This will build upon the previous work, where investment in infrastructure and staffing evidenced proof of concept, most recently identifying the opportunities and benefits of AI & computational pathology.

1.3 The national move towards scanning of histological material for primary diagnosis and more recently, the adoption of artificial intelligence (AI)/computational pathology to improve the accuracy, reliability and quality of reports, means that most Pathologists, especially new trainees who are already using digital technology, will, in the future, choose to work in departments where digital technology will enhance and underpin their diagnosis thus benefiting the quality of patient care.

1.4 Digital pathology is critical to the ongoing development of an efficient, effective and optimal pathology service that contributes to the delivery of the current national strategy. Crucially, the NDCP Project will support delivery of the NHS Planning Framework 2023-2026 which builds on learning from the pandemic and sets out Ministerial priorities for the recovery and sustainability of health services. It is similarly aligned with the Diagnostics Recovery and Transformation Strategy for Wales 2023-25, published in April 2023, which outlines plans to recover diagnostic services by 2025, addressing the impact of the pandemic, and sets the groundwork for longer term sustainability.

1.5 The National Scale Up (to enable full digital reporting) will require investment in scanning and reporting hardware, a laboratory management software system, digital image storage and staff resource.

2. Specific Matters for Consideration

2.1 Cellular Pathology services across Wales are exceptionally fragile due to workforce challenges, inadequate estates/facilities, inadequate digital infrastructure and increasing demands on the service leading to an over-reliance on costly out-sourcing of both processing and reporting.

2.2 Cellular pathology services in Wales processed more than 1 million slides in 2022/2023, with actual and forecast growth suggesting that by 2025/26 the service will be processing approximately 1.5 million slides. The forecast growth in activity is compounded by the increasing complexity of the workload along with an increasing proportion of urgent specimens being processed and the number of tests per specimens generally increasing. As a result, turnaround times are slower and there are increasing backlogs of cases in all Health Board areas. Services face increasing challenges in achieving target turnaround times of 7 days for Urgent Suspected Cancer (USC), 14 days for urgent and 28 days for routine specimens.

2.3 It is becoming increasingly difficult to attract and retain suitably skilled professionals and demand is growing, both in terms of volume and the complexity of cases. Recovery from the pandemic has resulted in a growing backlog of activity. These factors combined have created a capacity gap and the service urgently needs mitigations to address this and to ensure it is fit for the future.

2.4 Wales are at real risk of falling behind the rest of the UK. Northern Ireland have a fully digitised cellular pathology service and Scotland are almost fully digital. In England, the practice is building up of digital networks. For example, Nottingham, Leeds and surrounding (NPIC), and PathLink (pathlake) Midlands, Norwich area are all fully digital and almost every network is at various stages of deployment.

2.5 Digitisation of cellular pathology services is a key interdependency of any move to a regional cellular pathology service, which is an agreed priority of Health Boards in South East Wales.

2.6 Cellular Pathology services at CTM are heavily reliant on costly outsourcing to enable timely service provision. The laboratory and reporting facilities are not appropriate for the demand on the service and cannot be configured to maximise workflow and enable increases to establishment. Options to increase capacity are being considered but all depend on obtaining additional estate e.g. mobile units through local costs.

3. Key Risks / Matters for Escalation

3.1 The BJC seeks approval to undertake full procurement of the new solution and commitment for HB funding.

3.2 The principal aim of the procurement is to procure additional software and equipment to create a cellular pathology service that will maximise the use of digital reporting, replacing as much of the existing traditional microscopy service as possible. The scope of the procurement:

- Slide scanners
- Medical grade screens
- Management systems
- Additional workstations/laptops
- Image storage
- AI/computational pathology solution

It should be noted that the procurement scope does not include tissue processors, stainers and other specialist laboratory equipment. These are out of scope since the standardisation of existing equipment is not currently considered achievable due mainly to cost. The final specification will be agreed following pre-tender engagement with suppliers.

3.3 Three procurement models were considered as part of the options framework:

1) Traditional purchase and service support model
2) Managed service provider model
3) Hybrid model:

The managed service provider model has been selected as the preferred way forward. The extent of the managed service provider model may be limited, for example with NHS Wales taking ownership of some infrastructure either located in NHS organisations and/or an NHS Data Centre, but with the supplier taking responsibility for management and ongoing service support. As with the traditional purchase and service support model this would involve capital and revenue accounting treatment of costs and associated funding.

3.4 Two procurement routes have been explored: full tender and a framework agreement. It has been agreed that a full tender process is the most suitable route. Procurement Scope and Specification.

3.5 The funding request for the BJC is:

- Non-recurring revenue funding of £423,000 requested from Health Boards (£71,000 per HB) for the implementation costs associated with the project team and DHCW support between 2025/26 – 2027/28.
- Ongoing revenue funding which in total equates to £34.4m between 2025/26 – 2034/35 requested from Health Boards, related to annual recurring revenue costs associated with the managed service contract for the solution and additional staff required to support Health Boards with the implementation and ongoing management of the solution.

Table 1 Indicative Revenue Costings

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	
	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000	2030/31 £'000	2031/32 £'000	2032/33 £'000	2033/34 £'000	2034/35 £'000	Total £'000
Project Team (non-recurring)	101	101	50								251
DHCW Support (non recurring)	34	34	34								101
20% Contingency	27	27	17								71
Non-recurring revenue costs	**161**	**161**	**101**	-	-	-	-	-	-	-	**423**
Project Team (recurring - contract manager)	57	57	57	57	57	57	57	57	57	57	574
Solution Costs (recurring)	28	3,336	3,103	3,172	3,251	3,333	3,418	3,493	2,525	2,525	28,184
Health Board Additional Staff (recurring)	263	525	525	491	491	491	491	491	491	491	4,749
DHCW Support (recurring)	86	86	86	86	86	86	86	86	86	86	864
Recurring revenue costs	**434**	**4,005**	**3,772**	**3,807**	**3,886**	**3,967**	**4,053**	**4,127**	**3,160**	**3,160**	**34,371**
Total costs	**595**	**4,167**	**3,873**	**3,807**	**3,886**	**3,967**	**4,053**	**4,127**	**3,160**	**3,160**	**34,795**

		Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	
	Apportionment	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000	2030/31 £'000	2031/32 £'000	2032/33 £'000	2033/34 £'000	2034/35 £'000	Total £'000
ABUHB	16.32%	72	656	618	623	636	650	664	676	518	518	5,631
BCUHB	17.18%	72	685	645	651	664	678	693	706	540	540	5,874
CTMUHB	11.42%	71	493	466	468	477	487	496	505	394	394	4,251
CVUHB	24.53%	75	930	875	884	903	923	944	963	725	725	7,945
HDUHB	12.96%	71	544	514	517	527	538	549	558	433	433	4,684
SBUHB	17.58%	75	698	657	663	677	692	707	720	550	550	5,986
Total Recurring Revenue Costs	**100.00%**	**434**	**4,005**	**3,772**	**3,807**	**3,886**	**3,967**	**4,053**	**4,127**	**3,160**	**3,160**	**34,371**

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	
	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000	2030/31 £'000	2031/32 £'000	2032/33 £'000	2033/34 £'000	2034/35 £'000	Total £'000
ABUHB	27	27	17								71
BCUHB	27	27	17								71
CTMUHB	27	27	17								71
CVUHB	27	27	17								71
HDUHB	27	27	17								71
SBUHB	27	27	17								71
Total Non-Recurring Revenue Costs	**161**	**161**	**101**	-	-	-	-	-			**423**

3.6 Financial Implications for CTMUHB for 25/26 are £71k recurring revenue and £27k non-recurrent revenue (divided over three years with 27k in 25/26).

3.7 This investment will deliver a wide range of benefits:

- Provide opportunities to create additional diagnostic capacity to support the National Recovery Programme, a key priority of all Health Boards, which will help reduce the numbers of people waiting for diagnostic tests.
- Provide opportunities to reduce reporting time which will contribute to the achievement of national cancer pathway targets and reduce the backlog of patients waiting too long on their cancer pathway.
- Enable the workforce to operate across boundaries, reducing inequality of access and reducing the pressure on the wider system.
- Utilise digital technology to enable the service to deploy existing and future workforce to best effect, including supporting multidisciplinary team-working and advanced practice models, while enabling people to develop their careers and work at the top of their license. It will also provide greater opportunities to support hybrid working and 'reporting from home'.
- Ensure that digital, innovation, technology and transformation underpins plans to deliver optimum care and services for patients.
- The resulting digital solution will provide more opportunities to work with others in line with NHS Wales' approach to innovation. In particular, this will: Enable investment and support for national diagnostic programmes in endoscopy, pathology, genomics, and imaging.
- Provide opportunities to adopt innovative digital technology solutions including AI/computational pathology
- Most critically the ability of the service to keep pace with the rest of the UK and enable it to attract and retain the highly skilled staff required to address the growing capacity gaps within the service.

3.8 While many of the benefits related to this investment are not easily quantifiable in monetary terms, service leads at each of the Health Boards have identified a range of productivity gains as a result of a more streamlined workflow which will reduce the time currently spent on existing manual processes. A prudent assessment of the total number of hours saved across Wales equates to around £750k of staff time saved each year which can be re-directed to deal with growing demand. As demand continues to grow in the future, the value of these productivity gains will be even greater and combined with greater ability to attract and retain workforce will increase internal capacity.

3.9 It is estimated that almost £4million was spent on outsourcing for 23/24 (an increase from £1.2million that was reported in previous version of the BJC). While investment in digital cellular pathology will not necessarily reduce this, as there are multiple factors influencing this expenditure, it will help reduce the risk of increased activity needing to be outsourced to external providers, or covered by expensive temporary staffing, in the future, and the risk of this expenditure increasing in line with growing demand. In addition to this, realisation of the substantial wider system benefits offered by AI/computational pathology, will only be possible following investment in the digital cellular pathology solution.

3.10 It should be noted that the NDCP Project is critical to Pathology's ability to support ongoing NHS Wales activities and current and future initiatives. In particular, this includes:

- Supporting the elective pathway and enabling NHS Wales to deliver on the associated Recovery Plan depends on the service's capacity to meet target turnaround times
- Supporting public health initiatives such as screening programmes and the cancer pathway, depends on the service's ability to meet target turnaround times
- Genomics pathway – histological identification and classification of a tumour by Histopathologists is paramount in delivering a precise and accurate genomic profile
- R&D – pathology has steadily expanded its role in tumour diagnostics and beyond from disease entity identification via prognosis estimation to precision therapy prediction. Recent applications for the analysis of molecular profiling data from different sources and clinical data support the notion that AI/computational pathology will enhance both histopathology and molecular pathology in the future
- Developing the role of advanced practitioners requires input from pathologists, which a digital cellular pathology solution could support
- Supporting the development of regional diagnostic hubs depends on the service capacity to deliver on turnaround times and having the appropriate infrastructure in place to support regional working. It is essential that we have an integrated and standardised cellular pathology service for Wales to provide a robust and reliable service for the future
- Ongoing transformation initiatives such as regionalisation and a 'Centre of Excellence' as outlined below
- Recruitment will be very challenging if Wales is not utilising digital technology within the next few years. Many cellular pathology national quality assurance schemes are already using digital technology. Within the next few years, it is anticipated that the RCPath exam for Consultant Histopathologists will be based on digital technology rather than glass slides
- Allowing working from anywhere in the UK which allows greater potential for working when convenient (potential additional hours worked) and would allow for collaboration

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Sustaining Our Future
	If more than one applies please list below: Creating Health, Inspiring People, 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 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))*	Timely
	If more than one applies please list below: Effective, Efficient, Equitable, Safe
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:
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language**	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:

Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	Choose an item.	
Enw da / Reputational	Yes (Include further detail below)	
	Other organisations within Wales have agreed this Business Case	
Effaith Adnoddau *(Pobl /Ariannol)* / **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Financial	

5. Recommendation

5.1 Following endorsement at Executive Management Board, the Strategic Development Committee are asked to **ENDORSE** the BJC to progress to Board for **APPROVAL** at its March meeting.

6. Next Steps

6.1 If endorsed by the Strategic Development Committee the BJC for Digital Cellular Pathology will progress to Board for approval.

Business Justification Case for National Digital Cellular Pathology Project Phase 3 –

National Scale Up

Contents

1 Executive Summary

Introduction

It is now clear that digitisation of cellular pathology services is realistically the only option to enable delivery of a robust and sustainable diagnostic cellular pathology service fit for the future. The national move towards scanning of histological material for primary diagnosis and more recently, the adoption of artificial intelligence (AI)/computational pathology to improve the accuracy, reliability and quality of reports, means that most Pathologists, especially new trainees who are already using digital technology, will, in the future, choose to work in departments where digital technology will enhance and underpin their diagnosis thus benefiting the quality of patient care.

The last four years have posed significant challenges to the NHS and the cellular pathology service generally. In particular, it is becoming increasingly difficult to attract and retain suitably skilled professionals and demand is growing, both in terms of volume and the complexity of cases. The impact of the pandemic has resulted in a growing backlog of activity. These factors combined have created a capacity gap and the service urgently needs mitigations to address this and to ensure it is fit for the future.

In addition, Wales are at real risk of falling behind the rest of the UK. Northern Ireland have a fully digitised cellular pathology service and Scotland are almost fully digital. In England, the practice is building up of digital networks. For example, Nottingham, Leeds and surrounding (NPIC), and PathLink (pathlake) Midlands, Norwich area are all fully digital and almost every network is at various stages of deployment.

As clinical and service leads for cellular pathology across Wales, we are therefore requesting your support to procure the most suitable equipment which will help us mitigate these challenges and ensure we provide a high quality and reliable cellular pathology service for Wales.

The purpose of this Business Justification Case (BJC) is to set out the proposals for Phase 3 of the National Digital Cellular Pathology (NDCP) Project. This will build upon the previous work, where investment in infrastructure and staffing has allowed us to evidence proof of concept, most recently identifying the opportunities and benefits of AI & computational pathology.

We can only progress this and fully understand and realise the related benefits by providing further digital enablement allowing cellular pathology services to digitise services as completely as possible. National Scale Up (to enable full digital reporting) will require investment in scanning and reporting hardware, a laboratory management software system, digital image storage and staff resource.

This document seeks approval to undertake full procurement of the new solution and commitment to provide the following funding:

- **Non-recurring revenue funding of £423,000 requested from Health Boards (£71,000 per HB)** for the implementation costs associated with the project team and DHCW support between 2025/26 – 2027/28.

- **Ongoing revenue funding which in total equates to £34.4m between 2025/26 – 2034/35 requested from Health Boards,** related to annual recurring revenue costs associated with the managed service contract for the solution and additional staff required to support Health Boards with the implementation and ongoing management of the solution.

Table 1 Indicative Revenue Costings

		Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	
		2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000	2030/31 £'000	2031/32 £'000	2032/33 £'000	2033/34 £'000	2034/35 £'000	Total £'000
Project Team (non-recurring)		101	101	50								251
DHCW Support (non recurring)		34	34	34								101
20% Contingency		27	27	17								71
Non-recurring revenue costs		**161**	**161**	**101**	-	-	-	-	-	-	-	**423**
Project Team (recurring - contract manager)		57	57	57	57	57	57	57	57	57	57	574
Solution Costs (recurring)		28	3,336	3,103	3,172	3,251	3,333	3,418	3,493	2,525	2,525	28,184
Health Board Additional Staff (recurring)		263	525	525	491	491	491	491	491	491	491	4,749
DHCW Support (recurring)		86	86	86	86	86	86	86	86	86	86	864
Recurring revenue costs		**434**	**4,005**	**3,772**	**3,807**	**3,886**	**3,967**	**4,053**	**4,127**	**3,160**	**3,160**	**34,371**
Total costs		**595**	**4,167**	**3,873**	**3,807**	**3,886**	**3,967**	**4,053**	**4,127**	**3,160**	**3,160**	**34,795**

		Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	
	Apportionment	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000	2030/31 £'000	2031/32 £'000	2032/33 £'000	2033/34 £'000	2034/35 £'000	Total £'000
ABUHB	16.32%	72	656	618	623	636	650	664	676	518	518	5,631
BCUHB	17.18%	72	685	645	651	664	678	693	706	540	540	5,874
CTMUHB	11.42%	71	493	466	468	477	487	496	505	394	394	4,251
CVUHB	24.53%	75	930	873	884	903	923	944	963	725	725	7,945
HDUHB	12.96%	71	544	514	517	527	538	549	558	433	433	4,684
SBUHB	17.58%	73	698	657	663	677	692	707	720	550	550	5,986
Total Recurring Revenue Costs	**100.00%**	**434**	**4,005**	**3,772**	**3,807**	**3,886**	**3,967**	**4,053**	**4,127**	**3,160**	**3,160**	**34,371**

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	
	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000	2030/31 £'000	2031/32 £'000	2032/33 £'000	2033/34 £'000	2034/35 £'000	Total £'000
ABUHB	27	27	17								71
BCUHB	27	27	17								71
CTMUHB	27	27	17								71
CVUHB	27	27	17								71
HDUHB	27	27	17								71
SBUHB	27	27	17								71
Total Non-Recurring Revenue Costs	**161**	**161**	**101**	-	-	-	-	-			**423**

This investment will deliver a wide range of benefits *(please see page 51),* most critically the ability of the service to keep pace with the rest of the UK and enable it to attract and retain the highly skilled staff required to address the growing capacity gaps within the service.

While many of the benefits related to this investment are not easily quantifiable in monetary terms, service leads at each of the Health Boards have identified a range of productivity gains as a result of a more streamlined workflow which will reduce the time currently spent on existing manual processes. A prudent assessment of the total number of hours saved across Wales equates to around £750k of staff time saved each year which can be re-directed to deal with growing demand.

As demand continues to grow in the future, the value of these productivity gains will be even greater and combined with greater ability to attract and retain workforce will increase internal capacity. It is estimated that almost £4million was spent on outsourcing for 23/24 (an increase from £1.2million that was reported in previous version of the BJC). While investment in digital cellular pathology will not necessarily reduce this, as there are multiple factors influencing this expenditure, it will help reduce the risk of increased activity needing to be outsourced to external providers, or covered by expensive temporary staffing, in the future, and the risk of this expenditure increasing in line with growing demand.

In addition to this, realisation of the substantial wider system benefits offered by AI/computational pathology, will only be possible following investment in the digital cellular pathology solution.

STRATEGIC CASE

Strategic Context

There is no single pathology service across Wales. Services are delivered through the six University Health Boards (UHBs) and Trusts (N.B. Powys Teaching Health Board has no district general hospitals or associated pathology services therefore pathology services are provided by neighbouring UHBs and Trusts). Pathology services in Wales are being developed in line with the vision set out in the Pathology Statement of Intent 2019 and, more recently, the Diagnostics Recovery and Transformation Strategy for Wales 2023-25.' The National Pathology Programme has been established to deliver these aims and is managed by the NHS Wales Executive (formerly NHS Wales Health Collaborative).

Working as part of the wider National Pathology Programme, the NDCP Project was set up to capitalise on a previous investment to modernise Cellular Pathology services at Betsi Cadwaladr University Health Board (BCUHB). The aim of the NDCP Project is to scale up and digitise cellular pathology services as completely as possible for the whole of Wales.

Digital pathology is critical to the ongoing development of an efficient, effective and optimal pathology service that contributes to the delivery of the current national strategy. Crucially, the NDCP Project will support delivery of the **NHS Planning Framework 2023-2026** which builds on learning from the pandemic and sets out Ministerial priorities for the recovery and sustainability of health services. It is similarly aligned with the **Diagnostics Recovery and Transformation Strategy for Wales 2023-25**, published in April 2023, which outlines plans to recover diagnostic services by 2025, addressing the impact of the pandemic, and sets the groundwork for longer term sustainability. This is because the NDCP Project will:

- Provide opportunities to create additional diagnostic capacity to support the National Recovery Programme, a key priority of all Health Boards, which will help reduce the numbers of people waiting for diagnostic tests.
- Provide opportunities to reduce reporting time which will contribute to the achievement of national cancer pathway targets and reduce the backlog of patients waiting too long on their cancer pathway.
- Enable the workforce to operate across boundaries, reducing inequality of access and reducing the pressure on the wider system.
- Utilise digital technology to enable the service to deploy existing and future workforce to best effect, including supporting multidisciplinary teamworking and advanced practice models, while enabling people to develop their careers and work at the top of their license. It will also provide greater opportunities to support hybrid working and 'reporting from home'.
- Ensure that digital, innovation, technology and transformation underpins plans to deliver optimum care and services for patients. The resulting digital solution will provide more opportunities to work with others in line with NHS Wales' approach to innovation. In particular, this will:
    - Enable investment and support for national diagnostic programmes in endoscopy, pathology, genomics, and imaging.
    - Provide opportunities to adopt innovative digital technology solutions including AI/computational pathology.

In supporting the key strategies, the NDCP Project aligns with a number of other national strategies, including *(for more details please refer to page 26)*:

- Review of Histopathology Services in Wales (2010)
- National Clinical Framework: A learning health and care system (2021)
- The Parliamentary Review of Health and Social Care in Wales. Final Report. (January 2018)
- A Healthier Wales: Our Plan for Health and Social Care (June 2018)
- The Wellbeing of Future Generations (Wales) Act (2015)
- Prudent Healthcare: Securing Health and Well-Being for Future Generations
- Welsh Government's Digital Strategy for Wales (2021)
- Welsh Government's Digital and Data Strategy for Health and Social Care in Wales (2023)

It should be noted that the NDCP Project is critical to Pathology's ability to support ongoing NHS Wales activities and current and future initiatives. In particular, this includes:

- Supporting the elective pathway and enabling NHS Wales to deliver on the associated Recovery Plan depends on the service's capacity to meet target turnaround times
- Supporting public health initiatives such as screening programmes and the cancer pathway, depends on the service's ability to meet target turnaround times
- Genomics pathway – histological identification and classification of a tumour by histopathologists is paramount in delivering a precise and accurate genomic profile
- R&D – pathology has steadily expanded its role in tumour diagnostics and beyond from disease entity identification via prognosis estimation to precision therapy prediction. Recent applications for the analysis of molecular profiling data from different sources and clinical data support the notion that AI/computational pathology will enhance both histopathology and molecular pathology in the future
- Developing the role of advanced practitioners requires input from pathologists, which a digital cellular pathology solution could support
- Supporting the development of regional diagnostic hubs depends on the service capacity to deliver on turnaround times and having the appropriate infrastructure in place to support regional working. It is essential that we have an integrated and standardised cellular pathology service for Wales to provide a robust and reliable service for the future
- Ongoing transformation initiatives such as regionalisation and a 'Centre of Excellence' as outlined below
- Recruitment will be very challenging if Wales is not utilising digital technology within the next few years. Many cellular pathology national quality assurance schemes are already using digital technology. Within the next few years, it is anticipated that the RCPath exam for Consultant Histopathologists will be based on digital technology rather than glass slides
- Allowing working from anywhere in the UK which allows greater potential for working when convenient (potential additional hours worked) and would allow for collaboration

There are two ongoing regionalisation pieces of work, both require digital cellular pathology as key enablers. The ARCH (A Regional Collaboration for Health) Project in South West Wales plans to merge the departments in Hywel Dda and Swansea Bay University Health Boards into a single managed network. The South East looks to do the same with a similar project bringing together the cellular pathology services from Cwm Taf Morgannwg, Cardiff and Vale and Aneurin Bevan University Health Boards. Both will require digital pathology to be able to report cases from any laboratory by the combined reporting capability in the network. Digital pathology has proved a key facilitator in the successful regionalisation of cellular pathology services in BCUHB.

Genomics Partnership Wales, All Wales Medical Genomics Service, Pathogen Genomics Unit (PenGU), Wales Gene Park and Public Health Genomics Programme, have moved to a bespoke modern facility at Cardiff Edge Science Park, Coryton. Co-localisation with cellular pathology will create a 'Centre of Excellence' that will be of benefit to patients by making progress in terms of precision medicine as well as creating a bioscience park that will be of huge benefit in terms of recruitment and retention as well as future collaborative work with university and third sector companies. This requires a digital pathology service to fully realise the benefits.

Spending Objectives

The following spending objectives and associated benefits have been identified based on the aims of the overall NDCP Project and specifically the goals of Phase 3 which are informed by the strategic context.

Table 2 Spending Objectives

SO1	Build a standardised, robust and sustainable cellular pathology service for the whole of Wales
SO2	Introduce national scanning equipment with the capability to fully digitise cellular pathology service for Wales with a footprint that allows for service increase over the next seven years
SO3	Fully integrate with both the current All Wales Laboratory Information Management System (LIMS) and its successor
SO4	Enable reporting and review of any case from any location, using any device.
SO5	Enable rapid, specialist, second opinion both internal and external to Wales
SO6	Enable the routine use of Artificial Intelligence, Machine Learning and Deep Learning to enhance diagnosis, teaching and research
SO7	Build stronger relationships between NHS, Academia and Commercial Partnerships

Existing Arrangements

Cellular pathology services in Wales processed more than 1 million slides in 2022/2023, with actual and forecast growth suggesting that by 2025/26 the service will be processing approximately 1.5 million slides.

The forecast growth in activity is compounded by the increasing complexity of the workload along with an increasing proportion of urgent specimens being processed and the number of tests per specimens generally increasing. As a result, turnaround times are slower and there are increasing backlogs of cases in all

Health Board areas. Services face increasing challenges in achieving target turnaround times of 7 days for Urgent Suspected Cancer (USC), 14 days for urgent and 28 days for routine specimens.

Increased turnaround times have a significant negative impact on patients and the wider system creating the following risks:

- Costly cancellations and stressful appointment delays when results are not ready.
- Additional anxiety for patients and their families awaiting results.
- Diseases, especially cancer, become more advanced while patients are waiting for results.
- Prioritising urgent specimens to meet cancer and screening targets has a significant impact on turnaround times for routine specimens. This increases the risk of a delayed diagnosis of cancer in samples clinically thought to be benign
- The General Medical Council (GMC) undertook a national training survey in 2023 and reported an increase in burnout for histopathology trainers (25% high risk, 62.5% moderate to high risk).

The increased turnaround times also mean that fewer specimens can be processed within existing capacity and this has contributed to a growing backlog of cases, placing the staff and service under additional pressure. Work is ongoing to accurately quantify the extent of the capacity gap. However, given the forecast growth in volumes, prioritisation and complexity of cases, it is clear that significant mitigation measures are urgently required at all Health Boards to address this.

Outsourcing adds to the pressure as well as dramatically increasing costs - it is estimated that almost £4million was spent on outsourcing for 23/24. Unless action is taken to facilitate an all-Wales digital service, this cost will inevitably increase rapidly.

This is particularly difficult given the ongoing challenges recruiting and retaining appropriately skilled workforce. There is a well-documented shortage of diagnostics professionals across the UK and various studies have identified specific issues related to the pathology service in Wales. This results in a high dependency on outsourcing of work to locums or external providers to mitigate workforce capacity gaps, which increases costs and impacts on service quality, and has a very negative effect on staff morale and reputation of the service.

A large proportion of the workforce are approaching retirement age or have already retired and returned to the service. There are 20 substantive pathologists are over the age of 55 and over 8 of these have already retired and returned. Pathology is a highly specialised field, and it takes around a decade to train a pathologist from scratch and the service competes with other disciplines for trainees from the reducing number of junior doctors who successfully complete foundation training and progress into specialty training. Many trainee pathologists are now using digital pathology and are likely to seek employment in departments where digital technology is available to support and enhance their diagnosis. Mitigations are therefore urgently required to address these ongoing workforce risks.

Currently the reporting for this service is largely based on the traditional method of glass slides and light microscopes. Gathering slides and reports for multi-disciplinary team (MDT) meetings and for sending out to specialists for second opinion is time-consuming and often causes delay. Irreplaceable diagnostic material can also be lost or damaged in transit – digital imaging removes this risk.

Technological advances in the digitisation (scanning) of glass microscope slide preparations have reached a level of quality, efficiency and effectiveness where immediate adoption in NHS diagnostic cellular pathology services is now not only possible, but is essential to keep pace with the rest of the UK. Digital pathology is fundamental to support the pathologists in decision making and while AI/computational pathology is not designed to replace the pathologists, the use of AI/computational pathology tools has already shown improvements in quality and capacity in the service as detailed below.

The NDCP Project was established to modernise cellular pathology services in Wales and to maximise the use of digital technologies nationally. To date, two phases have been achieved:

Phase 1: Rapid Evaluation and Verification – demonstrated proof of concept and confirmed accuracy.

Phase 2: Partial National Scale Up – partial procurement and installation of digital equipment for each of the Health Boards.

Each Health Board is currently connected to the digital hub in a spoke model and has some limited scanning capability. There is irrefutable evidence that the digital technology delivers many benefits as already experienced in BCUHB who are acting as a pilot site for digital pathology in Wales. Scanners are currently in everyday use in BCUHB and are being used to scan routine and cancerous slides enabling both on site and remote digital reporting. Images of scanned slides are shared at MDTs, and cross site working with Swansea Bay University Health Board (SBUHB) is enabling rapid reporting of digital images by the All Wales Lymphoma panel reducing from 2 weeks to just 24 hours. The All Wales Lymphoma panel is only partly supported by digital cellular pathology, for instance cases referred to the panel from BCUHB will be seen much quicker than those from ABUHB, which results in an inequitable service for patients until a digitisation is scaled up across all Health Boards.

BCUHB have successfully completed Phases 1 and 2 of a Small Business Research Initiative (SBRI) Project where AI has been successfully used to pre-analyse prostatic biopsies and triage malignant cases for early reporting. Phase 2 of the Project included rolling out to SBUHB and ABUHB and over 1900 prostatic cases were scanned between the 3 Health Boards. The project has recently also been rolled out to Cwm Taf Morgannwg UHB, Hywel Dda UHB and Cardiff & Vale UHB and by mid-May 2024, all Health Boards in Wales will be using the AI platform to assist pathologists in the reporting of prostatic biopsies. The benefits from Phase 2 have shown an improvement in accuracy of around 13% and a possible 50% reduction in the demand for immunohistochemistry (IHC) to support clinical suspicion of cancer, and other benefits are being considered. In BCUHB, the Moondance Breast AI Project has carried out the validation phase and is now processing breast biopsies and in CVUHB, a pilot project is due to commence shortly for gastric biopsies.

During a visit to BCUHB Cellular Pathology laboratory, the Minister for Health and Social Services, Eluned Morgan said "*we are seeing how AI presents incredible opportunities to transform the way we interact and deliver NHS services. The benefits of using AI to help diagnose cancer has exceeded all our expectations and it is fantastic that six Welsh Health Boards are undertaking further trials of this technology. The IBEX system has shown real promise and the possibilities of what this type of technology can do and how it could be used in the future across a number of suspected cancers is an exciting prospect.*"

BCUHB, SBUHB and ABUHB are using voice recognition and command software to improve dissection and report turnaround times by as much as 5 days. Despite the partial success, none of the Health Boards currently has sufficient scanning capability to fully maximise the use of digital technologies.

Business Needs

It is now the intention of the NDCP Project to build on the previous phases by increasing digital scanning, reporting and capacity for Wales in line with the global direction of travel. This includes *(please refer to page 36 for more detailed Business Needs)*:

- **Business Need 1:** Procurement of All Digital Pathology Capability
- **Business Need 2:** Determine and Agree a National Image Store
- **Business Need 3:** Management of the Future Digital Hub
- **Business Need 4:** Work with Health Boards to find a Solution for Cross-Boundary Working as part of a National Network of Cellular Pathologists
- **Business Need 5:** Work with Health Boards to Develop Workflows and Workforce to ensure maximum benefits are realised from the implementation of the new LIMS

Potential Scope and Services

The NDCP Project agreed that the following would be included within the scope of Phase 3 *(please refer to page 38 for more details on the scope)*:

- **Slide scanners**
- **Medical grade screens** (with the appropriate graphics cards).
- **Management systems** (additional software or as part of the scanning package – to include voice recognition)
- **Additional workstations/laptops**
- **Image storage** (investigation of cloud storage options)
- **AI/computational pathology**
- **Standardisation of services** (via Standardisation Group)
- **Adoption of standardised technical standards for image formats**

It should be noted that the procurement scope does not include tissue processors, stainers and other specialist laboratory equipment. These are out of scope since the standardisation of existing equipment is not currently considered achievable due mainly to cost.

ECONOMIC CASE

Options Framework

In accordance with the HM Treasury Green Book and Welsh Government Better Business Cases guidance, a long list of options was identified and evaluated against spending objectives and critical success factors using the options framework. The results of this are presented in the following table:

Table 3 Options Framework

Project	Do Nothing	Do Minimum	Intermediate	Do Maximum
1. Service Scope *As outlined in Strategic Case*	All cases are reported using microscopes and glass slides. Would leave Wales behind the rest of the UK and could lead to collapse of service	Most cases are reported using microscopes and glass slides plus some limited digital reporting.		Most cases are reported digitally. Would ensure Wales keeps pace with rest of cellular pathology global community
	Carried Forward	**Carried Forward**		**Preferred Way Forward**
2. Service Solution *In relation to the preferred scope*	Return to previous process (glass slides and microscope)	Partial procurement and installation of digital capability for each Health Board.		National scale up of digital capability including image storage and digital hub solution.
	Carried Forward	**Carried Forward**		**Preferred Way Forward**
3. Service Delivery *In relation to the preferred scope and service solution*		NHS Wales purchases equipment and support provided via a maintenance contract		Fully managed service contract where provider owns and manages the digital solution
		Carried Forward		**Preferred Way Forward**
4. Implementation *In relation to preferred scope, solution and method of service delivery*		Phased approach in which HBs transition one at a time		Big Bang approach in which all HBs transition together
		Preferred Way Forward		**Discounted**
5. Funding *In relation to preferred scope, solution, method of service delivery and implementation*		Fully capital funded	Combination of capital and revenue funded (NHS owned asset/revenue model)	Fully revenue funded
		Discounted	**Carried Forward**	**Preferred Way Forward**

Main Options

The resulting shortlist of options comprises:

- **Do Nothing:** Return to the pre-Project position with cellular pathology services reporting all cases using microscopes and glass slides. This would put the service at considerable risk and is no longer a viable option.
- **Do Minimum:** Continue with existing arrangements whereby cellular pathology services continue to report most cases using microscopes/glass slides and perform some digital reporting using current limited digital

capability. This would require two pathways to operative simultaneously and would be prone to error and considerable inefficiency.

- **Intermediate - Capital and Revenue Funding Model:** Cellular pathology services utilise as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution, along with AI/computational pathology functionality. Funded through a combination of capital and revenue funding.
- **Preferred Way Forward - Fully Revenue Funded Managed Service Model:** Cellular pathology services utilise as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution, along with AI/computational pathology functionality. Funded through a fully revenue funded managed service option.

Options Appraisal

An economic appraisal was prepared to determine the value for money of the shortlisted options. This was based on indicative costs, benefits and risks which were estimated in accordance with the level of information available at this stage in the process. An overview of the results is presented in the table on page 58.

Preferred Option

Based on the financial and non-financial analysis outline in the Economic Case, the Preferred Way Forward delivered via a fully revenue-funded model, which reflects a cellular pathology service that utilises as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution, along with AI/computational pathology functionality.

It will improve sustainability and equity of the service ensuring realisation of Project benefits including:

- Sustainable, equitable, and future proofed cellular pathology service across NHS Wales
- Ability to report nationally across Health Board boundaries to realise the Project ethos of any Consultant, reporting any case, from any location
- National image sharing
- Improvement in attractiveness of service for recruitment and retaining of staff
- AI/computational pathology can be utilised to support the pathologists and improve the quality and efficiency of clinical diagnosis
- Supports delivery of Single Cancer Pathway targets as detailed in 'A Cancer Improvement Plan for NHS Wales 2023-2026'
- Utilise digital equipment purchased during Phase 1 & 2
- Utilise integration developed between current and new LIMS
- Improved quality and drive innovation through AI/computational pathology
- The sharing of specialist clinical resource/expertise through improved digital networking of services in Wales progressing towards a proposed national network of cellular pathologists
- Greatly improved rapid access to different specialities as already demonstrated by referral of digitalised lymphoma cases between BCUHB and SBUHB and digitally supporting MDTs for national screening services such as cervical cytology from a remote site.
- Improve patient care through the use of a national digitalised network, facilitating quicker second opinions and facilitate cross boundary working

- Improved MDT preparation by eliminating time spent collating cases for MDT review also saving laboratory staff time retrieving slides from file storage and re-filing following review.
- Enable pathologists to interact easier with colleagues e.g. virtual multi-disciplinary team meetings and virtual review of cases online.
- Improvements in education, training (both in class and virtual) and for presenting at MDTs, tumour boards, audit etc
- Aligned to international direction of travel for the service
- Heat mapping and annotation of images will assist with identifying areas for molecular genetics improving precision medicine
- Reduce risks associated with HTA regulations on slide storage

COMMERCIAL CASE

Procurement Route

Three procurement models were considered as part of the options framework:

1) Traditional purchase and service support model
2) Managed service provider model
3) Hybrid model:

The managed service provider model has been selected as the preferred way forward. The extent of the managed service provider model may be limited, for example with NHS Wales taking ownership of some infrastructure either located in NHS organisations and/or an NHS Data Centre, but with the supplier taking responsibility for management and ongoing service support. As with the traditional purchase and service support model this would involve capital and revenue accounting treatment of costs and associated funding.

Two procurement routes were explored: full tender and a framework agreement. It has been agreed that a full tender process is the most suitable route.

Procurement Scope and Specification

The principal aim of the procurement is to procure additional software and equipment to create a cellular pathology service that will maximise the use of digital reporting, replacing as much of the existing traditional microscopy service as possible. The scope of the procurement includes *(please refer to page 38 for a more detailed description):*

- **Slide scanners**
- **Medical grade screens**
- **Management systems**
- **Additional workstations/laptops**
- **Image storage**
- **AI/computational pathology solution**

It should be noted that the procurement scope does not include tissue processors, stainers and other specialist laboratory equipment. These are out of scope since the standardisation of existing equipment is not currently considered achievable due mainly to cost. The final specification will be agreed following pre-tender engagement with suppliers.

Timeline for Procurement

The following table sets out the procurement milestones and complies with all applicable legal requirements.

Table 4 Procurement Timeline

Activity	Date
Update specification of requirements	Ongoing
Sign off final specification and agree award criteria	April 2025
Publish ITT	April 2025
ITT response deadline	June 2025
Evaluation of responses	June - October 2025
Contract award	November 2025
Contract start date	April 2026 (staggered across Health Boards)

Payment Mechanism

Payment mechanisms will be confirmed with the preferred bidder.

Contractual Arrangements

The final contractual arrangements will be confirmed with the preferred bidder.

Legal and Personnel Implications

A Programme Manager will be appointed to lead the Procurement Project working to the National Pathology Portfolio Programme Lead.

It is likely that specific individuals will be involved across multiple activities. The combined staff and consultancy team will cover the following roles for the procurement:

- **Digital Cellular Pathology Project Team:** Comprising the Senior Responsible Owner, National Pathology Programme – DCP Clinical Lead, National Pathology Portfolio Programme Lead, Programme Manager, Senior Project Manager, and Senior Project Support Officer
- **Procurement Project Team:** NWSSP Procurement Project Manager/Category Manager will be appointed to manage the Project and deliver the planned outputs as expected within quality, time and budget constraints. The Procurement Project Manager will report to the Programme Manager and be supported by the Project Team.
- **Health Board representatives** (Pathologist, Manager and IT)
- **DHCW Representatives**
  Other representatives will be co-opted as appropriate

Each Health Board has a laboratory manager and a clinical lead who act as digital pathology champions from within their laboratory. The work done so far with AI/computational pathology implementation has benefited from a "do once and share approach" which also supports national standardisation. The role in the local laboratories is not envisaged to be full time position but a duty required by all laboratory managers as part of the modernisation of pathology. Each laboratory

will already have a quality manager in place who should be able to help support the quality/regulatory and assurance work required. The NDCP Project will assist in developing documentation such as SOPS/risk assessments and governance documents. Also, included in the Health Board revenue costs is Band 3, Band 6 biomedical scientist (BMS) and a part time Band 7 IT (one day per week) which will also form part of the membership.

It is not expected that any Phase 3 activities will fall under TUPE – Transfer of Undertakings (Protection of Employment) Regulations 1981.

FINANCIAL CASE

Affordability Analysis

Indicative costs have been estimated at this stage based on current market knowledge and resourcing requirements. Costs are outlined in Appendix F1, and a detailed explanation of the costing methodology is included above. In summary:

- **Solution costs:** Procurement of a managed service contract to provide digital scanners, workstations, other hardware, integration with other systems, software, training and the ongoing storage and service to maintain the system. Costs at this stage are based on the results of recent market testing.
- **Project Team:** Including non-recurring costs of Programme Manager and Senior Project Support Officer and recurring costs of NWSSP Procurement Project Manager/Category Manager. It is assumed that the National Pathology Portfolio Programme Lead and Senior Project Manager will continue to be funded through the National Pathology Programme budget.
- **DHCW Support:** Non-recurring and recurring costs based on anticipated DHCW requirements for Lead Engineer Networking, Support Integration, Development Integration and Infrastructure Design roles.
- **Additional Health Board Staff**: Ongoing cost of a Band 6 BMS, Band 3 Healthcare Support Worker and 1 day per week of Band 7 IT support for each Health Board.

Based on these assumptions, it is anticipated that funding is below: *(please see a more detailed breakdown on page 5).*

- **Non-recurring revenue funding which in total equates to £423,000 requested from Health Boards**
- **Ongoing revenue funding which in total equates to £34.4m between 2025/26 – 2034/35 requested from Health Boards**

MANAGEMENT CASE

Project Management Arrangements

The Project is being managed in accordance with the standards set out in Managing Successful Programmes (MSP).

Structure

The suggested structure to enable the NDCP Project to effectively develop and deliver the "new capability" is outlined in the following diagram.

Figure 1 Structure

Timescales

The high-level timeline for the Project is set out in the following table:

Table 5 Project Timeline

Tranche 1	Tranche 2	Tranche 3
Pre-procurement	Procurement	Implementation
Apr 24 – Mar 25	Apr 25 – Mar 26	Apr 26 – Mar 27
Standardisation approach Development of the Business Justification Case Health Board Executive approval of the BJC (x 6) Update service specification	Tender process Supplier engagement Finalise service specification Contract Award Implementation Preparation Digital hub/storage preparation Recruit HB staff	Digital hub/storage implementation Implementation in Health Boards (phased approach) Training

Assurance

The NDCP Project has a Quality and Assurance Strategy developed in accordance with MSP to ensure that all management aspects of the Project are working appropriately and that the Project stays on target to achieve its objectives. Project reviews to be undertaken at the end of each tranche.

Change Management Arrangements

The NDCP Project is a transformational change Project underpinning the development of modern, safe, sustainable Pathology services the use of innovative systems resulting in sustainable futureproofed services. The Project is aligned to the principles of the Pathology Statement of Intent 2019 and ensures continued alignment through a robust governance structure and reporting mechanism into the National Pathology Programme. Transformational service change forms the basis of the NDCP Project which seeks to deliver the change in a way that is welcomed, supported and embraced by the Pathology service and the wider NHS. The NDCP Project will deliver this through leadership, vision, stakeholder engagement, strong governance, excellent communications and robust plans. Building on lessons learned from Phases 1 and 2, Phase 3 will:

- Appoint an executive level SRO

- Reinforce clinical leadership arrangements, for instance the National Pathology Programme now has a National Clinical Lead and a Clinical Lead for Digital Cellular Pathology
- Strengthen existing membership ensuring IT representation from each organisation
- Formalise DHCW membership
- Continue to update National Diagnostics Strategic & Operational Group at regular intervals
- Continue to work with the Cellular Pathology Standardisation Group to drive the Project forward and ensure Subject Matter Expert (SME)

This approach will ensure the continuation of a robust, governance structure ensuring enabling high quality delivery at pace.

Transformational Leadership

The NDCP Project is providing transformational leadership enabling the Pathology service to create their vision and own the Project at every stage of the process.

Health Board and Trust Leadership

Health Boards and Trusts will provide the leadership necessary for the successful implementation of the new NDCP Service by supporting the following:

- Approval of the BJC at National Strategic Planned Care Board;
- The level of business change required to support the standardisation of services as far as possible to deliver a modern, high quality, safe and sustainable Pathology service;
- Establish a Local Deployment Project team to oversee the implementation and deployment of the new digital enablement and ensure the pathology service has the support and resources it requires to contribute to the Project
- Include NDCP Project in their integrated medium-term plans (IMTPs)
- Enable their pathology services to contribute to the development, testing and validation of the new service;
- Release their staff for training for the new service

Management of Requests for Change

Requests for change can take several forms and will be managed accordingly. Throughout the life of the Project until the new digital service is fully deployed, all requests for change will be recorded in a dedicated Project change log and managed by the Project Team. The Project Team will decide the appropriate route for the change to be dealt with. A decision is needed regarding ongoing arrangements following handover of services to operations, and the ongoing the management of change requests during the managed service contract.

Benefits Realisation

The Benefits Management Strategy developed in Phases 1 and 2 of the Project will continue to be developed and refined to model benefits in more detail, determine methods for measuring them and ensure there is a process for tracking their realisation (see Section 3.8 for list of benefits). It is recognised that this will require buy-in and support from Health Boards.

Risk Management Arrangements

The Risk Management Strategy developed in Phases 1 & 2 of the Project will continue to be developed and will outline how risks and issues will be identified and managed during Phase 3 of the Project. It is recognised that this will require buy-in and support from Health Boards. The Programme Manager will work with key leads to detail potential risks and issues in the Project Plan. A detailed Risk & Issues Register has been developed by the Project Team to assist with risk & issue management throughout the development process. Risks will be assessed and values attributed to each area.

Contract Management Arrangements

The contract will be managed by maintaining relationships with the successful supplier(s) throughout the duration of the Project, including engaging through supplier performance management (SPM). Regular contract review meetings will be held by NWSSP Procurement Services with input from the working group, using the SPM standardised agenda.

Post Evaluation Arrangements

The Project has a Quality and Assurance Strategy developed in accordance with MSP to ensure that all management aspects of the Project are working appropriately and that the Project stays on target to achieve its objectives. To complement the Quality and Assurance Strategy, gateway reviews will be planned at the end of tranches 2 and 3, to assure the readiness for service prior to go live and once the project has finished and the new digital service is fully deployed to assess operations and review benefits realisation.

Contingency Plan

There is a contingency built into Tranche 3 should there be any delays in the implementation of the Project. In the event that the Project fails, the aim will to be to ensure business continuity by:

- Exploring the opportunities to contract with another supplier within the procurement, should the supplier fail to deliver;
- Undertaking a re-procurement.
- Ensuring traditional reporting via glass slides and microscope as contingency

2 Introduction

Purpose of Business Justification Case

As outlined in the Executive Summary on page 5, the purpose of this BJC is to set out the proposals for Phase 3 of the NDCP Project. This will build upon the previous work of the Project, where investment in infrastructure and staffing has allowed us to evidence proof of concept, most recently identifying the opportunities and benefits of AI/computational pathology. We can only progress this and fully understand and realise the benefits by providing further digital enablement allowing cellular pathology services to digitise services as completely as possible. National scale up (to enable full digital reporting) will require investment in scanning and reporting hardware, a laboratory management software system, digital image storage and staff resource.

This document seeks approval to undertake full procurement of the new solution and commitment to provide the following funding:

- **Non-recurring revenue funding of £423,000 requested from Health Boards (£71,000 per HB)** for the implementation costs associated with the project team and DHCW support between 2025/26 – 2027/28.
- **Ongoing revenue funding which in total equates to £34.4m between 2025/26 – 2034/35 requested from Health Boards,** related to annual recurring revenue costs associated with the managed service contract for the solution and additional staff required to support Health Boards with the implementation and ongoing management of the solution.

Structure and Content of the Document

The BJC has been prepared using the agreed standards and format for business cases, as set out in the Welsh Government Better Business Cases guidance. The approved format is the Five Case Model, which comprises the following key components:

- The **Strategic Case** outlines the strategic context and demonstrates that there is a compelling case for change.
- The **Economic Case** demonstrates that the preferred option best meets the existing and future needs of the service and optimises value for money (VFM).
- The **Commercial Case** outlines the procurement route and the content and structure of the negotiated deal.
- The **Financial Case** confirms funding arrangements and affordability and outlines the impact on balance sheet and income and expenditure.
- The **Management Case** demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality.

3 Strategic Case

Strategic Context

Pathology Overview

Pathology is involved in 70% of all diagnosis made in the NHS, however, this figure does not reflect the role that pathology has in screening and monitoring and in relation to chronic conditions. Pathology underpins all clinical services and 95% of clinical pathways including those referred from primary and community care rely on patients having access to efficient, timely and cost-effective pathology services, within secondary care. Cellular pathology is also integral to the delivery of precision medicine and genomic services.

During 2018, pathology processed more than 34 million tests at an estimated cost of 1.9% of the total healthcare budget. A key component in the delivery of prudent health services, pathology is an enabler to other Welsh Government health strategies including those in cancer and stroke services.

Organisation Overview

The NHS Wales Executive is a national support body which has been operational since 1st April 2023. Its key purpose is to drive improvements in the quality and safety of care - resulting in better and more equitable outcomes, access and patient experience, reduced variation, and improvements in population health. The NHS Wales Executive will also provide strong leadership and strategic direction through the National Strategic Planned Care Board which is attended by all Chief Executives of UHBs, Trusts, and enabling organisations, providing support and directing NHS Wales to transform clinical services in line with national priorities and standards.

The National Pathology Programme

The National Pathology Programme is managed by the NHS Wales Executive. The National Pathology Programme was established to:

- Develop and implement a Programme of strategic work which contributes to delivering the vision of the Pathology Statement of Intent 2019.
- Ensure the adoption of all Wales standards and protocols for pathology services in NHS Wales.

The National Pathology Programme Strategic Group, chaired by a CEO Lead, was formed to ensure oversight and ongoing development of the implementation plan and report to the National Diagnostics Strategic & Operational Group and the National Strategic Planned Care Board.

Delivery of the agreed actions of the Pathology Statement of Intent 2019 is the responsibility of the National Pathology Programme Strategic Group who have oversight of each of the dedicated all Wales delivery groups, which include Pathology Workforce and Education Group, Point of Care Strategy Group, National Pathology Operational Managers Group, Pathology Quality and Regulatory Compliance Group, and the NDCP Group. See section below for more details on the NDCP Project.

The development of pathology services across Wales includes:

- Some progress to consolidate pathology services into three regions, in line with the Carter Report (2008), completed in north Wales.
- A Regional Collaboration for Health (ARCH) is a partnership between SBUHB and Hywel Dda UHB to deliver service transformation across south west Wales.
- Regionalisation work ongoing with CVUHB, CTMUHB and ABUHB in south east Wales
- Maximise digitisation and IT connectivity for cellular pathology – in line with the long-term requirement documented in the Richards Report 'Diagnostics: Recovery & Renewal' October 2020 and more recently WG's Digital and data strategy for health and social care in Wales (2023).
- Expansion and retention of the workforce within cellular pathology – as identified in the Pathology Statement of Intent (2019).
- Impact of COVID-19 on pathology – as documented in the Richards Report and WG's Diagnostics Recovery and Transformation Strategy for Wales 2023 to 2025.
- Realignment to support the National Clinical Framework.
- A pilot in digital cellular pathology has created the capacity for reporting on digital images for a wider area.
- Boundary changes have taken place with CTMUHB now managing the Princess of Wales Hospital in Bridgend.
- The Public Health Wales (PHW) microbiology network has consolidated many investigations to a regional or national model of delivery and continues to transform services, such as the six additional hot labs for COVID-19 testing.

The National Digital Cellular Pathology Project

The NDCP Project is critical to the continued delivery of a modern and sustainable Pathology service as well as ongoing transformation initiatives.

Established in 2016, under the auspices of the National Pathology Programme (then National Pathology Programme Board), the NDCP Project was formed following a successful bid to the Efficiency through Technology Fund, on behalf of the National Pathology Operational Managers Group. The bid was submitted to capitalise on a previous investment made to modernise cellular pathology services at BCUHB, through rapid verification of the procured equipment and then national implementation if verification was successful. Benefits were expected to include but would not be limited to the pooling of clinical resource and standardised working across Wales to enable any consultant to report any case using any device from any location in Wales. This would reduce costs by reducing the necessity to outsource work.

Pathology Service Strategic Aims

Plans for the development of modern, sustainable pathology services are described in the Pathology Statement of Intent (2019). The NDCP Project supports many of the key priorities set out in the Statement, including:

- **Workforce Development**. A modern and innovative digital cellular pathology service will make it easier to recruit and retain staff. The Project will also improve operational efficiency and support changing roles, MDT working and cross-boundary collaboration.

- **Equipment.** The modernisation and standardisation of scanning equipment (as detailed within the scope) will increase service productivity and will fully integrate with the wider NDCP Project.
- **Quality and Safety**. The current digital system has been fully verified for accuracy and safety. It enables treatments to be more easily tailored to individuals, supporting evidenced-based care. Errors and loss of slides are minimised as all samples are held digitally.
- **Services** A fully digital system will improve service efficiency and support the aim to work beyond geographical barriers by exploiting new technologies.
- **Informatics & Information**. Informatics support and enhanced business intelligence will be a key feature of the new solution including a national image storage repository.
- **Research and Innovation**. The new infrastructure supports the sharing of information and will promote and accelerate innovative practice for cellular pathology. There will be enhanced opportunities for learning, development, and research.
- **National and Regional Working.** The new service will provide one seamless system for the whole of Wales, which is co-ordinated nationally and delivered regionally and locally.

Alignment to National Policies and Strategies

The national strategies informing the NDCP Project are summarised in the following table:

Table 6 Alignment to National Policies & Strategies

Strategy/ Policy	Summary	How the National Digital Cellular Pathology Project supports this
NHS Planning Framework 2023-2026	This NHS Planning Framework for 2023-26 builds on the learning from the pandemic and sets out the Ministerial priorities to support recovery and sustainability of health services, with the three-year context being a commitment to improving population health and reducing the burden of disease. Delivering efficiently, effectively, and optimising service delivery is how the improvements must be embedded in the DNA of NHS in Wales.	Provide opportunities to create additional capacity to support Planned Care and Recovery as led by the National Recovery Programme and prioritised by Health Boards. The Framework outlines that Diagnostics services improvements must result in a reduction in numbers of people waiting for diagnostic tests to pre-pandemic levels as a minimum. Provide opportunities to reduce reporting time which will contribute to the achievement of national cancer pathway targets and reduce the backlog of patients waiting too long on their cancer pathway. Ensure that digital, innovation, technology and transformation underpins plans to deliver optimum care and services for patients. The resulting digital solution will provide more opportunities to work with others as part of NHS Wales' approach to innovation. Focus on ways to deploy the existing and future workforce to best effect, including enhanced use of multidisciplinary teamworking, role redesign, developing new roles, and

Strategy/ Policy	Summary	How the National Digital Cellular Pathology Project supports this
		advanced practice models, enabling people to develop their careers and work at the top of their license.
Diagnostics Recovery and Transformation Strategy for Wales (2023-2025)	Outlines plans to recover diagnostic services by 2025, addressing the impact of pandemic, and set the groundwork for longer term sustainability including: • Catch up unmet diagnostics demand for important conditions • Transform services and move beyond traditional boundaries to put patients at the centre, reduce inequality, improve outcomes and reduce secondary care demand • Create and sustain safe services with prudent value-based pathways and workforce models • Be informed by evidence and be data driven • Create an environment where research and innovation improve outcomes and experience and success is scaled. • Connect seamlessly with the National Clinical Plan	Provides opportunities to create additional diagnostic capacity, addressing the current gap and contributing to the recovery of waiting list volumes. Enables the workforce to operate across boundaries, reducing inequality and reducing the pressure on the wider system. Provides a digital solution that can help mitigate capacity gaps, contribute to the attraction and retention of suitably skilled staff, support training of diagnostic specialists and advanced practice roles, and enable hybrid working and 'reporting from home'. Builds on the success of earlier stages, allowing the service to scale up the benefits across NHS Wales. Provides a digital solution that will enable investment and support for national diagnostic programmes in endoscopy, pathology, genomics, and imaging. Provides opportunities to adopt innovative digital technology solutions including AI/computational pathology
National Clinical Framework: A Learning Health and Care System (2021)	The Framework builds on the vision described in A Healthier Wales for a National Clinical Plan. Recognising that healthcare should be driven by planning rather than the market, the Framework sets out a health system that is coordinated nationally and delivered locally or through regional collaborations. It includes all clinical services and clinicians. The Framework will be underpinned by a suite of new commitments outlined in 'Quality Statements', which provide the next level of detail for specific clinical services.	A nationally planned pathology service that is delivered locally and regionally. Will act as an enabler to personalise medicine where therapies can be tailored to individuals, leading to more efficient and prudent provision of evidenced-based care. Will enable the extraction and analysis of data to understand the links between tests and treatment, improving clinical outcomes.
Quality & Safety Framework – Learning & Improving	Building on the aspirations set out in a Healthier Wales, the Framework provides guidance and direction for NHS Wales, focusing on requirements for multi-level, strong quality management systems – in turn reducing variation in quality.	Improving quality and equity through the implementation of a nationally planned service.

Strategy/ Policy	Summary	How the National Digital Cellular Pathology Project supports this
Healthcare Science in NHS Wales – Looking Forward	Referred to the role of healthcare professionals in realising the potential from new technologies and diagnostics to allow services to address challenges associated with increasing diagnostic demand and ageing population.	Utilising technological advances such as AI/computational pathology will help increase capacity and capability.
The Parliamentary Review of Health and Social Care in Wales. Final Report. (January 2018)	The Parliamentary Review set out a vision for the future, to include health and social care moving forward together and developing primary care services out of hospitals. The Review's recommendations focus on key themes around seamless care, a great place to work and maximising the benefits of technology and innovation.	Improving the efficiency of the patient care pathway. Improving facilities. Providing greater opportunities in order to attract a highly skilled workforce Maximising the benefits of technology and innovation.
A Healthier Wales: Our Plan for Health and Social Care (June 2018)	'A Healthier Wales' is the Welsh Government's response to the Parliamentary Review. It sets out the vision of a 'whole system approach to health and social care' which is focused on health and wellbeing, and on preventing physical and mental illness. It focuses on 'providing more joined-up services, in community settings', and shifts the emphasis from treating illness to prevention and supporting people to stay well and lead healthier lifestyles.	Addressing the recommendations set out in the Parliamentary Review as described above Focusing on improving services that will enable better targeted treatments.
The Wellbeing of Future Generations (Wales) Act 2015	The Wellbeing of Future Generations Act is about improving the social, economic, environmental, and cultural wellbeing of Wales. It makes the public bodies listed in the Act think more about the long-term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach.	Deliver a sustainable service that focuses on: • Addressing health inequalities • Improving outcomes for patients • Attracting and developing a highly skilled workforce.
Prudent Healthcare: Securing Health and Well-being for Future Generations	Contributing to the four prudent healthcare principles: • Public and professionals are equal partners through co-production • Care for those with the greatest health need first • Do only what is needed and do no harm • Reduce inappropriate variation through evidence-based approaches	Better information sharing Patients are prioritised according to their need Treatments can be more easily personalised Improved business intelligence supports evidence-based care

Strategy/ Policy	Summary	How the National Digital Cellular Pathology Project supports this
Digital Strategy for Wales, March 2021	The purpose of the strategy is to develop a digital approach for people, public services and the business community across Wales. It has six main aims: 1. Digital services – deliver modern and user-friendly digital services 2. Digital inclusion – ensure people can engage with the digital world 3. Digital skills – ensure the workforce has the digital skills and confidence to excel 4. Digital economy – exploit digital innovation to drive economic prosperity 5. Digital connectivity – ensure services are supported by fast and reliable infrastructure 6. Data and collaboration – improve services by sharing data and working together	Creating a more efficient and cost-effective service by ensuring that: • reporting times are reduced; • productivity is increased; • digitised slides can be shared easily facilitating quicker second opinions and cross boundary working, leading to better clinical outcomes for patients.
Digital Service Standards for Wales	Sets out what's expected from new or redesigned digital services funded by Welsh public sector organisations, in three main areas: • Meet user needs • Create digital teams • Use the right technology	Supports several of the Future Generations Wellbeing goals including reducing health inequalities, improving outcomes for patients and developing a skilled workforce. Embeds digital ways of working in the service Ensures flexibility by using software that meets open standards, is cloud based and is widely supported Supports the use of data analytics to improve patient pathways and deliver better clinical outcomes

Supporting Other Initiatives

It should be noted that the NDCP Project is critical to Pathology's ability to support ongoing NHS Wales activities and current and future initiatives. In particular those outlined in the Executive Summary on page 8.

In addition, there are two ongoing regionalisation pieces of work, both require digital cellular pathology as key enablers. The ARCH (A Regional Collaboration for Health) project in south west Wales plans to merge the departments in Hywel Dda and Swansea Bay University Health Boards into a single managed network. The south east looks to do the same with a similar project bringing together the Cellular Pathology services from Cwm Taf Morgannwg, Cardiff and Vale and Aneurin Bevan University Health Boards. Both will require digital pathology to be able to report cases from any laboratory by the combined reporting capability in the network.

Genomics Partnership Wales, All Wales Medical Genomics Service, Pathogen Genomics Unit (PenGU), Wales Gene Park and Public Health Genomics Programme, have moved to a bespoke modern facility at Cardiff Edge Science Park, Coryton. Co-localisation with cellular pathology will create a 'Centre of Excellence' that will be of benefit to patients by making progress in terms of precision medicine as well as creating a bioscience park that will be of huge benefit in terms of recruitment and retention as well as future collaborative work with university and third sector companies. This requires a digital pathology service to fully realise the benefits.

Integration

The ability to use a single integrated all Wales LIMS system to provide a secure national reporting platform for cellular pathology is key to the NDCP Project. The ability to securely share images with pathology colleagues in any part of Wales for specialist reporting and consultation has already been shown to reduce reporting times for Lymphoma case by several days and has been recognised as a vital step in improving outcomes for some of our most severely ill patients. The reports generated using digital images can be linked to patients clinical data and health outcomes through the single patient record and the clinical portal. Quicker, more accurate and comprehensive reports are facilitated by digital images supported by AI/computational pathology platforms. Digital images will also support the All Wales Medical Genomics Service in identifying specific areas of tumour which will improve analytical outcomes and improve targeted therapies. It has recently been shown how data from the all Wales LIMS system can be interrogated to produce valuable information relating to workloads, backlogs, outsourced work as well as productivity and turnaround times for each laboratory in Wales. This can be used to enable future service planning and provide data to drive more efficient innovative and productive health care. Information form standardised reports generated by AI platforms could be fed automatically into the big data projects.

Foundational Economy

The foundational economy is focused on reversing the deterioration of employment conditions and encouraging local excellence to support the Welsh economy. This will be vital in retaining and attracting cellular pathology staff to NHS Wales. It will make it possible for specialist staff to work remotely and to benefit from work life balance policies. The use of digital pathology enhances flexibility and could help retain experts approaching retirement age by allowing more flexibility in working practices such as part time or flexible working. The IBEX AI prostate biopsy project has been supported by SBRI to work with commercial partners to pilot new ways of working. AI/computational pathology could provide opportunities for Welsh universities to work with Health Boards to support developmental and research projects that could support future diagnostic projects. Digital pathology can not only help remove Health Board boundaries but can also deliver shared learning and necessary documentation to quickly roll out a robust digital diagnostic service. The training of future pathologists and laboratory staff must be tailored to ensure the workforce can be recruited locally and the working environment meets the expectations of trainee staff who are now developing skills in digital services. There are opportunities to facilitate national imaging training centres with remote learning material that would attract trainees from across Wales and provide future generations with a robust cutting-edge pathology

service. Failure to deliver a fully digitised service within the next 3-5 years would adversely impact abilities of laboratories to meet the necessary quality standards.

Case for Change

Spending Objectives

Spending objectives describe what the NDCP Project is seeking to achieve and provide a basis for post-Project evaluation. The following spending objectives have been identified based on the aims of the overall Project and specifically the goals of Phase 3.

Table 7 Spending Objectives & Outcomes

Ref	Spending Objective	Outcomes
SO1	Build a sustainable robust and sustainable cellular pathology service for Wales	• Remote working • Flexible working • Improved ergonomics • Reduction in temporary staffing • Reduction in insourcing and outsourcing
SO2	Introduce national scanning equipment with the capability to fully digitise cellular pathology service for Wales with a footprint that allows for service increase over the next seven years	• Use of 2D bar codes to identify requests, specimens, blocks, slides and images • Reduced risk of tissue/slide loss or damage during transport or storage • Use of annotated scanned image to identify tumour areas required for genomic analysis • Electronic case assembly • Transfer of information on electronic request direct to report. Storage of post mortem images to improve management of cases to meet HTA standards
SO3	Fully integrate with both the current All Wales Laboratory Information Management System (LIMS) and its successor	• Reporting of H&E samples • Diagnostic efficiency (of digital tech) • Digital dictation direct into report in dissection room
SO4	Enable reporting and review any case from any location, using any device	• Case sharing and collaboration • Single identifier for a sample across Wales • Assessing disease progression • Digitally generated request information available to pathologist on screen
SO5	Enable rapid, specialist, second opinion both internal and external to Wales	• Link H&E and IHC /special stains on screen • Synchronous analysis of slides • Flip and rotate images to aid interpretation • Measurement and annotation • Easy access to archived images, slides & case tracking, archival and retrieval • Image storage and retrieval & slide storage and retrieval - where cases need to be referred for second opinion or second review, electronic images can be retrieved quickly and efficiently, improving turnaround time. • Speedier diagnosis of urgent cases • Improved access to external second opinion & improved case transfer times • Clearer diagnostic audit trails • Faster access to molecular testing
SO6	Enable the routine use of Artificial Intelligence, Machine Learning and Deep Learning to enhance diagnosis, teaching and research	• Improved quality in obtaining section • Improved turnaround times due to digital workflow • Case allocation to pathologist

Ref	Spending Objective	Outcomes
		• Electronic test request and workload management in laboratory enabling improved planning and workforce management • Reduced risk of patient/slide misidentification errors • Quantification of specific cells and markers • Highlighting and heat mapping of areas of abnormality • Quality control and audit • Prioritisation of cases to meet cancer targets • Automatic formatting of certain reports such as normal colonic biopsies based on AI pre-screened slides • Improved confidence in diagnosis if slide pre-screened by AI • Convenient and reproducible cancer staging • AI to identify micro-organisms • AI to identify special features not readily recognised by pathologist • AI/computational pathology for enhanced cancer research • Fewer microscopes to service in the future • Capture of digital image at macro dissection using macropath systems • Decrease in number of costly IHC tests • Reduction in number of repeat biopsies • Reduction in requirement of 2nd review pre-MDT
SO7	Build stronger relationships between NHS, Academia and Commercial Partnerships	• To increase teaching, training and mentoring • Improved recruitment and retention • Research resource

Existing Arrangements

Traditional Cellular Pathology

Cellular pathology services in Wales make a major contribution in many disease pathways, most significantly the early detection, diagnosis, staging and monitoring of cancer. Cellular pathology laboratories produce microscope slides from tissue samples sent for analysis from patients in surgical/outpatient settings. Consultant cellular pathologists subsequently make their diagnoses by evaluating microscope slide preparations using a light microscope.

Cellular pathology services are typically organised to be as regional to the clinical teams they support as possible, with regular engagement in MDT meetings the top priority for consultant cellular pathologists. Departments prioritise cases identified for MDT review so as not to delay the patient pathway.

Primary care cellular pathology services are organised in various ways across Wales to support their local health boards. There is a need for regular engagement with MDT meetings across sites, this is now often done via videoconferencing.

Due to increasing complexity in diagnosis, sub-specialisation has become the norm. Increasing sub-specialisation within cellular pathology often requires external opinion to be obtained – this currently requires microscope slides to be physically sent for external review within the UK NHS and sometimes further afield. The consequence of this is significant time delays (and costs) transporting slides by courier/post for expert review, and further time delays in receiving reviewed case reports.

In addition, severe difficulties in recruiting and retaining medical staff mean most departments have vacant posts at any moment in time. The Royal College of Pathologists' workforce census of 2018 showed that only 3% of NHS histopathology departments have enough staff to meet clinical demand.

This capacity gap results in backlogs of unreported cases, with either expensive medical agency locum or external outsourcing used to maintain minimum performance levels. These solutions also contribute to delays in reporting turnaround times.

Demand and Capacity

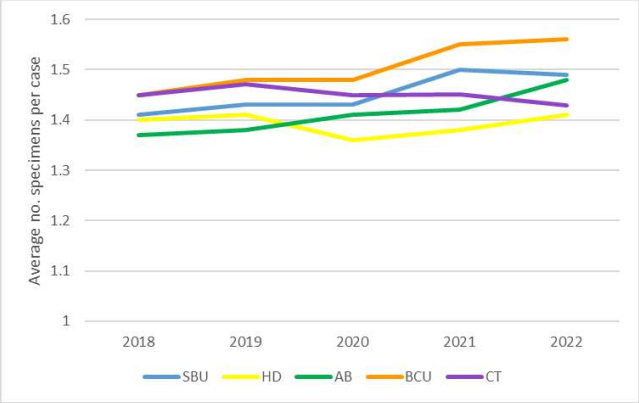
Pathology services in Wales processed more than 1 million slides in 2022/2023 Although activity reduced significantly during the early months of the pandemic, it has been increasing steadily since and by early 2022 had returned to pre-pandemic levels in most UHBs.

It is anticipated that factors such as the Recovery Plans outlined in the NHS Planning Framework 2023-2026 will mean that activity continues to increase during 2023/24. Forecast activity analysis suggests that by 2025/26 the service will be processing approximately 1.5 million slides.

The recent and forecast growth in demand is compounded by the increasing complexity of the workload including:

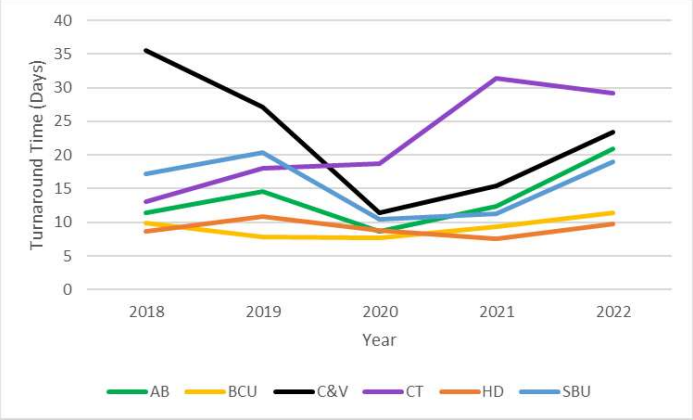
- The most urgent specimens making an increasing percentage of specimens in most Health Boards.
- The number of specimens per case is generally increasing and increasing number of tests are needed for many specimens.

Figure 2 Average no Specimens per case



As a result of this, turnaround times are now at, or are higher than, pre-Covid levels.

Figure 3 Turnaround times



This is impacting on the service's ability to achieve target turnaround times for specimens of 7 days for Urgent Suspected Cancer (USC), 14 days for urgent and 28 days for routine specimens. Target time breaches have increased across the board during 2022, with the percentage of USC and routine specimens processed within target time having decreased in recent years.

Prioritising urgent specimens to meet cancer and screening targets has a significant impact on routine specimens. This creates several risks including:

- Reduced opportunities for early intervention in the routine specimens that lead to a cancer diagnosis, particularly since audits have shown the cancer rate in routine specimens to be between 8% and 11%.
- Cancellations and appointment delays when results are not ready.
- Additional stress for patients and families awaiting results.

The backlog of activity has been gradually increasing following a previous reduction in 2020. This creates additional pressure to create more capacity to address this, which is challenging given the workforce pressures outlined below.

This has resulted in a gap between demand and capacity since mid-2022, particularly in south Wales where there are a number of pathologist vacancies. BCUHB following implementation of digital technology, have been able to attract pathologists to any vacant posts. Work is ongoing to accurately quantify the size of this gap but given the forecast growth in volumes, prioritisation and complexity of cases, then mitigation measures are required at all HBs to address this.

Workforce

It is widely recognised that there is a shortage of diagnostics professionals across the UK, and this is particularly evident in the Pathology service in NHS Wales. The Royal College of Pathologists published 'Briefing: The pathology workforce in Wales' in June 2019 and the 'Royal College of Pathologists' Priorities for Wales' in March 2021. Both papers outlined the workforce challenges and highlighted the need to invest in the workforce for patients and to achieve the Welsh Government's commitment to earlier cancer diagnosis.

NHS Wales Executive modelling in 2022 showed a capacity gap of 25% in west Wales for cellular pathology, with only 3 substantive cellular pathology consultants in HDUHB and a requirement for 9 to satisfy current levels of service. In addition, for south east Wales, the current gap is the equivalent of 8.5 cellular pathology consultants.

The associated studies referenced in these reports highlight a growing retirement crisis in the service. In 2019 it was estimated that 36% of the consultant workforce was over 55 years old and 10% of histopathologists 'retired and returned'. This largely remains the case based on the current pathologist workforce establishment outlined in the table below:

Table 8 Number of Pathologists (November 2023)

	BCUHB	ABUHB	CVUHB	SBUHB	HDUHB	CTMUHB
Number of substantive pathologists in post	12	14 (13 Medics, 1 reporting BMS)	20 "general" pathologists, 2 paediatric pathologists 2 neuropathol-ogists 1 consultant reporting scientist.	16 plus an external pathologist providing 2 digital sessions working from Birmingham 1 post out to advert	2	8
Number of above pathologists aged over 55	4	4	6	4	2	0
Number who have 'retired and returned'	3	0	2	2 (1 currently & 1 pending imminently)	1 retiring & returning Apr	0

The Royal College of Pathologists estimated in 2019 that 17% of consultant pathologists in Wales were locums. The service continues to rely on outsourcing to mitigate capacity gaps in the service, as outlined earlier, at an overall cost to NHS Wales of almost £4million at the time of writing.

Table 9 Outsourcing & Agencies (November 2023)

	BCUHB	ABUHB	CVUHB	SBUHB	HDUHB	CTMUHB
Cost of outsourced reporting in last 12 months	0	£660,100	£389,194	£900,000	Currently don't outsource to external companies however have significant In-lieu of locum costs for in house consultant reporting above their contracted sessions – Approx. £400,000	£2 million
Number of agency pathologists employed	nil but heavy insourcing in place	0	0	Nil, we are however issuing an average of 20 extra sessions to existing consultants per week	2 NHS locums on long term contracts 1 high cost agency locum	0
Average number of cases sent to agencies for reporting each work	No send any cases away for reporting, the extra work generated is reported as out of hours work by the Pathologists on site.	Wet to slide capped at 226 cases per week	Slides to outsourcing each week is around 150 but depends on admin support to get them out and back in, push to do in house WLI's as well	Currently sending 100 wet specimens per week	No send any cases away for reporting, the extra work generated is reported as out of hours work by the pathologists on site.	400-500 specimens wet tissue/ week. Plus 30-50 slides for reporting/ week

As well as increasing costs, reliance on outsourcing impacts on the quality of the service.

This is clearly not sustainable and is expected to worsen over time due to ongoing challenges recruiting and retaining staff. Short to medium term mitigations are limited. Pathology is a highly specialised field, and it takes around a decade to train a Pathologist from scratch. The Royal College of Pathologists highlighted that pathology competes with other disciplines for trainees from the reducing number of junior doctors who successfully complete foundation training and progress into specialty training.

Table 10 Current BMS vacancies and trainee Pathologists (November 2023)

	BCUHB	ABUHB	CVUHB	SBUHB	HDUHB	CTMUHB
Number of BMS vacancies	1 x B6 waiting to interview	2 x B6 whole time equivalents	2 x BMS B5 1 x BMS B6	5 x B3 support workers	3 x B4 1 x B5 1 x B6 currently vacant, adverts out or waiting for a start date	2 x B6, 6 x fixed term B3 MLA current vacancies do not enable the department to meet the demand placed on it
Number of trainee pathologists	3 +2 fellows	One	Trainee pathologists: 6 x Year 1 6 x Year 2 2 x Year 3 1 x Year 4 2 x Year 5 /Stage 4	2, but we have a request to increase from the deanery	No trainee Pathologists.	0
Number of BMS dissection roles currently filled / vacant	1 but a split role – part Senior BMS	2 (training started awaiting examination results)	2 BMS reporting / dissection for GI in post	4 advanced practitioners in dissection with one of these posts vacant 1 advanced practitioner reporting Gynae	We do not currently do BMS dissection.	1 advanced practitioner in Histological dissection

Mitigations are therefore urgently required to address these ongoing workforce risks.

Digitisation of Cellular Pathology Services

Technological advances in the digitisation (scanning) of glass microscope slide preparations have reached a level of quality, efficiency and effectiveness where immediate adoption in NHS diagnostic cellular pathology services is now not only possible but is essential to keep pace with the rest of the UK.

The system consists of a slide scanner, capable of creating high resolution images of microscopic preparations of human tissue, at comparable magnifications to that of a traditional light microscope. Other components of the system are a software interface, data storage servers, and computer workstations with high power graphics cards and high-resolution monitors to enable viewing and manipulation/sharing of slide images. Integration of the software interface with LIMS enables cases to be reported within an all-digital environment.

Consequently, moving to digitise cellular pathology services as completely as possible would eliminate many of the physical, time-consuming steps involved in

transporting microscope slides to consultant cellular pathologists, both locally and externally. Digital images can reduce the turnaround time from two days to a couple of hours. In addition, the preparation of slides for MDT review is much faster: the time taken to find and share physical slides is significant (there are currently up to 28 MDTs per week in BCUHB). When compared with radiology, which has been digitised for many years, it is estimated that the number of MDT administrative staff for pathology could be reduced from two to one.

An example of this occurred in SBUHB when, at a recent central urology MDT, the slides had not been received for review. During the MDT, SBUHB were able to email HDUHB and requested that the slides were scanned and the report sent electronically. The case was then immediately reviewed, discussed at MDT, saving another week on the pathway for MDT review.

Voice command is a major advantage, also supporting quicker turnaround times, improved reporting and a reduced need for secretarial support. And the risk of misplacing slides is also reduced, which reduces duplication and litigation risks.

Digitisation also offers benefits in terms of the time saved in retrieving and storing slides. Exact figures on this won't be available until Phase 3 is complete but, based on early studies from the digitisation of cellular pathology services in Leeds, it is estimated that a saving of between two and three WTE administrators will be possible with a fully digitised service. In addition, case review and external expert opinion can be undertaken electronically in real-time, with the likelihood that additional diagnostic expertise/precision will be more attainable than before.

Remote consultant MDT attendance through videoconferencing such as Microsoft Teams (including display of images), increasing the potential for greater sub-specialisation and shared working across NHS Wales.

Finally, without national scale up, the full benefits of AI/computational pathology cannot be realised across Wales. The benefits of AI/computational pathology are significant. For example, a pathologist cannot manually count one million cells, but this will now be possible through machine learning, leading to greater accuracy and faster reporting times.

The NDCP Project was established to modernise cellular pathology services in Wales and to introduce a fully digitised national service. To date, two phases have been achieved.

Phase 1: Rapid Evaluation and Verification
Phase 1 demonstrated proof of concept through the high correlation achieved when comparing the results obtained using both traditional glass slide methodology and digital image to report 3000 cases. This resulted in receipt of a mandate from All Wales CEOs to proceed with national implementation of digital enablement.

Phase 2: Partial National Scale Up
Phase 2 has realised, through investigation, procurement, and installation, the delivery of partial, standardised, digital enablement for each of the Health Boards including the delivery of local storage and an interim hub solution. Phase 2 has

also progressed the work of integrating the current digital scanning solution into the current LIMS with work expecting to be completed quarter 1 2024/25.

Current position

The current position is outlined previously in the executive summary on page 9.

Business Needs

It is now the intention of the NDCP Project to build on the previous phases by increasing digital scanning, reporting and capacity for Wales in line with the national direction of travel. This includes:

Business Need 1: Procurement of All Digital Pathology Capability
The budget for Phase 2 was not sufficient to digitise cellular pathology services as completely as possible. It was agreed at the time that an incremental approach to implementation would be taken ensuring that work progressed at pace giving some digital capability to each Health Board. The aim of the final Phase is to fund the procurement and installation of the remaining infrastructure, equipment and software to digitise services as completely as possible solution for the whole of Wales.

Business Need 2: Determine & Agree National Image Store
As an interim measure during Phase 2 images were stored on additional server space purchased at each of the Health Boards with local IT back up providing the required resilience. This current storage availability will greatly limit digital reporting in the future. Going forwards a national long-term storage solution (including plans for back up) is required which should meet the following:

- Images should be accessible easily and quickly by any reporting pathologist from any location
- Image storage needs to be compliant with retention schedules and GDPR.
- Images should be available for research purposes.
- The size of a 20x20 slide is approximately 1GB-1.5GB per slide and a megaslide would be around 3GB each, however megaslides are not currently being scanned.
- For governance reasons, a backup file of all clinically significant images including any AI heat maps, would be required.
- It is important to have instant access to current and the most recent cases (probably around 12 months). However, images more than 12 months old could be stored where access would be available within 24-48 hours which will hopefully help to reduce storage costs.

Business Need 3: Management of the Future Digital Hub
There are currently interim arrangements for managing the digital hub. The aim of Phase 3 is to investigate all options for managing a national central hub and to procure the agreed solution. The hub would act as a repository for meta data relating to the images for all Health Boards.

Business Need 4: Work with Health Boards to find a Solution for Cross-Boundary Working as part of a National Network of Cellular Pathologists
Cross-boundary working is needed to maximise access to specialisms available within different organisations to provide equity to patients across Wales. A 'virtual lab' will support cross-boundary working by enabling anyone from any location to

review any slide. This has been critical during the COVID-19 pandemic when 20-30% of staff have been off site. Cross-boundary working will need to be underpinned by the recruitment of more cellular pathologists to address current gaps in the workforce. The RCPath workforce census (2018) proposed a range of solutions to address the shortages, including:

- More funded training places for specialist cellular pathology trainees;
- Better IT for day-to-day work;
- Investment to implement digital pathology more widely so staff can work efficiently and flexibly;
- The development of advanced clinical practitioners to work alongside medically qualified cellular pathologists.

Business Need 5: Work with Health Boards to Develop Workflows and Workforce to Ensure Maximum Benefits are Realised from the Implementation of the New LIMS

Workflows are being developed as part of the wider Project of digital work to standardise pathology processes for integration in the LIMS system. LIMS is the national reporting system for all pathology and all reports from different disciplines need to be available for easy review by reporting pathology clinicians. Nationally sample numbering and identification depends on unique identifiers generated by the LIMS. The unique identifiers for episode, case and sample are printed in bar code which is used to identify and track the samples in LIMS. The barcode label on the glass slide is scanned to identify the image and link it to the request in LIMS. All reporting is done on LIMS and authorised digital results are stored and transmitted via LIMS to the Welsh Clinical Portal where results are nationally available to clinicians and GPs treating patients anywhere in Wales, LIMS is the agreed reporting system and will be integrated to any scanners procured either directly or through laboratory workflow management middle-ware.

Future cellular pathology workforce requirements will be determined by the Pathology Workforce and Education Group (PWEG) in collaboration with Health Education and Improvement Wales (HEIW) and academia.

Potential Scope and Services

During a NDCP Project Board meeting, held on 22nd February 2021, members agreed that the following would be including within the scope:

In Scope

- **Slide scanners**
- **Medical grade screens** (with the appropriate graphics cards).
- **Management systems** (additional software or as part of the scanning package – to include voice recognition)
- **Additional workstations/laptops** (appropriate graphics cards for the new screens would need to be compatible. Possibility of workstations in MDT and seminar rooms, and for trainees and hot-desking. High-specification laptops to support working from home, which could also be used with docking stations and medical grade screens in the MDT/seminar rooms as an alternative to a full workstation. Keyboards and mice should be washable. Joysticks to be included)
- **Image storage** considering the different file formats, storage over a defined length of time, the file sizes and the bandwidth needed etc. In line with the

DHCW principle of 'cloud first' (which will deliver benefits such as secure, fully managed, predictable performance, rapidly available, and resilient), cloud storage will be the storage method of choice. Most of the AI systems use cloud storage to analyse copy images- the analysed diagnostic images will need to be stored along with the original image as long as deemed necessary for the active case.

- **AI** is a rapidly developing computational tool designed to support pathologists in reaching a quick and reliable diagnosis. It is not designed to replace the pathologists. Described at a high level only, to remain as flexible as possible, as the technology is developing rapidly. AI provider would need to be system 'agnostic'. Several different providers can deliver targeted analytical platforms to suit different tissue types.
- **Standardisation of services** (via Standardisation Group)
- **Adoption of standardised technical standards for image formats** (e.g. DICOM) and Interoperability (e.g. HL7 FHIR)

Out of scope

- **Tissue processors**
- **Stainers**
- **Other specialist laboratory equipment**

These are out of scope since the standardisation of existing equipment is not currently considered achievable due mainly to cost.

By considering the range of business functions, areas and operations to be affected and the key services required to improve organisational capability, 'scope creep' can be avoided during the options appraisal stage of the Project.

Coverage and services are considered on the following continuum of need:

- **Core:** Essential elements that must be included in the Project to address immediate risks and ensure service continuity.
- **Desirable:** Additional elements that should be included in the Project to enhance the service and deliver greater value for money through additional benefits.
- **Optional:** Possible elements that could be included in the Project to maximise benefits providing they can be justified on a marginal low cost and affordability basis.

The potential scope of service coverage was reviewed at various points of the Project and categorised the main elements in line with this continuum of need. The results of this analysis is provided in the table below.

Table 11 Summary of items in scope

	Core	Desirable	Optional
Scanners			
• Cellular pathology scanners	✓		
• High resolution haematology scanners			✓
Workstations			
• Medical grade screens	✓		
• Keyboards and mice	✓		

• Joysticks		✓	
Management systems (including voice recognition)	✓		
Additional workstations/PCs			
• High resolution laptop, docking station and medical grade screen	✓		
Image storage	✓		
AI	✓		
Standardisation of services	✓		
Integration with current/future LIMS	✓		

Main Benefits

Investment in the NDCP Project is expected to deliver a wide range of benefits, many of which were proven during Phases 1 and 2. Benefits include:

- Enabling greater information sharing that will lead to better collaboration including facilitating cross boundary working and improving turnaround times for second opinions and peer review.
- Providing access to digital images enables remote and cross-site working, reducing travel time which will have a positive impact on staff welfare and enables more efficient ways of working. It will also help reduce the carbon footprint.
- Improved efficiency and cost savings associated with reduced transportation of physical slides and time spent retrieving and collating data. Further reduction of carbon footprint.
- Improving the quality of patient care by enabling the tailoring of therapies, risk-based case prioritisation, better control over samples managements and improved reporting that leads to more accurate diagnosis.
- Contributing to improvements in treatment by improving data analysis and business intelligence used in the day to day management as well as teaching and research.
- Creating a modern and efficient service by adopting up to date technologies will improve staff satisfaction and support recruitment and retention.
- Meet standards of prudent healthcare and improve the service's reputation.
- Opportunities to adopt AI/computational pathology technologies and maximise efficiencies.

The quantification of these benefits are explored in the Economic Case and plans to manage realisation of them in the Management Case. The full benefits register is provided in Appendix M1.

Main Risks & Issues

All outstanding risks and issues from Phases 1 and 2 have been carried forward into Phase 3. These are identified in Appendix M2 and include:

Table 12 Risk & Issues

Ref	Risk Type	Risk	Mitigation
PROGRAMME RISKS & ISSUES			
008 (Issue)	Financial	Funding for NDCP procurement and implementation not secured:	Funding avenues are currently being explored.

		• WG confirmed no funding available for the procurement phase of NDCP • HB revenue funding for 2025/2026 (and ongoing) has not yet been secured, which could impact progress of the work.	Revisions to the BJC are in progress.
039 (Risk)	Financial	If revenue funding is no longer available for NDCP, there is a risk of not being able to procure a managed service contract which may result in obsolete equipment being out of date and HB's not in financial position to replace	Capital funds are now looking an unlikely option therefore revenue managed service contract. Alternative funding streams being investigated
OPERATIONAL RISKS & ISSUES			
002 (Risk)	Operational	Delays in integrating Leica scanners with current WLIMS1 data infrastructure. Risk that integration is not implemented within Project timescales. Impact on the ability for National reporting and, there will not be an interface for new LIMS if the interface for current LIMS not implemented.	Interface is available to link LIMS and Leica. Work ongoing to operationalise
004 (Risk)	Operational	NDCP Image Storage: risk of individual Cellular Pathology departments being unable to store images and therefore being unable to use DCP as a reporting tool.	NPP progressing the Phase 3 BJC which includes a long term national storage solution. WG funding provided to HBs for interim storage solution
040 (Risk)	Operational	Risk of a delay to the integration of new LIMS2.0 with newly procured DCP solution	Mitigation around specification and DCP specification working group working with potential suppliers and Intersystems. Implementation of new solution due to commence after LIMS2.0 deployment has finished

Constraints

The Project is subject to the following constraints:

- **Funding**. Phase 2 funding was not sufficient to digitise cellular pathology services as completely as possible. A partial implementation only has been achieved. Without further funding Phase 3, national scale up, will not be possible.
- **Image storage**. The 49TB of server storage initially purchased at each of the Health Boards is now almost full and further scanning will not be possible without the development of a long-term solution for image storage. In 2023, £150,000 has been allocated to each Health Board as an interim solution prior to a move to cloud storage as part of the full BJC.
- **Resources** For Phase 2, BCUHB agreed as an interim measure, to host the data hub (hub to store the meta data for all images). A permanent national image storage solution will be identified and agreed in Phase 3

The Project is subject to the following dependencies:

- The requirement for digital pathology system to integrate with the new LIMS service.

- Revenue funding from each of the individual Health Boards
- Local staff resource to support implementation and ongoing scanning capability incorporated once into the routine service.

4 Economic Case

Critical Success Factors

Critical Success Factors (CSFs) are the essential attributes for successfully delivering the Project and are used along with spending objectives that are outlined in the Strategic Case to evaluate the options. The CSFs are provided in the table below.

Table 13 Critical Success Factors

Critical Success Factor	How well the option:
Strategic Fit and Business Needs	• Meets the agreed spending objectives, related business needs and service requirements, and • Provides holistic fit and synergy with other strategies, Programmes and Projects.
Potential Value for Money	• Optimises public value (social, economic and environmental), in terms of the potential costs, benefits and risks.
Supplier Capacity and Capability	• Matches the ability of potential suppliers to deliver the required services, and • Is likely to be attractive to the supply side.
Potential Affordability	• Can be funded from available sources of finance, and • Aligns with sourcing constraints.
Potential Achievability	• Is likely to be delivered given the organisation's ability to respond to the changes required, and • Matches the level of available skills required for successful delivery.

Options Framework

The options framework, outlined in HM Treasury Green Book and Welsh Government Better Business Cases guidance, provides a systematic approach to identifying and filtering a broad range of options. An overview of the key dimensions within the options framework is provided in the table below.

Table 14 Key elements of the options framework

Dimension	Description
Scope	What to include in the future service model
Service solution	How to deliver the future service model
Service delivery	Who will deliver the future service model
Implementation	Timescales and phasing for delivering the future service model
Funding	Financing the future service model

The process for identifying and assessing options takes each of the key dimensions in turn and undertakes the following steps:

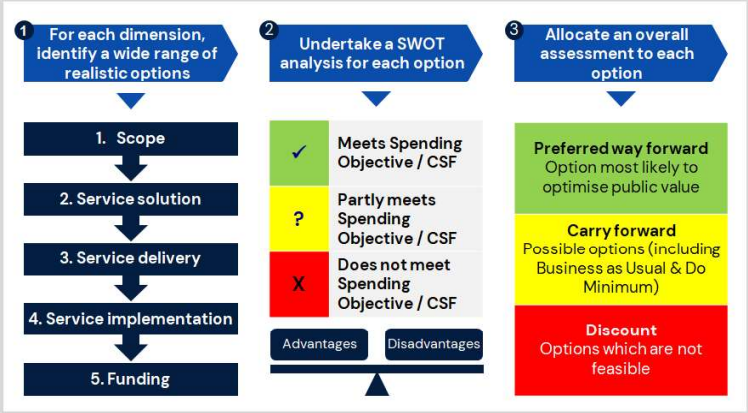
- Identify a wide range of realistic potential options within that dimension
- Undertake an analysis for each option to:
  - Assess how well the option meets the Project's spending objectives and critical success factors; and

- Identify the option's main strengths, weaknesses, opportunities and threats (SWOT analysis).

- Use the outputs of the analysis to determine whether the option will be carried forward as the preferred way forward, carried forward as a possible solution, or discounted at this stage.

A diagram illustrating this process is shown in the figure below.

Figure 4 Process to identify and assess the long list of options



A long list of options for each of the five dimensions was developed by the NDCP Project and evaluated to determine how well each meets the spending objectives and critical success factors at a series of workshops. The detailed analysis is provided in Appendix E1 and an overview in the table below.

Table 15 Summary of long list assessments

Project	Do Nothing	Do Minimum	Intermediate	Do Maximum
1. Service Scope *As outlined in Strategic Case*	All cases are reported using microscopes and glass slides. Would leave Wales behind the rest of the UK and could lead to collapse of service	Most cases are reported using microscopes and glass slides plus some limited digital reporting.		Most cases are reported digitally. Would ensure Wales keeps pace with rest of cellular pathology global community
	Carried Forward	**Carried Forward**		**Preferred Way Forward**
2. Service Solution *In relation to the preferred scope*	Return to previous process (glass slides and microscope)	Partial procurement and installation of digital capability for each Health Board.		National scale up of digital capability including image storage and digital hub solution.
	Carried Forward	**Carried Forward**		**Preferred Way Forward**
3. Service Delivery *In relation to the preferred scope and service solution*		NHS Wales purchases equipment and support provided via a maintenance contract		Fully managed service contract where provider owns and manages the digital solution
		Carried Forward		**Preferred Way Forward**

4. Implementation *In relation to preferred scope, solution and method of service delivery*		Phased approach in which HBs transition one at a time		Big Bang approach in which all HBs transition together
		Preferred Way Forward		**Discounted**
5. Funding *In relation to preferred scope, solution, method of service delivery and implementation*		Fully capital funded	Combination of capital and revenue funded (NHS owned asset/revenue model)	Fully revenue funded
		Discounted	**Carried Forward**	**Preferred Way Forward**

The possible options are carried forward to the shortlist as outlined in the table below.

Table 16 Developing the shortlist

Options	Do Nothing	Do Minimum	Intermediate Option	Preferred Way Forward (PWF)
Project Scope	All cases are reported using microscopes and glass slides.	Most cases are reported using microscopes and glass slides plus some limited digital reporting.	Most cases are reported digitally.	Most cases are reported digitally.
Project Solution	Return to previous process (glass slides and microscope).	Partial procurement and installation of digital capability for each Health Board.	National scale up of digital capability including image storage and digital hub solution.	National scale up of digital capability including image storage and digital hub solution.
Service Delivery	N/A	NHS Wales purchases equipment and support provided via a maintenance contract	NHS Wales purchases equipment and support provided via a maintenance contract	Fully managed service contract where provider owns and manages the digital solution
Project Implementation	N/A	Phased approach in which HBs transition one at a time	Phased approach in which HBs transition one at a time	Phased approach in which HBs transition one at a time
Project Funding	N/A	Combination of capital and revenue funded (NHS owned asset/revenue model)	Combination of capital and revenue funded (NHS owned asset/revenue model)	Fully revenue funded

Main Options

The resulting shortlist of options comprises:

- **Do Nothing:** Return to the pre-Project position with cellular pathology services reporting all cases using microscopes and glass slides. This would put the service at considerable risk and is no longer a viable option
- **Do Minimum:** Continue to with existing arrangements whereby cellular pathology services continue to report most cases using microscopes/glass slides and perform some digital reporting using current limited digital capability. This would require two pathways to operative simultaneously and would be prone to error and considerable inefficiency.

- **Intermediate Option:** Cellular pathology services utilise as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution, along with AI/computational pathology functionality. Funded through a combination of capital and revenue funding (NHS owned asset and ongoing support/maintenance contract).
- **Preferred Way Forward:** Cellular pathology services utilise as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution, along with AI/computational pathology functionality. Delivered through a fully revenue funded managed service contract (provider owns and manages the digital solution).

Options Appraisal

The key features of the shortlisted options included an analysis of advantages and disadvantages is provided below.

Table 17 Key features of Do Nothing

OPTION 1	DO NOTHING
Description	The 'do nothing' option reflects the position pre-Project where cellular pathology services reported all cases using microscopes and glass slides. If this option was to be used, all digital enablement and voice command procured pre-Project and in Phases 1 & 2 would not be utilised. The benefits demonstrated in the AI prostate project could not be realised.
Advantages	• No training on digital systems required • No digital image storage requirements • No requirement for digital hub
Disadvantages	• Wales not benefitting from digital technology whilst the rest of the UK takes advantage of the latest technology resulting in an adverse impact on patients as well as recruitment and retention. • Unsustainable in the long term likely to lead to backlogs • Decreased recruitment and retention of staff due to non-innovative practice • Unlikely to support Single Cancer Pathway TATs • Not utilising digital equipment purchased for Phases 1 & 2 • Not utilising the integration development between current supplier & LIMS • Unable to employ AI solutions • Inequity of service provision across Wales • Not aligned to international direction of travel for the service • Light microscopy will become a virtually obsolete diagnostic modality and it will be even harder to recruit pathologists particularity newly qualified pathologist and almost certainly impossible to support histopathology training in Wales again exacerbating the current recruitment issues
Conclusion	Cellular pathology services in NHS Wales are incredibly fragile and probably unsustainable in the long term. The increase in demand such as the current increase in volume of work during the Recovery Phase of COVID-19 has put additional strain on

	the service which has led to very lengthy backlogs in reporting and a significant increase in the volume and cost of outsourcing. As well as inability to deliver target turnaround times for many cancers.

Table 18 Key features of Do Minimum

OPTION 2	**DO MINIMUM**
Description	The 'do minimum' option reflects the current position whereby cellular pathology services continue to report most cases using microscopes /glass slides and perform some digital reporting using current limited digital capability.
Advantages	• Some digital enablement in each of the Health Board's • A small amount of cross boundary working e.g. BCUHB/SBUHB • Proved the proof of concept through interim hub and spoke formation and sharing of images • Ability to use a very limited amount of AI
Disadvantages	• Not aligned to international direction of travel for the service • Decreased recruitment and retention of staff • Unsustainable in the long term and already leading to significant backlogs • Unable to maximise the benefit from the use of AI • Unlikely to be able to support Single Cancer Pathway TATs • Inequity of service provision across Wales • Limited digital image storage
Conclusion	Cellular pathology services in NHS Wales are incredibly fragile and probably unsustainable in the long term. The increase in demand such as the current increase in volume of work during the Recovery Phase of COVID-19 has put additional strain on the service which has led to very lengthy backlogs in reporting and a significant increase in the volume and cost of outsourcing. As well as inability to deliver target turnaround times for many cancers.

Table 19 Key features of Preferred Way Forward Option - Capital

OPTION 3	**INTERMEDIATE**
Description	This option reflects a cellular pathology service that utilises as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution. Funded through a combination of capital and revenue funding.
Advantages	• Aligned to international direction of travel for the service • Digital storage solution • Sustainable equitable cellular pathology service across NHS Wales • The sharing of specialist clinical resource/expertise through improved digital networking of services in Wales progressing towards a proposed national network of cellular pathologists • Improvement in attractiveness of recruitment and retaining of staff

	• Ability to report nationally across Health Board boundaries to realise the Project ethos of any Consultant, reporting any case, from any location • National image sharing • AI/computational pathology can be better utilised to support and improve the quality of clinical diagnosis • Improve quality and drive innovation through the development of AI • Supports Single Cancer Pathway TATs • Access to different specialities e.g. lymphoma cases between BCUHB and SBUHB • Improve patient care through the use of a national digitalised network, facilitating quicker second opinions and facilitate cross boundary working • Improved MDT preparation by eliminating time spent collating cases for MDT review • Enable pathologists to interact easier with colleagues e.g. multi-disciplinary team meetings • Use in education, training (both in class and virtual) and for presenting at MDTs, tumour boards etc • Access to NHSE and UK wide expert networks for fragile services such as paediatric pathology and neuropathology which are difficult to sustain unilaterally in Wales. • Minimises revenue impact for Health Boards • Utilise digital equipment purchased during Phase 1 & 2 • Utilise integration developed between current supplier and new LIMS • Reduces risks associated with the transfer of tissues, tissue blocks and slides. • Digital images are not covered by the Human Tissue Act and therefore moving toward the use and storage of digital image for autopsy cases removes a significant existing HTA compliance risk with management and disposal of post mortem slides. • Reduces costs associated with secure storage and retrieval of PM slides across Wales. • Frees up existing internal space and reduce footprint refurbishment or new build costs. • Reduction in the carbon footprint
Disadvantages	• Training on digital systems required (much of this is already underway) • Digital image storage requirements • Requirement for digital Hub • Capital funding unlikely to be available over the longer term.
Conclusion	Option 3 would improve sustainability and equity of the service ensuring realisation of Project benefits but is unlikely to be affordable over the longer term because of ongoing capital

	investment requirements to replace and maintain the digital equipment in the future.

Table 20 Key features of Preferred Way Forward Option - Revenue

OPTION 4	**PREFERRED WAY FORWARD**
Description	The 'Preferred Way Forward' option reflects a cellular pathology service that utilises as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution. Delivered through a fully revenue funded managed service contract.
Advantages	• Aligned to international direction of travel for the service • Digital storage solution • Sustainable equitable future proofed cellular pathology service across NHS Wales • The sharing of specialist clinical resource/expertise through improved digital networking of services in Wales progressing towards a proposed national network of cellular pathologists • Improvement in attractiveness of recruitment and retaining of staff • Ability to report nationally across Health Board boundaries to realise the Project ethos of any Consultant, reporting any case, from any location • National image sharing • AI and computational pathology can be utilised to support and improve the quality of clinical diagnosis • Improved quality & drive innovation through the development of AI/computational pathology • Supports Single Cancer Pathway TATs • Greatly improved rapid access to different specialities as already demonstrated by referral of digitalised lymphoma cases between BCUHB and SBUHB and digitally supporting MDTs for national screening services such as cervical cytology from a specific site. • Improve patient care through the use of a national digitalised network, facilitating quicker second opinions and facilitate cross boundary working • Improved MDT preparation by eliminating time spent collating cases for MDT review • Enable pathologists to interact easier with colleagues e.g. multi-disciplinary team meetings • Use in education, training (both in class and virtual) and for presenting at MDTs, tumour boards etc • Ensures that all equipment and technology remains up to date over the life of the contract without the need for capital investment • Avoids the need for capital investment upfront and in the future. • Reduces risks associated with the transfer of tissues, tissue blocks and slides.

	• Reduces costs associated with secure storage and retrieval of PM slides across Wales. • Frees up existing internal space and reduce footprint refurbishment or new build costs. • Reduction in the carbon footprint • Utilise digital equipment purchased during Phase 1 & 2 • Utilise integration developed between current supplier and LIMS
Disadvantages	• Training on digital systems required (already ongoing) • Digital image storage requirements • Requirement for digital Hub • Increased revenue consequences for Health Board
Conclusion	Option 4 would improve sustainability and equity of the service ensuring realisation of Project benefits without the need for initial and future capital investment. A managed service contract will provide the flexibility to take advantage of innovations in the future however NHS Wales cloud could be considered too.

The options have been considered in further detail with a cost benefit analysis below.

Estimating Costs

For the purposes of the BJC, indicative costs have been estimated based on the information that is currently available. This includes:

- **Do Nothing:** It has not been possible to determine baseline costs at this stage as costs differ significantly across the service and are impacted by various factors. In any event, existing operating costs are expected to continue since there will be an ongoing need for the acquiring, using, and storing glass slides. Baseline costs are therefore excluded for comparison purposes as it is expected they would apply consistently to all options. Any opportunities for efficiency savings or cost reductions are dealt with in the benefits section.
- **Do Minimum:** Indicative costs have been estimated for the continuation of partial digital capability. This includes the cost of initial set up in each of the Health Boards (although this does not include costs for image storage, integration with LIMS or integration costs for speech) and ongoing annual costs for maintenance and warranty.
- **Intermediate Option:** Indicative costs have been estimated based on current knowledge of the market and anticipated resource requirements as outlined in the Financial Model (Appendix F1).
- **Preferred Way Forward:** Indicative costs have been estimated based on current knowledge of the market and anticipated resource requirements as outlined in the Financial Model (Appendix F1).

The table below outlines the resulting indicative costs for each of the options over a 20-year appraisal period:

Table 21 Indicative Costs

	Option 0 - BAU	Option 1 - Do Min	Option 2 - Cap/Rev	Option 3 - PWF (Rev)
	£'000	£'000	£'000	£'000
Project Team	0	0	826	0
DHCW Support	0	74	0	0
Solution Costs	0	672	8,184	0
Initial capital costs	**0**	**746**	**9,010**	**0**
Lifecycle costs (20-year appraisal period)	0	1,492	16,368	0
Whole life capital costs	**0**	**2,238**	**25,377**	**0**
Project Team inc. DHCW element (non-recurring)	0	0	0	423
DHCW Support (Recurring)	0	0	966	1,728
Additional Health Board staff (20-year appraisal period)	0	0	9,498	9,498
Solution Costs (20-year appraisal period)	0	0	53,980	56,368
Maintenance and Warranty (20-year appraisal period)	0	608	0	0
Whole life revenue costs	**0**	**608**	**64,443**	**68,017**
Total whole life costs (20-year appraisal period)	**0**	**2,846**	**89,821**	**68,017**
Equivalent Annual Costs	**0**	**142**	**4,491**	**3,401**

Estimating Benefits

The Project to date has identified specific benefits associated with these factors and work has been undertaken to quantify them, building on experience of the first two phases and establishing baseline positions and target improvements. Where possible, these metrics have been stated in monetary equivalent values to enable a thorough cost benefit analysis to be prepared.

For the purposes of the BJC, indicative values have been estimated to determine the potential opportunities available to NHS Wales organisations for the following categories of financial benefits:

- **Cash releasing benefits:** Direct cost saving as results of reduced resource requirements.
- **Non-cash releasing benefits:** Productivity savings that can be quantified in monetary equivalent values but are not expected to directly reduce costs although they will release staff time to focus on alternative activities.
- **Societal benefits:** Indirect benefit that will be realised by wider society and can be quantified in monetary equivalent values.

For the purposes of the BJC, efficiency benefits are assumed to be non-cash releasing to give an indication of the scale of opportunity available, but this will be reviewed in detail as the benefits are developed and opportunities sought to convert into cash releasing benefits.

Calculations are based on the early phases and findings at BCUHB and individual Laboratory Managers' assessments of how this is expected to apply at a Health Board level. The main assumptions are outlined in the following table with the total NHS Wales impact outlined. Specific Health Board assumptions and values are provided in Appendix M1.

Table 22 Benefits Overview

ID	Description	Measure	Target Improvement	Value £'000	Assumptions
Increased capacity to meet growing demand					
B01	Streamlined workflow and greater ability to recruit and retain suitably skilled staff will contribute to increasing capacity to enable the service to meet growing demand. This will reduce reliance on outsourcing in the future.	Outsourcing and temporary staffing costs	Potential cost avoidance in the future	**See risk R2 below**	It is not possible to reduce current outsourcing costs because there are multiple factors which drive the need for external capacity. However, full digitisation could potentially reduce the need for increased outsourcing / use of locums in the future to deal with growing demand, as the streamlined workflow and better recruitment/retention will increase future internal capacity.
Streamlined workflow leading to productivity gains					
B02	Greater ability to get the section quality right first time will reduce the need to re-work slides	Number of reworked slides	**823 fewer slides re-worked** each year across Wales	**£4k p.a.** Non-cash releasing	Based on Health Boards' assessments of the potential in reduced number of reworked slides for each lab, based on estimated average cost per re-cut.
B03	Use of voice recognition/command software reduces workforce time spent reporting on H&E samples	Number of hours spent reporting on H&E samples	**2,984 fewer hours spent reporting on H&E samples** each year across Wales	**£146k p.a.** Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.
B04	Ability to link H&E and IHC /special stains on screen will reduce the amount of time workforce spend linking individual cases	Number of hours spent linking cases	**2,866 fewer hours spent linking cases** each year across Wales	**£63k p.a.** Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.
B05	Ability to undertake online real time consultations and reviews will reduce the amount of time workforce spend searching for and sharing case information	Number of hours spent searching for and sharing case information	**4,491 fewer hours spent searching for and sharing case information** each year across Wales	**£80k p.a.** Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.

ID	Description	Measure	Target Improvement	Value £'000	Assumptions
B06	Easier access to archived slides and case tracking, archival and retrieval will reduce the amount of time workforce spent filing and retrieving slides	Number of hours spent slide filing and retrieval	**5,764 fewer hours spent on slide filing and retrieval** each year across Wales	**£78k p.a.** Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.
B07	Improved access to external second opinion and improved case transfer times will reduce the amount of workforce time spent sending slides	Number of hours spent sending slides	**5,357 fewer hours spent sending slides** each year across Wales	**£78k p.a.** Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.
B08	Easier access to archived slides and case tracking, archival and retrieval will reduce the amount of workforce time spent preparing for MDT meetings	Number of hours spent preparing for MDT meetings	**9,558 fewer hours spent preparing for MDT meetings** each year across Wales	**£139k p.a.** Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.
B09	Fully automated electronic case assembly will reduce the amount of workforce time spent assembling cases	Number of hours spent assembling cases	**7,643 fewer hours spent assembling cases** each year across Wales	**£155k p.a.** Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.
Non-pay costs					
B10	Use of 2D bar codes to identify requests, specimens, blocks, slides and images reduces the need for paper labels	Number of labels printed	Limited information available to measure improvement	Unmonetisable	Data is not currently available from Health Boards to quantify at this stage. However, when fully integrated, this is likely to be cash releasing.
B11	Single identifier for a sample across Wales will reduce the need to transport slides	Number of slides transported	Limited information available to measure improvement	Unmonetisable	Data is not currently available from Health Boards to quantify at this stage. However, BCU identified this as a cash releasing benefit during earlier phases
B12	Reduced risk of tissue/slide loss or damage will reduce the need to repeat tissue collection	Number of tissue samples/slid	Limited information available to measure improvement	Unmonetisable	Data is not currently available from Health Boards to quantify at this stage

ID	Description	Measure	Target Improvement	Value £'000	Assumptions
		es lost or damaged			
Improved workforce experience					
B13	More flexible of ways of working open to the workforce as the new system will enable remote working	Not easily measurable	Qualitative	Unmonetisable	Not easily measurable but enabling more flexible ways of working will contribute to the recruitment and retention of staff
B14	Teaching, training and mentoring	Not easily measurable	Qualitative	Unmonetisable	
B15	Improved recruitment and retention of highly skilled staff	Not easily measurable	Qualitative	Unmonetisable	Not easily measurable but investing in digitisation which keeps pace with the rest of the UK and wider global Pathology community will support the recruitment and retention of staff
Improved patient outcomes					
B16	Prioritisation of cases to meet cancer targets	Not easily measurable	Qualitative	Unmonetisable	
B17	Speedier diagnosis of urgent cases	Not easily measurable	Qualitative	Unmonetisable	
B18	Reduced risk of patient/slide misidentification errors	Not easily measurable	Qualitative	Unmonetisable	
Opportunities to deliver benefits of Computational Pathology and AI					
B19	AI/computational pathology for enhanced cancer research	Not easily measurable	Qualitative	Unmonetisable	
Other system improvements					
B20	Automated case allocation to pathologist	Not easily measurable	Qualitative	Unmonetisable	
B21	Electronic test request and workload management in lab	Not easily measurable	Qualitative	Unmonetisable	

ID	Description	Measure	Target Improvement	Value £'000	Assumptions
	enabling improved planning and work force management				
B22	Synchronous analysis of slides	Not easily measurable	Qualitative	Unmonetisable	
B23	Flip and rotate images to aid interpretation	Not easily measurable	Qualitative	Unmonetisable	
B24	Measurement and annotation	Not easily measurable	Qualitative	Unmonetisable	
B25	Improved ergonomics	Not easily measurable	Qualitative	Unmonetisable	
B26	Use of annotated scanned image to identify tumour areas required for genomic analysis	Not easily measurable	Qualitative	Unmonetisable	
B27	Transfer of information on electronic request direct to report	Not easily measurable	Qualitative	Unmonetisable	
B28	Clearer diagnostic audit trails	Not easily measurable	Qualitative	Unmonetisable	
B29	Quantification of specific cells and markers	Not easily measurable	Qualitative	Unmonetisable	
B30	Highlighting and heat mapping of areas of abnormality	Not easily measurable	Qualitative	Unmonetisable	
B31	Quality control and audit	Not easily measurable	Qualitative	Unmonetisable	
B32	Automatic formatting of certain reports such as normal colonic biopsies based on AI pre-screened slides	Not easily measurable	Qualitative	Unmonetisable	

ID	Description	Measure	Target Improvement	Value £'000	Assumptions
B33	Research resource	Not easily measurable	Qualitative	Unmonetisable	
B34	AI to identify micro-organisms	Not easily measurable	Qualitative	Unmonetisable	
B35	Assessing disease progression	Not easily measurable	Qualitative	Unmonetisable	
B36	Fewer microscopes to service in the future	Not easily measurable	Qualitative	Unmonetisable	
B37	Capture of digital image at macro dissection using macro path systems	Not easily measurable	Qualitative	Unmonetisable	
B38	Digital dictation direct into report in dissection room	Not easily measurable	Qualitative	Unmonetisable	

The resulting indicative benefits values have been applied to the options as follows:

- **Do Nothing:** will not deliver any benefits.
- **Do Minimum:** will only allow partial delivery of benefits since it will provide limited digital capability. For the purposes of the BJC it is assumed that 10%-20% of activity will use digital reporting. However, to reflect the inefficiencies that will be inherent in dual running of a system, this is reduced by half and so it is assumed that just 7.5% of potential benefits are deliverable.
- **Preferred Way Forward:** Provides the opportunity to deliver 100% of the benefits value.

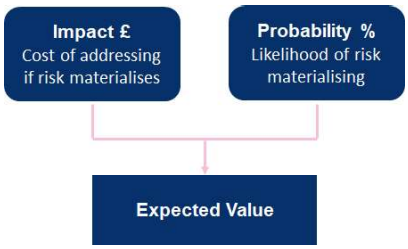
Estimating Risks

To present a comprehensive cost benefit analysis, an indicative assessment of risks has been undertaken and efforts made to quantify these in monetary equivalent values. The main risks that have been considered for this purpose are:

- Risk that digital cellular pathology information and images are not backed up as data storage is not resolved.
- Risk that inadequate systems impact on sustainability of services

These risks have been quantified by calculating an 'expected value'. This provides a single value for the expected impact of all risks. It is calculated by multiplying the likelihood of the risk occurring (probability) by the cost of addressing the risk (impact) and summing the results for all risks and outcomes.

Figure 5 Risk quantification approach using single-point probability analysis



The assumptions included to assess the impact and probability of these risks are outlined in the tables below:

Table 23 Risk Assumptions

	Do Nothing	Do Minimum	Preferred Way Forward
R1: Data storage			
Risk	**Digital cellular pathology information and images are not backed up as data storage is not resolved.**		
Consequence	**Data images could be lost impacting on diagnostic reporting**		
Impact	Benefits will not be realised - Do Minimum: £56k p.a.; Preferred Way Fwd.: £773k p.a.		
Probability	N/A	75%	1%
Timescales	N/A	Years 0-20	Years 0-20
Risk Value £'000 (Total 20-year)		**836**	

	Do Nothing	Do Minimum	Preferred Way Forward
R2: Sustainability			
Risk	**Risk that inadequate systems impact on service sustainability**		
Consequence	**In addition to patient impact (which is not quantifiable in monetary terms), staff morale and ability to recruit impacted.**		
Impact	Vacancies will increase - Assume that between 20% - 40% of current established Pathologists posts (equates to between 12 – 24 WTE) become vacant and cannot be recruited to and that this would result in additional temporary staff costs. Assuming 25% premium on average pay costs, equates to an impact of £288k - £576k p.a.		
Probability	80%	80%	1%
Timescales	Years 0-20	Years 0-20	Years 0-20
Risk Value £'000 (Total 20-year)	**6,912**	**6,912**	**86**

Economic Appraisal Results

The indicative assumptions above have been incorporated into a discounted cash flow for each of the options, using DHSC's Comprehensive Investment Appraisal (CIA) model, to support the appraisal of overall value for money and cost-benefit analysis of the shortlisted options. In line with HMT Green Book requirements:

- Costs, benefits and risks are calculated over a 20-year appraisal period.
- Year 0 is 2025/26.
- Costs and benefits use real base year prices – all costs are expressed at 2023 prices in line with the baseline costs.
- The following costs are excluded from the economic appraisal:
- Exchequer 'transfer' payments, such as VAT.
- General inflation.
- Sunk costs.
- Non-cash items such as depreciation and impairments.
- A discount rate of 3.5% is applied.

The results of the economic appraisal suggest that the Do Minimum provides a better net present cost than the two Preferred Way Forward options because of the minimal costs involved. However, there are several other factors that should be considered in comparing the options:

- The Do Nothing and Do Minimum options represent significant risks that it is not possible to express in monetary values and so are not accounted for in this analysis, such as sustainability impact on patients and the wider service and inequity of service across Wales.
- The Preferred Way Forward is necessary to deliver a service that is in line with international best practice and provides opportunities for maximising benefits through the adoption of AI/computational Pathology technologies.

A summary of the overall options appraisal is provided in the following table:

Table 24 Options appraisal summary

	Do Nothing	Do Minimum	PWF – Capital / Revenue	PWF - Revenue
Net Present Cost (£'000)	**Unable to be calculated, see pg.49**	**4,749**	**41,715**	**34,370**
Benefit Cost Ratio	**-**	**0.05**	**0.67**	**0.81**
Significant non-financial benefits	N/A	Some benefits for small proportion of activity.	Service in line with international direction of travel. Improved collaboration and flexibility of service. Opportunities to maximise benefits e.g. adoption of AI.	Service in line with international direction of travel. Improved collaboration and flexibility of service. Opportunities to maximise benefits e.g. adoption of AI. Managed service contracts provide opportunities to keep pace with technological advances
Residual risks	Significant risk to sustainability and inequitable service across Wales. Unable to provide modern Pathology service leading to challenges recruiting and retaining workforce.	Significant risk to sustainability and inequitable service across Wales. Unable to provide modern Pathology service leading to challenges recruiting and retaining workforce. Ongoing inefficiencies of running two systems.	Capital investment required initially and in the future Restricts opportunities to keep pace with technological advances	Additional revenue funding required from HBs

Preferred Option

Based on the financial and non-financial analysis above, the Preferred Way Forward has the highest cost benefit ratio, based on delivering cash benefits in the form of significantly reducing the requirement for outsourcing from year 3 when the digital cellular pathology solution is fully in place and based on Health Boards/Trust experience, organisations are more able to attract consultant staff. This option involves a national scale up digital reporting which is recommended as

the preferred option. This will be delivered via a combination of Health Board revenue funding - both non-recurring and recurring.

Although Option 2 Capital/Revenue model could deliver the same benefits, it is at a higher cost so the cost benefit ratio is lower. Option 1, Do minimum has the lowest cost benefit ratio due to only delivering 10% of the benefits that options 2 and 3 are able to deliver.

5 Commercial Case

The Commercial Case sets out the procurement route and seeks to demonstrate that the preferred option will result in a viable procurement and a well-structured deal between the public sector and the supplier.

Procurement Route

Three procurement models were considered as part of the options framework. These are:

1) **Traditional Purchase and Service Support Model**: In this model the equipment and software is purchased outright as a capital asset and is owned by NHS Wales. The supplier implements the system, but once implemented it would be managed by NHS Wales with the supplier providing technical and service support under a contract arrangement requiring recurrent revenue funding. The service support contract would still include all the same management responsibilities and KPIs etc as a managed service provider model.
2) **Managed Service Provider Model**: In this model, NHS Wales purchases a "service" from the supplier. The supplier then implements and manages the system with charges based on fee-per-service arrangements. NHS Wales does not own the hardware or software. This model moves most of the capital acquisition costs into recurrent revenue budget, spreading that expenditure across the life of the system.
3) **Hybrid Model**: The extent of the managed service provider model may be limited, for example with NHS Wales taking ownership of some infrastructure either located in NHS organisations and/or an NHS Data Centre, but with the supplier taking responsibility for management and ongoing service support. As with the traditional purchase and service support model this would involve capital and revenue accounting treatment of costs and associated funding.

The managed service provider model has been selected as the preferred way forward, following review by the NDCP Project Board and NHS Wales Executive. Two procurement routes were explored: full tender and a framework agreement. The strengths and weaknesses of each route are outlined in the table below.

Table 25 Procurement route options - strengths and weaknesses

Tender Process		**Framework Agreement**	
Strengths	Weaknesses	Strengths	Weaknesses
All suppliers can bid therefore not limiting market	Can increase timelines slightly	Doesn't require an advert out to Find a Tender Service (FTS)	Some suppliers on potential framework 1 and other suppliers on potential framework 2 limiting bidders.
Can shape specification exactly to requirements		Could reduce timelines slightly	Having engaged with the market, suppliers could potentially challenge why we have used a framework limiting competition. Justification would be required as to why framework used.
Other procedures can be used that may aid			QE Procurement Framework only

the process e.g. a competitive procedure with the negotiation, or a competitive dialogue if required			permits purchase of a full solution so scanners and PACS must be from same supplier (albeit this could be a primary bidder who is supplying products from another manufacturer)

It has been agreed by the NDCP Project Board that a full tender process is the most suitable route.

Procurement Scope and Specification

The principal aim of the procurement is to procure appropriate services to create a fully digitised cellular pathology service that will replace the existing traditional microscopy service. The scope of the procurement (as agreed by the NDCP Project Board) is explained in more detail on page 38:

- **Slide scanners**
- **Medical grade screens**
- **Management systems**
- **Additional workstations/laptops**
- **Image storage**
- **AI/computational pathology**
- **Standardisation of services**
- **Adoption of technical standards for image formats**

It should be noted that the Procurement scope does not include tissue processors, stainers and other specialist laboratory equipment. These are out of scope since the standardisation of existing equipment is not currently considered achievable due mainly to cost.

The final specification will be agreed following pre-tender engagement with suppliers. It will be made clear as part of any procurement exercise that all images remain the property of the Health Boards. The Health Boards will remain responsible for ensuring data protection and security. This provides extra resilience and security through independent review. It is anticipated that all data collected will form part of the single patient record.

Timeline for Procurement

The table below sets out the procurement milestones and complies with all applicable legal requirements.

Table 26 Key Procurement Milestones

Activity	Date
Update specification of requirements	Ongoing
Sign off final specification and agree award criteria	April 2025
Publish ITT	April 2025
ITT response deadline	June 2025

Activity	Date
Evaluation of responses	June - October 2025
Contract award	November 2025
Contract start date	April 2026 (staggered across Health Boards)

Payment Mechanism

Payment mechanisms will be confirmed when the preferred bidder is identified.

Contractual Arrangements

An FTS tender procedure has been established as the most suitable procurement route. This will require the development of a specification of requirements. This will be undertaken by the NDCP Project, taking account of lessons learned from other similar initiatives.

Key aspects of the contractual relationship that the NDCP Project is seeking to achieve will be reflected in the contract as follows:

- Value for Money (VfM) – the proposed procurement will have an underpinning financial model that provides transparency and certainty around costs for key system and service elements. These costs can be considered alongside how well the system design meets the clinical and technical requirements. The aim is to secure the optimum combination of whole-of-life costs and quality (or fitness for purpose) of the system and services to meet NHS Wales requirements. A value-based approach to procurement should be adopted to deliver long-term outcomes for patients, including improved patient experience and better clinical outcomes. A key contractual issue when considering the VfM is how risks are allocated between the supplier and NHS Wales.
- Intellectual Property Rights (IPR) – The IPR from the application and the interfaces is not envisaged to have significant value for the Contracting Authority and need not be pursued to any major extent. In instances where the Authority works with the successful Contractor to develop and refine clinical content, question sets and workflow, then IPR equivalent to the invested resource by the Authority shall be retained.
- Warranties and guarantees – this is notionally a high-cost deal and the perceivable risk of loss (of the service) is moderate, given its intended use by the NHS in Wales. These should be pursued within the contract.

Legal and Personnel Implications

It is anticipated that a Programme Manager will be appointed to lead the Procurement Project working to the National Pathology Portfolio Programme Lead. The Programme Manager will manage the procurement, working with the Procurement Lead allocated by NWSSP and specialist advice as required.

It is likely that specific individuals will be involved across multiple activities and/or may undertake more than one role in order to ensure consistency and assist in securing an appropriately robust outcome. The combined staff and consultancy

team will cover the following roles for the procurement (for more details see page 17):

a) **National Digital Cellular Pathology Project Team**
b) **NWSSP Procurement Project Team**
c) **Health Board Representatives**
d) **DHCW Representatives**

It is not expected that any Phase 3 activities will fall under TUPE – Transfer of Undertakings (Protection of Employment) Regulations 1981.

6 Financial Case

Introduction

At the time of writing the BJC, limited supporting information is available to determine accurate costs, therefore indicative figures have been estimated based on initial information received from suppliers and the assumptions outlined below.

Accounting Treatment

Given the lack of clarity around costs at this stage, assumptions have been made about the appropriate financial treatment. These will be validated during the procurement process as specifications are drafted and tenders received by potential suppliers outlining firm costs and potential contractual arrangements.

Capitalisation

Since the preferred option involves delivering the digital cellular pathology solution via a managed service contract, it is anticipated that no assets will be created, and therefore all costs associated with the scheme will be treated as revenue costs.

IFRS16

The baseline assumption of this business justification case is that this will be a revenue cost driven solution, however as part of the procurement exercise an assessment of the service offering, contractual requirement, terms & conditions and ownership will be required to ascertain whether there are any portions of the "managed service" (broken down within the supplier financial model) that constitute a "right of use asset".

This principle would mean that any embedded lease's C-DEL (Capital Delegated Expenditure Limit) impact will occur at the time of procuring the right of use asset & lease liability and will equal the value of the right of use asset necessitating a transfer from revenue to capital, the mechanism for completing this via the "revenue recovery" process will be made clear within the final case (if required).

VAT

Initial advice will be sought from one of the NHS Wales VAT advisors as to the possible VAT accounting treatment for the procurement in order to ascertain the likely VAT treatment of the contract. Initial review of VAT guidance would suggest:

- In relation to Software as a Service (SaaS) and Cloud Services, the current HMRC view is based on the question - is the solution as a whole something that can be demonstrated to be 'to the specification of' NHS Wales. If NHS Wales can demonstrate that the answer to this question is yes, as appears to be the case for this procurement, the costs should be VAT recoverable.
- All participating organisations, at the time of placing local deployment orders, should consult with their own VAT advisors and auditors to ensure VAT treatment is compliant with HMRC definitions. For the purposes of this iteration of the BJC, it is assumed that all capital costs (excluding capitalised staff) are not deemed VAT recoverable whilst ongoing service provision, support and maintenance will be recoverable as per COS Heading 14 - Computer services supplied to the specification of the recipient.

This assumption regarding VAT accounting will be confirmed with NHS Wales VAT Advisors as the procurement progresses and the design of the solution and contract terms become clearer.

Costing Methodology

Indicative costs for delivering the preferred option have been estimated for the following categories:

- Project team
- DHCW support
- Solution costs
- Additional Health Board staff

Further details are available in Appendix F1. The methodologies for estimating these cost categories are outlined below.

Implementation Plan

While a detailed project plan will need to be developed and agreed with the final preferred bidder for the solution, for the purposes of the BJC the following timescales are assumed:

- Procurement process: April 2025 – March 2026
- Implementation period: April 2026 – March 2027

Project Team

The cost of the Project team has been estimated based on the staff required to provide support in the initial 3 years of the programme including:

- 1 WTE Band 8a Programme Manager.
- 1 WTE Band 4 Senior Project Support Officer.

The cost of the following will be required for procurement and length of contract:

- 1 WTE Band 7 NWSSP Procurement Project Manager/Category Manager

It is assumed that the National Pathology Portfolio Programme Lead and Senior Project Manager will continue to be funded through the National Pathology Programme budget.

DHCW Support

The cost of DHCW support has been based on anticipated requirements for the development of the infrastructure and integration of the new solution plus the ongoing support including:

- 0.5 WTE Band 8b Lead Engineer Networking.
- 0.5 WTE Band 8a Infrastructure Design (non-recurring).
- 0.5 WTE Band 6 Support Integration.
- 0.5 WTE Band 6 Development Integration.

Solution Costs

Market testing was undertaken to obtain an indication of the likely cost of procuring a solution. Potential bidders provided anticipated costs for each of the

Health Boards based on current cellular pathology activity levels. This included annual charges associated with:

- Digital scanners, workstations and any other hardware required.
- Integration into LIMS
- Storage
- Software (including voice recognition)
- Artificial Intelligence.
- Service.
- Training.
- Managed service contract fee.

The annual running costs are therefore estimated at an average of £3.2m p.a. over a 9-year period based on the following:

- Contingency of 20% to reflect the high degree of uncertainty around these costs in advance of the procurement process.
- At this stage, it is assumed that these costs will be classified as revenue expenditure. It should be noted that this will be subject to further review and advice from specialist advisors.
- As outlined above, it is assumed for the purposes of the BJC that VAT will be recoverable.

Solution costs are expected to be incurred from April 2026 at the start of the implementation period (bandwidth/infrastructure due to be incurred during 2025/26 in readiness for implementation of new solution).

Additional Health Board Staff

It is anticipated that there will be ongoing revenue costs associated with Health Board staff requirements from 2025/26 including:

- Band 6 Biomedical Scientist – 1 WTE per Health Board.
- Band 3 Healthcare Support Worker – 1 WTE per Health Board.
- Band 7 IT – 1 day per week per Health Board, reducing to 0.5 day per week from 2028/29 onwards.

It is anticipated that these roles are recruited and in post 6 months prior to implementation.

Capital Requirements

As the solution is anticipated to be delivered via a managed service contract, no capital investment is expected.

Revenue Requirements

Based on the assumptions outlined above, it is anticipated that the revenue consequences of implementing the preferred option will include the following:

- **Non-recurring revenue funding of £423,000 requested from Health Boards (£71,000 per HB)** for the implementation costs associated with the project team and DHCW support between 2025/26 – 2027/28.
- **Ongoing revenue funding which in total equates to £34.4m between 2025/26 – 2034/35 requested from Health Boards,** related to annual recurring revenue costs associated with the managed service contract for the

solution and additional staff required to support Health Boards with the implementation and ongoing management of the solution.

An indicative apportionment of the recurring revenue costs by Health Board based on potential providers assessment of existing workload is provided below.

Table 27 Indicative Revenue Costings

		Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	
		2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000	2030/31 £'000	2031/32 £'000	2032/33 £'000	2033/34 £'000	2034/35 £'000	Total £'000
Project Team (non-recurring)		101	101	50								251
DHCW Support (non recurring)		34	34	34								101
20% Contingency		27	27	17								71
Non-recurring revenue costs		**161**	**161**	**101**	-	-	-	-	-	-	-	**423**
Project Team (recurring - contract manager)		57	57	57	57	57	57	57	57	57	57	574
Solution Costs (recurring)		28	3,336	3,103	3,172	3,251	3,333	3,418	3,493	2,525	2,525	28,184
Health Board Additional Staff (recurring)		263	525	525	491	491	491	491	491	491	491	4,749
DHCW Support (recurring)		86	86	86	86	86	86	86	86	86	86	864
Recurring revenue costs		**434**	**4,005**	**3,772**	**3,807**	**3,886**	**3,967**	**4,053**	**4,127**	**3,160**	**3,160**	**34,371**
Total costs		**595**	**4,167**	**3,873**	**3,807**	**3,886**	**3,967**	**4,053**	**4,127**	**3,160**	**3,160**	**34,795**

		Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	
	Apportionment	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000	2030/31 £'000	2031/32 £'000	2032/33 £'000	2033/34 £'000	2034/35 £'000	Total £'000
ABUHB	16.32%	72	656	618	623	636	650	664	676	518	518	5,631
BCUHB	17.18%	72	685	645	651	664	678	693	706	540	540	5,874
CTMUHB	11.42%	71	493	466	468	477	487	496	505	394	394	4,251
CVUHB	24.53%	75	930	873	884	903	923	944	963	725	725	7,945
HDUHB	12.96%	71	544	514	517	527	538	549	558	433	433	4,684
SBUHB	17.58%	73	698	657	663	677	692	707	720	550	550	5,986
Total Recurring Revenue Costs	**100.00%**	**434**	**4,005**	**3,772**	**3,807**	**3,886**	**3,967**	**4,053**	**4,127**	**3,160**	**3,160**	**34,371**

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	
	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000	2030/31 £'000	2031/32 £'000	2032/33 £'000	2033/34 £'000	2034/35 £'000	Total £'000
ABUHB	27	27	17								71
BCUHB	27	27	17								71
CTMUHB	27	27	17								71
CVUHB	27	27	17								71
HDUHB	27	27	17								71
SBUHB	27	27	17								71
Total Non-Recurring Revenue Costs	**161**	**161**	**101**	-	-	-	-	-			**423**

Affordability

Indicative costs have been estimated at this stage based on current market knowledge and resourcing requirements. Costs are outlined in Appendix F1, and a detailed explanation of the costing methodology is included above. In summary these include:

- **Solution costs:** Procurement of a managed service contract to provide digital scanners, workstations, other hardware, integration with other systems, software, training and the ongoing storage and service to maintain the system. Costs at this stage are based on the results of recent market testing.
- **Project Team:** Including non-recurring costs of Programme Manager and Senior Project Support Officer and recurring costs of NWSSP Procurement Project Manager/Category Manager. It is assumed that the National Pathology Portfolio Programme Lead and Senior Project Manager will continue to be funded through the National Pathology Programme budget.
- **DHCW Support:** Non-recurring and recurring costs based on anticipated DHCW requirements for Lead Engineer Networking, Support Integration, Development Integration and Infrastructure Design roles.
- **Additional Health Board Staff**: Ongoing cost of a Band 6 BMS, Band 3 Healthcare Support Worker and 1 day per week of Band 7 IT support for each Health Board.

Based on these assumptions, it is anticipated that funding is required as follows:

- **Non-recurring revenue funding of £423,000 requested from Health Boards (£71,000 per HB)** for the implementation costs associated with the project team and DHCW support between 2025/26 – 2027/28.
- **Ongoing revenue funding which in total equates to £34.4m between 2025/26 – 2034/35 requested from Health Boards,** related to annual recurring revenue costs associated with the managed service contract for the solution and additional staff required to support Health Boards with the implementation and ongoing management of the solution.

This investment will deliver a wide range of benefits, most critically the ability of the service to keep pace with the rest of the UK and enable it to attract and retain the highly skilled staff required to address the growing capacity gaps within the service.

While many of the benefits related to this investment are not easily quantifiable in monetary terms, service leads at each of the Health Boards have identified a range of productivity gains as a result of a more streamlined workflow which will reduce the time currently spent on existing manual processes. A prudent assessment of the total number of hours saved across Wales equates to around £750k of staff time saved each year which can be re-directed to deal with growing demand.

As demand continues to grow in the future, the value of these productivity gains will be even greater. This combined with greater ability to attract and retain workforce will reduce the risk that increased activity will need to be outsourced to external providers or covered by expensive temporary staffing in the future.

In addition to this, realisation of the substantial wider system benefits offered by AI/computational pathology, will only be possible following investment in the digital cellular pathology solution.

7 Management Case

Project Management Arrangements

The Project is being managed in accordance with the standards set out in Managing Successful Programmes (MSP).

Project Management Principles

The principles that will be observed by the work undertaken by the NDCP Project are:

- Remaining aligned with national strategy
- Leading change
- Envisioning and communicating a better future
- Focusing on benefits such as improving outcomes, patient benefit and service efficiencies
- Adding value
- Designing and delivering coherent capability
- Learning from experience

Governance

Governance Framework

The Governance Framework that will be developed will build on current arrangements, ensuring that:

- Governance, decision-making and escalation routes are transparent.
- Decisions, including investment decisions, are better informed.
- Lines of accountability are clear, as are limits of authority and delegations.
- Efforts are focused on delivering results rather than on processes.
- Standards and processes are simple and clear.
- Strategic oversight and governance of the Project is maintained.
- The whole contributes towards a clear and consistent vision.
- There is adequate design assurance (business and technical).
- Risks and interdependencies are identified and managed
- SROs, and Project teams, are clear about their roles and responsibilities for delivering outcomes and what they are being asked to achieve.
- There is clear ownership of and accountability for delivering benefits
- Programme and Project Management (PPM) knowledge and best practice can be readily shared.
- PPM capability is developed and relevant behaviours become embedded.
- The need for support or resources can be identified at an early stage.

Structure

The suggested structure to enable the NDCP Project to effectively develop and deliver the "new capability" is outlined in the following diagram:

Figure 6 Programme Structure

Sponsoring Group

The key role of the Sponsoring Group is to ensure the Project remains aligned with the strategic objectives for NHS Wales and resolve any conflicts arising from directional/policy changes or overlap with interfacing Programmes or initiatives. Its role is also to approve any investment decisions and sign off final delivery and closure of the Project. The National Strategic Planned Care Board will be performing this role.

Senior Responsible Owner

The SRO role is concerned with the leadership, direction and ultimate accountability for delivery of the Project and management of risk.

National Pathology Portfolio Programme Lead

The National Pathology Portfolio Programme Lead is responsible for ensuring the Project remains aligned to the deliverables within the Pathology Statement of Intent, reporting on progress to National Pathology Programme Strategic Group.

Programme Manager

The Programme Manager is responsible for establishing the Project arrangements, governance and the delivery of new capabilities or outcomes. This role is accountable to the SRO.

National Digital Cellular Pathology Project Board

The Board's role is to drive the Project forward, manage the risks and ensure the outcomes are delivered. It reports to the SRO, who chairs the Board and members are individually accountable to the SRO for their area of responsibility within the Project. Key responsibilities are:

- Define acceptable risk thresholds for the overall Project;
- Ensure the Project delivers its objectives on time, within budget and to the required quality standard;
- Resolve strategic issues between Projects;
- Ensure the integrity of benefits profiles and the benefits realisation plan;
- Provide assurance for operational stability through transition.

Established and chaired by the SRO, and coordinated and supported by the Programme Manager, the prime purpose of the Board is to:

- Drive the Project forward to deliver the outcomes and benefits;
- Provide assurance that the Project meets needs of stakeholders;
- Resolving dependencies with other Projects and areas of work;
- Ensure that members provide resource and specific commitment to support delivery;
- Have ownership for ensuring resolution of risks.

The Board reports to the SRO, and whilst the SRO may delegate responsibilities and action to members of the Board, its existence does not dilute the SRO's accountabilities and decision-making authority.

Members of the Board are individually accountable to the SRO for their areas of responsibility and delivery within the Project as follows:

- Defining the acceptable risk profile and risk thresholds for the Project;

- Ensuring the Project delivers within its agreed parameters (e.g. cost, organisational impact, rate/scales of adoption, expected/actual benefits realisation);
- Resolving strategic and directional issues between Projects, which need the input and agreement of senior stakeholders to ensure the progress of the Project;
- Ensuring the integrity of benefits profiles and benefits realisation plans and ensuring that there is no double-counting of benefits;
- Providing assurance for operational stability and effectiveness through the Project delivery cycle.

Each member of the Board will provide and commit to the SRO for some or all of the following as appropriate for the area they represent:

- Understanding and managing the impact of change;
- Benefits estimates and achievement;
- Owning the resolution of risks and issues that the Project faces;
- Resolving dependencies with other pieces of work, whether change or business operations;
- Representing local strategy as expressed in, for example, medium-term plans and operational blueprints;
- Supporting the application of and compliance with operating standards.
- Making resource available for planning and delivery purposes

The current NDCP Group will be enhanced to provide procurement and implementation oversight in order to deliver Project success. Members (*however subject to change)* include:

- Senior Responsible Owner (SRO)
- National Pathology Programme – DCP Clinical Lead
- National Pathology Portfolio Programme Lead
- Programme Manager
- Senior Project Manager
- Senior Project Support Officer
- Pathologists (one representative for each Health Board)
- Laboratory Managers (one representative for each Health Board)
- IT (one representative for each Health Board)
- DHCW/LIMS Representative
- DHCW Cyber Security Representative
- DHCW Information Governance Representative
- NWSSP Specialist Diagnostic and Therapies Equipment Representative
- NWSSP Procurement Project Manager/Category Manager

Other members will be co-opted as appropriate.

Timescales

The high-level timeline for NDCP Project is set out in the table below.

Table 29 Timescales

Tranche 1	Tranche 2	Tranche 3
Pre-procurement	Procurement	Implementation
Apr 24 – Mar 25	Apr 25 – Mar 26	Apr 26 – Mar 27
Standardisation approach Development of the Business Justification Case Health Board Executive approval of the BJC (x 6) Update service specification	Tender process Supplier engagement Finalise service specification Contract Award Implementation Preparation Digital hub/storage preparation Recruit HB staff	Digital hub/storage implementation Implementation in Health Boards (phased approach) Training

Assurance

The NDCP Project has a Quality and Assurance Strategy developed in accordance with MSP to ensure that all management aspects of the Project are working appropriately and that the Project stays on target to achieve its objectives. Project reviews to be undertaken at the end of each tranche.

Change Management Arrangements

The NDCP Project is a transformational change Project underpinning the development of modern, safe, sustainable pathology services and the use of innovative systems resulting in sustainable futureproofed services. The Project is aligned to the principles of the Pathology Statement of Intent 2019 and ensures continued alignment through a robust governance structure and reporting mechanism into the National Pathology Programme. Transformational service change forms the basis of the NDCP Project which seeks to deliver the change in a way that is welcomed, supported and embraced by the Pathology service and the wider NHS. The NDCP Project will deliver this through leadership, vision, stakeholder engagement, strong governance, excellent communications and robust plans.

Building on lessons learned from Phases 1 and 2, Phase 3 will:

- Request an executive level SRO
- Reinforce clinical leadership arrangements, for instance The National Pathology Programme now has a National Clinical Lead and a Clinical Lead for Digital Cellular Pathology
- Strengthen the existing Group ensuring IT representation from each organisation
- Formalise DHCW membership and responsibilities

- Continuing to update the National Diagnostics Strategic & Operational Group at regularly intervals, obtaining document sign off when required
- Continuing to work with the cellular pathology Standardisation Group to drive the Project forward and ensure SME

This approach will ensure that a robust governance structure is put in place ensuring high-quality delivery at pace.

Transformational Leadership

The NDCP Project is providing transformational leadership enabling the pathology service to create its own vision and own the Project at every stage of the process.

Health Board and Trust Leadership

Health Boards and Trusts are expected to provide the leadership necessary for the successful implementation of the new national digital cellular pathology service by supporting the following:

- Approval of the BJC
- The level of business change required to support the standardisation of services as far as possible to deliver a modern, high quality, safe and sustainable pathology service;
- Establish a local deployment project team to oversee the implementation and deployment of the new digital enablement and ensure the pathology service has the support and resources it requires to contribute to the Project;
- Include the NDCP Project in their integrated medium-term plans (IMTPs);
- Enable their Pathology services to contribute to the development, testing and validation of the new service whilst maintaining any ongoing services;
- Release their staff for training for the new service.

Management of Requests for Change

Requests for change can take several forms and will be managed accordingly. Throughout the life of the Project until the new digital service is fully deployed, all requests for change will be recorded in a dedicated Project change log and managed by the Project Team. The Project Team will decide the appropriate route for the change to be dealt with. A decision is needed regarding ongoing arrangements following handover of services to operations, and the ongoing management of change requests.

Benefits Realisation

The Benefits Management Strategy developed in Phases 1 and 2 will continue to be developed and refined to model benefits in more detail, determine methods for measuring them and ensure there is a process for tracking their realisation following implementation of the agreed service model. Work has been undertaken to identify key benefits of investing in this Project.

A Benefits Management Framework has been developed to ensure the Project benefits are realised from the initial investment. It helps the Project focus on achieving its strategic objectives and getting best values from its investment.

The approach being adopted is based on the Public Sector Programme Management approach with the 'Managing Successful Programmes' (MSP®) and APM's 'Managing Benefits' publications the main source of guidance on the benefit

realisation management process. Benefit Realisation Management is a core element of Programme/change management. It provides a systematic approach to identifying, defining, tracking, realising, optimising, reviewing and communicating benefits during and beyond a Programme/Project lifecycle.

The reason for having processes in place to manage and realise benefits include:

- Ensuring benefits are identified and clearly defined clearly
- Ensuring benefits are aligned to the vision, objectives and to the strategic direction of the organisation.
- Ensuring service areas take ownership of the benefits and are committed to their realisation.
- Ensuring that the Project outputs support the benefits and business changes that will be needed;
- Ensuring benefits are tracked and recorded and that achievements are properly recognised.
- Ensuring key benefit measures are mainstreamed into the performance framework.

The NDCP Project will manage, track, and control the realisation of benefits through the Benefits Realisation Plan. The Benefits Realisation Plan is to be maintained by the Project Team, in detail by a designated Benefits Lead working in conjunction with the benefits group.

The plan will contain and provide information on:

- A schedule that details when each benefit or groups of benefits (including any dis-benefits) will be realised
- Milestones for undertaking Benefits Review(s), to determine progress and inform questions about the likelihood of ongoing success in the future
- Dates when specific outcomes (i.e. business transition(s)) that will bring about benefits, are planned to be achieved
- Details of the handover and embedding activities necessary to realise any benefits after the Project has closed.

The key objectives of benefit realisation are to understand how the new system has made a difference to the service, to patients and patient care both in terms of outcomes and experience of services.

Work is ongoing with Health Technology Wales to fully evaluate the wider benefits of IBEX AI application.

Risk Management Arrangements

The Risk Management Strategy developed in Phases 1 and 2 will continue to be developed and will outline how risks and issues will be identified and managed during Phase 3. The Programme Manager will work with key leads to detail potential risks and issues in the Project Plan.

The management of risk is be embedded into the project management process as follows:

- The requirements of Corporate Governance will be adopted, including more focused and open ways of managing risk;

- The SRO will be the 'risk owner' at senior level – supporting, owning and leading on risk management;
- All members of the Project Team will own risk in commensurate quantum to their role;
- The Project reporting structure will encourage reporting and upward referral of significant issues. Risks will be actively monitored and regularly reviewed at each Project Team meeting;
- The risk management framework for the consistent treatment of risk will be established at an early stage and will be shared at all levels of the organisation and also with partners, particularly in the context of the complex types of risk arising from partnerships etc;
- The Project risk will be managed in the wider context of the whole business.

The Project Team is accountable for managing risk with regard the delivery of their respective workstreams. The Programme Manager is responsible for ensuring that all workstream leads have effective risk management strategies in place.

- Manage risks effectively each lead is required to:
- Understand at any point in time their major risks to delivery and ensure that they are taken into account within their workstream delivery plans;
- Ensure that those risks are allocated to a Risk Owner, who is actively managing a plan to mitigate the risks. The Risk Owner will be held accountable for action to mitigate the risks;
- Share and review risks at NDCP Project Team meetings and NDCP Project Board meetings to ensure that the Risk Register is fully representative of all risks, that these are up to date and being actively monitored;
- Where necessary escalate and bring to the attention of the Programme Manager and/or other key stakeholders, key risks they should be aware of.
- Be supported in this by the Project Manager whose role is to actively manage risk activities, ensuring that the risk register is compiled, maintained, regularly reviewed and refreshed to ensure that they represent the most up to date information and status;

A detailed Risk Register has been developed by the Project Team to assist with risk management throughout the development process. Risks will be assessed and values attributed to each area. The latest Risk Register can be found at Appendix M2.

The RAG Rating key for risks is as illustrated below:

Table 30 Risk Rating Matrix

			IMPACT				
			Very Low	Low	Medium	High	Very High
			1	2	3	4	5
PROBABILITY	Very Low	1	1	2	3	4	5
	Low	2	2	4	6	8	10
	Medium	3	3	6	9	12	15
	High	4	4	8	12	16	20
	Very High	5	5	10	15	20	25

Contract Management Arrangements

The contract will be managed by maintaining relationships with the successful supplier(s) throughout the duration of the Project, including engaging through supplier performance management (SPM).

Regular contract review meetings will be held by NWSSP Procurement Services with input from the working group, using the SPM standardised agenda:

- Supplier preparedness/resilience
- Price management/invoice discrepancies
- Product/service quality
- Delivery
- SMTL product defects
- Accreditation
- Benchmarking
- Information governance
- Innovation
- Regulatory changes
- Sustainability
- Supplier issues/concerns/update
- Supplier performance rating

Post Evaluation Arrangements

The Project has a Quality and Assurance Strategy developed in accordance with MSP to ensure that all management aspects of the Project are working appropriately and that the Project stays on target to achieve its objectives.

To complement the Quality and Assurance Strategy, gateway reviews will be planned at the end of Tranches 2 and 3, to assure the readiness for service prior to go live and once the Project has finished and the new digital service is fully deployed to assess operations and review benefits realisation.

Contingency Plan

There is a contingency built in should there be any delays in the implementation Phase of the Project. In the event that the Project fails, the aim will to be to ensure business continuity by:

- Exploring the opportunities to contract with another supplier within the procurement, should the supplier fail to deliver;
- Undertaking a re-procurement.
- Ensuring traditional reporting via glass slides and microscope as contingency

8 Document Control

Document Information

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Amended by	Version	Status	Date	Purpose of Change
Archus	1.0	Draft	08/07/21	First draft for initial review and address gaps
CT	1.1	Draft	09/07/21	Second edition of the draft report in response to queries
Archus	1.2	Draft	14/07/21	Updated based on further information received from the Collaborative
Archus	1.3	Draft	16/07/21	Further revisions
CT	1.4	Draft	21/07/21	Further responses
Archus	1.5	Draft	27/07/21	Further revisions
Archus	1.6	Draft	05/08/21	Economic and Financial Cases
Archus	1.7	Draft	09/08/21	Finalise Benefits and Risks, revise Do Minimum
CT	1.8	Draft	02/09/21	Included comments from DCP Board
Archus	1.9	Draft	09/09/21	Included comments from DCP Board
CT	1.10	Draft	29/09/21	Updated formatting & Tranche timeline
MB	1.11	Draft	05/10/21	Further revisions
Archus	2.0	Draft	08/10/21	Updated costs
Archus	3.0	Draft	08/11/21	Minor corrections
Archus	4.0	Draft	31/01/22	Further work to Benefits & Costs
CT	5.0	Draft	01/02/22	Updated timeline
CT	5.1	Draft	01/02/22	Minor corrections
Archus	5.2	Draft	03/02/22	Minor corrections
CT	5.3	Draft	09/02/22	Updated following DCP PB
CT	5.4	Draft	15/02/22	Minor corrections
Archus	6.0	Draft	15/02/22	Updated following comments
CT	7.0	FINAL	16/02/22	Minor corrections
CT	7.1	Draft	07/09/22	Updates following comments
CT	7.1	Draft	07/09/22	Updates following comments
CT	9.2	Draft	30/11/22	Updates
Archus	10.0	FINAL	05/12/22	Final amendments
Archus	11.0	FINAL	09/01/23	Further updates
Archus	12.0	FINAL	13/02/23	Amend to capital funded business case and address comments from HBs and reviewers
CT	12.1	Draft	14/02/23	
Archus	13.0	Draft	28/04/23	Updates – Digital Strategy Wales 2021

Archus	14.0	Draft	26/04/23	Updates to commercial case following comments from Procurement
Archus	15.0	Draft	31/05/23	Updated Economic and Financial Cases and benefits analysis
Archus	16.0	Draft	02/06/23	Final review and strengthen VFM and affordability conclusions
CT	17.0	Draft	07/06/23	Final amendments
CT	17.1	Draft	01/12/23	Update following comments and refreshed costings
CT	17.2	Draft	19/12/23	Minor amendments
CT	17.3	Draft	19/12/23	Minor amendments
CT	17.4	Draft	04/04/24	Revision of costings and updated content following feedback
CT	18.0	FINAL	02/05/24	

9 The Appendices

Appendix 1: Glossary of Terms

Acronym	Full Title
ABUHB	Aneurin Bevan University Health Board
AI	Artificial Intelligence
APM	Association of Project Management
ARCH	A Regional Collaboration for Health
BCUHB	Betsi Cadwaladr University Health Board
BJC	Business Justification Case
CCS	Crown Commercial Services
CSF	Critical Success Factor
CTMUHB	Cwm Taf Morgannwg University Health Board
CVUHB	Cardiff & Vale University Health Board
DHCW	Digital Health and Care Wales
H&E	Haematoxylin and Eosin
HDUHB	Hywel Dda University Health Board
IMTP	Integrated Medium Term Plan
IPR	Intellectual Property Rights
KPI	Key Performance Indicator
LIMS	Laboratory Information Management Service
MDT	Multi-Disciplinary Team
MSP	Managing Successful Programmes ™
NDCP	National Digital Cellular Pathology
NPP	National Pathology Programme
NWSSP	NHS Wales Shared Services Partnership
PHW	Public Health Wales
RCPath	Royal College of Pathologists
SBUHB	Swansea Bay University Health Board
SRO	Senior Responsible Owner
SWOT	Strengths, Weaknesses, Opportunities, Threats
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
VFM	Value For Money