

# Strategic Development Committee

Thu 03 April 2025, 13:00 - 15:45



Teams

Microsoft Teams

## Agenda

### 13:00 - 13:05 1. PRELIMINARY MATTERS 5 min

#### 1.1. Welcome and Introductions

*Dilys Jouvenat, Independent Member / Vice Chair of the Committee*

#### 1.2. Apologies for Absence

*Dilys Jouvenat, Independent Member / Vice Chair of the Committee*

#### 1.3. Declarations of Interest

*Dilys Jouvenat, Independent Member / Vice Chair of the Committee*

### 13:05 - 13:05 2. CONSENT AGENDA BUSINESS 0 min

*Dilys Jouvenat, Independent Member / Vice Chair of the Committee*

The Committee Chair will ask if there are any items from the Consent Agenda (Section 8) that Committee Members wish to bring forward to the main agenda for discussion.

### 13:05 - 13:10 3. COMMITTEE GOVERNANCE ARRANGEMENTS 5 min

#### 3.1. Action Log - 5 Minutes

*Discussion Dilys Jouvenat, Independent Member / Vice Chair of the Committee*

 3.1. Action Log Strategic Development Committee - Draft for April.pdf (4 pages)

#### 3.2. Matters Arising not Captured on the Action Log

*Discussion Dilys Jouvenat, Independent Member / Vice Chair of the Committee*


### 13:10 - 13:15 4. STRATEGIC RISK MANAGEMENT 5 min

#### 4.1. Board Assurance Framework Report - Strategic Risks - 5 Minutes

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

Considered at Board on the 27 March 2025.

 4.1. BAF Report March 2025 (2).pdf (4 pages)

 4.1.a. Appendix 1 BAF Report March 2025 (1).pdf (55 pages)

13:15 - 14:15  
60 min

## 5. OUR MODELS OF CARE / SERVICE TRANSFORMATION

### 5.1. Acute Clinical Service Plan Update - 30 Minutes - To Follow

*Discussion* Dr Atif Ali, Programme Director for the Acute Clinical Services Plan

### 5.2. Spotlight on Strategy Groups - Deep Dives - 30 Minutes

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

📄 5.2.1a Spotlight on Strategy Groups SW and GW (SDC 3 April 2025).pdf (10 pages)

#### 5.2.1. Starting Well and Growing Well Strategy Group Update

*Elle McNeil, Head of Planning and Commissioning*

📄 5.2.1b Starting Well and Growing Well Strategy Group.pdf (12 pages)

📄 5.2.1c Appendix 2 - CTM Baby & Toddler Voice Statements.pdf (2 pages)

#### 5.2.2. Building Healthier Communities

*Linda Prosser, Executive Director of Strategy & Transformation*

📄 5.2.2 Building Healthier Communities - Strategy Group Update.pdf (6 pages)

14:15 - 14:35  
20 min

## 6. OUR POPULATION / WORKING WITH OTHERS

### 6.1. Integrated Community Care System -( Deferred to July Committee Meeting)

*Discussion* Linda Prosser, Executive Director of Strategy & Transformation & Matt Jenkins, Integrated Services Director, CTM Regional Partnership Board

### 6.2. Regional Partnership Update - Place Holder Only

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

An update on the Regional Integrated Fund is being received in closed session due to business sensitive matters captured within the update.

### 6.3. Public Services Board Update - 5 Minutes

*Discussion* Philip Daniels, Executive Director of Public Health

📄 6.3a Public Service Board Update (SDC 3 April 2025).pdf (3 pages)

📄 6.3b Appendix 1 -Public Service Board Update.pdf (1 pages)

### 6.4. Area Partnership Board Update - 5 Minutes

*Discussion* Philip Daniels, Executive Director of Public Health

📄 6.4a Area Partnership Board Update (SDC 3 April 2025).pdf (4 pages)

📄 6.4b Appendix 1 - Area Partnership Board Update (SDC 3 April 2025).pdf (3 pages)

14:35 - 15:35  
60 min

## 7. OUR COMMITMENT TO SUSTAINING OUR FUTURE

### 7.1. Staff Survey & People Plan - 20 Mins

*Discussion* Hywel Daniel, Executive Director of People / Hayleigh Jones, Deputy Director for People

📄 7.1a Staff Survey and People Plan SDC 030425.pdf (11 pages)

📄 7.1b Appendix 1 - People Plan Comms & Engagement Plan (Feb2024).pdf (17 pages)

## 7.2. Financial Update - Verbal - 5 Mins

*Discussion* Sally May, Executive Director of Finance

Recognising that the IMTP was presented to the Board on the 27 March 2025, this will be a verbal update on any post submission activity.

## 7.3. Integrated Medium Term Plan Update - Verbal - 5 Mins

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

Recognising that the IMTP was presented to the Board on the 27 March 2025, this will be a verbal update on any post submission activity.

## 7.4. Digital and Data Strategy / Strategic Digital Transformation Programmes - 20 Mins

*Discussion* Stuart Morris, Director of Digital

7.4. Digital and Data Highlight Report - Strategic Delivery Roadmap FINAL.pdf (14 pages)

## 7.5. Annual Review of the Well-being of Future Generations Act (WBFGA) Statement and Objectives - 10 mins

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

7.5. Annual Review of the WBFGA Statement and Objectives (SDC 3 April 2025).pdf (6 pages)

15:35 - 15:40  
5 min

## 8. Consent Agenda

### 8.1. Items For Approval

*Dilys Jouvenat, Independent Member / Vice Chair of the Committee*

#### 8.1.1. Unconfirmed Minutes of the Strategic Development Committee Meeting held on the 16 January 2025

*Dilys Jouvenat, Independent Member / Vice Chair of the Committee*

8.1.1. Unconfirmed Minutes SDC 16.01.25 v2 CH.pdf (13 pages)

### 8.2. For Noting

#### 8.2.1. Strategic Development Committee Annual Cycle of Business 2025

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

8.2.1a Annual Cycle of Business Cover Report SDC Committee 3 April 2025.pdf (3 pages)

8.2.1. CTMUHB SDC Cycle of Business -Updated 17.2.2025.pdf (4 pages)

#### 8.2.2. Committee Forward Work Plan

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

8.2.2. Forward Work Plan - SDC 3rd April 2025.pdf (2 pages)

### 8.3. CTM2030 - Strategy Groups Update (Deferred to July 2025)

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

Strategy Group updates deferred to next meeting as no further update from January 2025.

Moving forward the strategy meetings will be held prior to Committee meetings in order for update reports to be received.

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**15:40 - 15:45 9. Close Out Business**

5 min

*Discussion Dilys Jouvenat, Independent Member / Vice Chair of the Committee*

**9.1. Committee Highlight Report to the Board**

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

**9.2. Meeting Feedback**

*Discussion Dilys Jouvenat, Independent Member / Vice Chair of the Committee*

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**15:45 - 15:45 10. Private / Closed Session Business**

0 min

*Dilys Jouvenat, Independent Member / Vice Chair of the Committee*

As indicated at 6.2 on the agenda there will be a short closed session to discuss the Regional Integration Fund update which includes business sensitive matters.

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**15:45 - 15:45 11. Date & Time of the Next Meeting**

0 min

*Dilys Jouvenat, Independent Member / Vice Chair of the Committee*

The next meeting is scheduled for the 3 July 2025.



**OPEN ACTIONS: Strategic Development Committee Action Log (as at 3.2.2025)**

**Name of Meeting: Strategic Development Committee**

**Committee Chair: Kath Palmer**

<b>Date of meeting the action originated from</b>	<b>Minute Item reference</b>	<b>Minute Reference Page Number</b>	<b>Item Title / Summary</b>	<b>Nature of Action</b>	<b>Lead Officer</b>	<b>Lead Executive</b>	<b>Timescale for action to be completed</b>	<b>Status of Action</b>	<b>Narrative Progress Update</b>
Digital and Data Committee 21 February 2024	3.2 Spotlight Topic	Pages 2-4	Spotlight Topic: Patient Centred Contact Presentation	Update Members with an update on the opportunity to bid for funds held by Welsh Government to support Patient Centre Contact Programme	Stuart Morris, Director of Digital	Director of Digital	jan-25	Propose to Close	Patient Centred Contact requirement included in IMTP submission for 2025/2026
People & Culture Committee April 2024  Revisited at the Strategic Development Committee - 16 January 2025	5.2 Strategic Equality Plan  Action Log	Pages 3 & 4  Page 2	Strategic Equality Plan	The gender pay gap is under investigation, we are waiting on data from the data team, and the award applications have been addressed and an amendment put into the GPG publication.	Hannah Williams, Assistant of OD and Wellbeing	Executive Director for People	apr-25	Open	At the Committee meeting on the 16.1.2025 - C. Donoghue sought clarity on the current status of the gender pay gap investigation as the position was not clear from the narrative within the Action Log. H. Daniel agreed to review the action with the team outside of the meeting and revert to the Committee with an update. UPDATE: April 2025, an update was received outside of the meeting and circulated to Members via Email. Propose to close
Population Health & Partnerships Committee Meeting - May 2023	02/23/11	Page 7	Primary Care Strategic Update	To query the timescales for the implementation of the single digital system with the Director of Digital	Gethin Hughes, Chief Operating Officer	Chief Operating Officer	jan-25	Open	We are working collaboratively with BCUHB on the procurement for a mental health solution. We can then explore the possibilities for a community system although the national Connecting Care business case is still the primary mechanism for implementing a community system across Wales. No timescale has been identified as this sits with a national group. CTM will continue to engage and update once this is clear.
Strategic Development Committee 16 January 2025	5.1 - ACSP	Page 3	ACSP to a Board Development Session	Governance Team to add the Acute Services Clinical Plan to the Forward Work Plan for a future Board Development Session.	Linda Prosser, Executive Director of Strategy & Transformation (Topic Lead)  Director of Corporate Governance (BD Topic Planning)	Linda Prosser, Executive Director of Strategy & Transformation (Topic Lead)  Director of Corporate Governance (BD Topic Planning)	Added to Board Development topic list	Propose to Close	Propose to close from action log as captured in Board Development Programme topic List.
Strategic Development Committee 16 January 2025	6.2 - RPB Update	Page 7	Format of future updates.	Future reports to provide a breakdown of the £22m allocation to teams and when available the priorities of the RPB and how these dovetail CTMUHB Plans.	Linda Prosser, Executive Director of Strategy & Transformation	Linda Prosser, Executive Director of Strategy & Transformation	apr-25	Open	A report update will be presented to the Committee at the April 2025 meeting

Strategic Development Committee 16 January 2025	6.4 - Creating Health Strategic Delivery Plan	Page 8	Future Updates	Forward work plan to note that further updates on the Creating Health Strategic Delivery Plan will be brought back to the Committee as it develops.	Philip Daniels, Executive Director of Public Health	Philip Daniels, Executive Director of Public Health	Added to forward Work Plan	Propose to Close	Propose to close from action log as captured in Forward Work Programme
Strategic Development Committee 16 January 2025	6.5 - Healthy Travel Charter	Page 9	Future Updates	Forward work plan to include annual updates on the progress of developments under the Healthy Travel Plan agenda.	Philip Daniels, Executive Director of Public Health	Philip Daniels, Executive Director of Public Health	Added to SDC Cycle of Business for January as the annual update.	Propose to Close	Propose to close from action log as captured Cycle of Business.
Strategic Development Committee 16 January 2025	6.6 - Health Protection Strategic Update	Page 9	Vaccination Programme	Explore the availability of data relating to individuals who were not eligible for free vaccinations who had received care and treatment in hospital, where there might have been difficulty accessing it privately, and also whether there is data on those individuals who had the vaccination but still required hospital treatment	Philip Daniels, Executive Director of Public Health	Philip Daniels, Executive Director of Public Health	apr-25	Open	An update was received outside of the meeting and has been circulated to Members. It is proposed to close this action.
Strategic Development Committee 16 January 2025	7.3 - Digital and Data Strategy / Strategic Digital Transformation Programmes	Page 11	Digital Delivery Road Map and Funding Allocations	Forward plan to include the request to receive the Digital Delivery Road Map and funding allocations at a future meeting of the Committee.	Stuart Morris, Director of Digital	Stuart Morris, Director of Digital	Added to forward Work Plan	Propose to Close	Propose to close from action log as captured in Forward Work Programme

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**CLOSED ACTIONS: Strategic Development Committee Action Log**

**Name of Meeting: Strategic Development Committee**

**Committee Chair: Kath Palmer**

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
Digital and Data Committee meeting August 2024	3.2 Spotlight Topic	Pages 3-4	Spotlight Topic: Progress on Digital and Data Programmes	Research and conduct a comprehensive analysis of figures around the Digital Maternity Programme.	Director of Digital / Assistant Director for Digital Transformation F11:G11	Director of Digital	jan-25	Closed at SDC 16.1.2025	National Digital Maternity Programme suspended. Health Board to proceed with local procurement.
Digital and Data agenda planning session 15 July 2024	N/A	N/A	Spotlight Topic: Digital from a Primary Care Perspective	Provide Members with a deep dive on Digital from a Primary Care Perspective	Director of Digital	Director of Digital	jan-25	Closed at SDC 16.1.2025	Primary & Community Care Session held in December 2024. New Strategic Transformation Programme for Primary & Community Care initiated. Updates on digital and data to be provided through programme.
Digital and Data Committee 21 February 2024	3.2 Spotlight Topic	Pages 2-4	Spotlight Topic: Patient Centred Contact Presentation	Update Members with an update on the opportunity to bid for funds held by Welsh Government to support Patient Centre Contact Programme	Director of Digital	Director of Digital	jan-25	Closed at SDC 16.1.2025	Patient Centred Contact requirement included in IMTP submission for 2025/2026
People & Culture Committee April 2024	5.2 Strategic Equality Plan	Pages 3 & 4	Strategic Equality Plan	The gender pay gap is under investigation, we are waiting on data from the data team, and the award applications have been addressed and an amendment put into the GPG publication.	Assistant of OD and Wellbeing	Assistant of OD and Wellbeing	jan-25	Closed at SDC 16.1.2025	<ul style="list-style-type: none"> <li>Data analysis showed that the pay gap is (as the original report speculated) due to proportionally more women in lower banded clinical and non-management roles, and more part-time workers. We are in discussions currently about how to best support colleagues (including their development and readiness) this will form part of the OD, L&amp;D and Inclusion workplans during 2025/26</li> <li>In terms of awards: the main awards are being incorporated into the pay scale (no longer as an award, including the same incremental payment points for part-time staff). Therefore, this will not impact the gender pay gap data in future.</li> <li>Clinical Excellence Awards (CEAs) and the new National Clinical Impact Awards are for consultants and are allocated within England and Wales, and sifted twice at a National level. CTM does not have power of awarding these and only receives 1-2 of these awards per year. The low awarding rate means this will have little impact on the gender pay gap. As this is a national award, CTM do not hold data on the number of applicants or their success rates, but it has been speculated with the Staff Network teams that there is more work to be done at CTM to encourage and support applications.</li> </ul>
Population Health & Partnerships Committee Meeting 1 August 2024	5.1 Population Health Management	Page 3	Population Health Management Programme Update	To bring a further update on the accelerated cluster model and how the data was being used by GP's and accelerated clusters to a future meeting	Director of Public Health	Director of Public Health	jan-25	Closed at SDC 16.1.2025	Propose to close - received as part of the Primary Care Strategic Update at the November 2024 meeting of the PHP Committee

Population Health & Partnerships Committee Meeting 1 August 2024	5.2 Health Protection System	Page 3	Health Protection System	To bring a further update on staff vaccinations back to the Committee to a future meeting	Director of Public Health	Director of Public Health	jan-25	Closed at SDC 16.1.2025	Proposed to close - received as part of the Health Protection Report at the November 2024 meeting of the PHP Committee
Population Health & Partnerships Committee Meeting - November 2023	5.1 Active Travel Charter	Pages 3 & 4	Active Travel Charter	To bring the Implementation Plan back to a future meeting of the Committee.	Director of Public Health	Executive Director of Strategy & Transformation	jan-25	Closed at SDC 16.1.2025	The implementation plan is going to the SDC January 2025 Committee and will be going to EMB at the end of January.
Population Health & Partnerships Committee Meeting - May 2023	02/23/11	Page 7	Primary Care Strategic Update	To query the timescales for the implementation of the single digital system with the Director of Digital	Chief Operating Officer	Chief Operating Officer	jan-25	Closed at SDC 16.1.2025	In light of the current status with regard to WCCIS, the Health Board is reviewing the feasibility of implementation within an 18 month timescale.
Population Health & Partnerships Committee - November 2024	5,1	Page 4	Director of Public Health Annual Report - Diabetes	To check if the outcome of the Board to Board session had been circulated to all Independent Members	Head of Corporate Governance & Board Business	Director of Public Health	jan-25	Closed at SDC 16.1.2025	Propose to close - the outputs from the Board to Board meeting held on 27 June have been shared with Board Members.
Population Health & Partnerships Committee - May 2023	7.2 Regional Partnership Board Further Faster Pathway Update	Page 7	Regional Partnership Board Further Faster Pathway update	To receive the Implementation Plan once developed at a future meeting of the Committee.	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	jan-25	Closed at SDC 16.1.2025	Propose to close - received at the November 2024 PHP committee meeting
Strategic Development Committee 16 January 2025	3.1 Action Log - Vaccination Programme	Page 2	Vaccination Programme	Lessons Learnt and future approach to be shared with the Committee	Philip Daniels, Executive Director of Public Health Hywel Daniel, Executive Director For People	Philip Daniels, Executive Director of Public Health Hywel Daniel, Executive Director For People	Added to forward Work Plan	Closed at SDC January 2025	Now added to forward work programme
Strategic Development Committee 16 January 2025	6.4 - Creating Health Strategic Delivery Plan	Page 8	Circulation of Public Health reference material.	Circulate to the Committee the Public Health Wales prioritising prevention documents.	Philip Daniels, Executive Director of Public Health	Philip Daniels, Executive Director of Public Health	Complete		P Daniels circulated via email outside of the Committee meeting.



**Agenda Item**

4.1

**STRATEGIC DEVELOPMENT COMMITTEE**

**BOARD ASSURANCE FRAMEWORK REPORT**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	03/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary
<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting

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

<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Strategic Risk Owner updates	February / March 2025	Reviewed and signed Off
Executive Leadership Group	17 March 2025	Risks reviewed and management sign off received.
Public Board	27 March 2025	<i>PENDING APPROVAL 27.3.2025</i>

**Acronyms / Glossary of Terms**

BAF	Board Assurance Framework
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## 1. Situation /Background

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

## 2. Specific Matters for Consideration

- 2.1 The BAF has been developed to ensure it appropriately reflects;
- the four strategic goals of the Health Board;
  - assurance reporting that supports a streamlined and effective committee and reporting structure;
  - a robust mechanism that reaches into each of the Care Groups and central functions to provide assurance on performance, quality and resources across the breadth of the integrated Health Board;
  - international best practice; and
  - the management of board meetings and agendas to be focused equally on Oversight, Insight and Foresight i.e. balancing the governance of immediate operational priorities with the need to focus on long-term strategic planning.
- 2.2 The Organisational Risk Register is received in its entirety by the Audit, Risk & Assurance Committee and the assigned risks to the other Board Committees as appropriate.

## 3. Key Risks / Matters for Escalation

- 3.1 In response to a recommendation captured within the Structured Assessment Report for 2024, the mitigating action plan for each Strategic Risk now has sections to identify the impact of any mitigation and the measure of success. It is considered that this has further strengthened the robustness of the report.
- 3.2 Please refer to Appendix 1 which outlines the key risks for discussion and review. Amendments have been highlighted in red.
- 3.3 In addition to updates significant changes have been made as follows:
- **Strategic Risk 1a – Sufficient Capacity to meet elective demand** the risk score has been reduced from a 20 to a 16 in March 2025. The detailed update is captured on page 3 of Appendix 1, and includes improvements such as, progress made on >104 week waits, 2 mobile endoscopy treatment rooms opening in March 2025 etc.



- **Strategic Risk 10 - Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government,** the risk score has been reviewed and decreased to a 12 in March 2025 as during Month 10, a number of material anticipated allocations have been confirmed resulting in a reduction in the risks to the forecast breakeven position which is why the risk score has decreased from a 16 to a 12 this period.

3.3 Further to discussion at the January 2025 Board meeting the Board Development Session scheduled for May 2025, will be dedicated to risk with particular focus on reviewing the Strategic Risks escalated to the BAF and consideration of new risks relating to Capital and Estates and the Integrated Care Model. Any updates to the BAF arising from that discussion will be reflected in either the May or July iteration of the BAF depending on timings.

### 3.6 Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below: Sustaining Our Future
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Ageing Well
	If more than one applies please list below: Dying Well, Growing Well, Living Well, Starting Well
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Leadership
	If more than one applies please list below: Culture and Valuing People, Data to knowledge, Learning, Improving and Research, Whole- system Perspective
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Effective
	If more than one applies please list below: Efficient, Equitable, Person Centred, Timely, Safe
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:



Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to QIA.
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	See detail captured for each risk	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	See detail captured for each risk	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) / Resource Impact (People / Financial)</i>	Yes (Include further detail below)	
	See detail captured for each risk	

#### 4. Recommendation

5.1 The Strategic Development Committee is asked to:

##### NOTE











- The updates to the BAF Report for March 2025 as captured in Appendix 1.
- The changes outlined in Section 3 of this report.

#### 5. Next Steps

5.1 Strategic Risks captured in the BAF will be reviewed at the Board Development Session in May 2025.

**CTMUHB - BOARD ASSURANCE FRAMEWORK REPORT**

**Section 1 - Summary**

Risk no	Strategic / Principal Risk	Strategic Goal	Lead(s) for this risk	Assurance committee	Current score	Scoring Trajectory (since the last report received by the Board)
1a	<b>Sufficient capacity to meet elective demand</b> <a href="#">Click Here for Risk1a</a>	<b>Improving Care</b> 	Chief Operating Officer	Quality, Safety & Experience Committee Operational Delivery Committee	<b>16</b> (C4xL5)	Risk score reduced from a 20 to a 16 ↓
1b	<b>Sufficient capacity to meet emergency demand</b> <a href="#">Click Here for Risk1b</a>	<b>Improving Care</b> 	Chief Operating Officer	Quality, Safety & Experience Committee Operational Delivery Committee	<b>20</b> (C4xL5)	No change to risk score this period ↔
2.	<b>Ability to deliver improvements which transform care and enhance outcomes</b> <a href="#">Click Here for Risk 2</a>	<b>Improving Care</b> 	Executive Dir. Of Nursing, Midwifery / Executive Medical Director	Quality, Safety & Experience Committee Strategic Development Committee	<b>16</b> (C4xL4)	No change to risk score this period ↔
3.	<b>Sufficient workforce to deliver the activity and quality ambitions of the organisation</b> <a href="#">Click Here for Risk 3</a>	<b>Sustaining our Future</b> 	Executive Director of People	Operational Delivery Committee Strategic Development Committee	<b>16</b> (C4xL4)	No change to risk score this period. ↔
4.	<b>Community and Partner Engagement</b> <a href="#">Click Here for Risk 4</a>	<b>Creating Health</b> 	Director of Communications, Engagement & Fundraising	Strategic Development Committee	<b>12</b> (C4xL3)	No change to risk score this period. ↔
5.	<b>Delivery of a digital and information infrastructure to support organisational transformation</b> <a href="#">Click Here for Risk 5</a>	<b>Improving Care</b> 	Director of Digital	Operational Delivery Committee Strategic Development Committee	<b>16</b> (C4xL4)	No change to risk score this period. ↔
6	<b>Risk Closed January 2025.</b>					
7	<b>Culture, Values and Behaviours</b> <a href="#">Click Here for Risk 7</a>	<b>Inspiring People</b> 	Executive Director for People	Strategic Development Committee	<b>12</b> (C4xL3)	No change to risk score this period. ↔
8	<b>Fulfilling our Environmental and Social Duties and ambitions</b> <a href="#">Click Here for Risk 8</a>	<b>Sustaining our Future</b> 	Executive Director of Strategy and Transformation	Strategic Development Committee	<b>16</b> (C4xL4)	No change to risk score this period ↔
9	<b>Healthy Life Expectancy</b> <a href="#">Click Here for Risk 9</a>	<b>Creating Health</b> 	Executive Director of Public Health	Strategic Development Committee	<b>20</b> (C5xL4)	No change to risk score this period ↔
10	<b>Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government</b> <a href="#">Click Here for Risk 10</a>	<b>Sustaining our Future</b> 	Executive Director of Finance	Operational Delivery Committee	<b>12</b> (C4xL3)	↓ Risk score reduced from a 16 to a 12  Target score met and therefore risk proposed for closure.

[Click here to view CTMUHB's Risk Appetite Statement](#)

[Click here to view CTMUHB's Risk Domain and Scoring Matrix](#)

## Section 2 Strategic Risk Heat Map

Current risk scores in **black**

Target risk scores in *grey italic*

Consequence	5				<b>9</b>	
	4		<i>3,4,8,7,8</i>	<b>4,7, 10</b> <i>1a,2,5,9,10</i>	<b>2,3, 5,8, 1a</b> <i>1b</i>	<b>1b</b>
	3					
	2					
	1					
CxL	1	2	3	4	5	
	Likelihood					

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**SECTION 3 – STRATEGIC RISKS**

<b>Strategic Goal: Improving Care</b> <ul style="list-style-type: none"> <li>Delivering safe and compassionate care</li> <li>Developing new models of care</li> <li>Digital transformation for patients and staff</li> <li>Ensuring timely access to care</li> </ul>		<b>Risk score 16</b>
<b>Strategic Risk: Sufficient capacity to meet elective demand - (Risk No.1a)</b>		
<b>If</b> the Health Board is unable to meet demands for services at all points in the patient journey.	<b>Then</b> its ability to provide high quality and affordable care and to meet access targets will be reduced	<b>Resulting in</b> avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community, ongoing overspends.

<b>Risk Lead</b>	<ul style="list-style-type: none"> <li>Chief Operating Officer</li> <li>Executive Director of Strategy &amp; Transformation</li> </ul>	<b>Assurance committee</b>	<ul style="list-style-type: none"> <li>Quality, Safety &amp; Experience Committee</li> <li>Operational Delivery Committee (Performance Targets)</li> </ul>
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	Consequence	Likelihood	Score															
Initial	4	5	20	<b>Risk Score Trend this Period:</b> Risk score reduced from a 20 to a 16 in March 2025.														
<b>Current</b>	<b>4</b>	<b>4 (5)</b>	<b>16 (20)</b>															
Target	4	3	12															
Risk Appetite	<b>Cautious</b> (quality and safety; trust and confidence; legal and regulatory)			<b>Risk Score Trajectory</b> <table border="1"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>mar-24</td> <td>16</td> </tr> <tr> <td>jul-24</td> <td>16</td> </tr> <tr> <td>sep-24</td> <td>16</td> </tr> <tr> <td>nov-24</td> <td>20</td> </tr> <tr> <td>jan-25</td> <td>20</td> </tr> <tr> <td>mar-25</td> <td>16</td> </tr> </tbody> </table>	Month	Risk Score	mar-24	16	jul-24	16	sep-24	16	nov-24	20	jan-25	20	mar-25	16
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nov-24	20																	
jan-25	20																	
mar-25	16																	

<b>Rationale for assessment of risk score:</b> Including where risk score remains unchanged and for any changes	<ul style="list-style-type: none"> <li>Progress made on &gt;104 week</li> <li>8 theatres across CTMUHB remain closed</li> <li>2 mobile endoscopy treatment rooms opened 4<sup>th</sup> March 2025</li> <li>4 Mobile theatres to open mid-April 2025</li> <li>2 Prince Charles Hospital (PCH) theatres to open end of April 2025</li> <li>Critical incident declared at Princess of Wales (POW) on 9<sup>th</sup> October 2024 due to the roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc. cardiac) and trauma capacity</li> <li>There has been continuous planning on clinical pathways and diversion of emergency intakes, which again has impacted on the capacity and resilience across the full CTMUHB system.</li> <li>There has been a requirement to deescalate and close 190 inpatient beds on the POW site. With re-provision of the capacity across CTMUHB acute and community.</li> <li>There has also been significant reallocation of internal capacity at POW and Royal Glamorgan Hospital (RGH) to respond to the critical incident.</li> <li>Planning continues recovery phase following critical incident with the impact not yet quantified.</li> <li>The risk score has been reviewed and increased on this occasion, due to the impacts of the critical incident.</li> </ul>
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	<ul style="list-style-type: none"> <li>• There has been continuous improvement against trajectories for elective demand for a range of services including Mental Health and Learning Disabilities.</li> <li>• The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected.</li> <li>• The large-scale capital programme at PCH will temporarily reduce the number of operating theatres by 2. An ongoing work programme continues to review options to mitigate this.</li> <li>• The current Fire enforcement notice at Princess of Wales hospital will be completed as part of the Critical incident response and reduce the number of operating theatres until early summer 2025. Plans are ongoing for the temporary location of the theatres.</li> <li>• Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WLI activity attributed to standardisation of pay.</li> <li>• Regional working continues and the positive and negative impact of this will be continuously reviewed.</li> <li>• It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by the incident, workforce, financial and environmental constraints on the service.</li> </ul>
<p><b>Risk Treatment Assessment</b> <i>i.e. Treat, Tolerate, Transfer etc.</i></p>	<p>It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section.</p>

## Current Control Measures

<p><b>Productivity, improvement and transformation programme (PIT)</b></p> <ul style="list-style-type: none"> <li>• Increase Planned Care Capacity</li> <li>• Transform the way Planned Care is delivered</li> <li>• Prioritise both diagnosis and treatment</li> <li>• Provide better information and support to patients</li> </ul> <p>Progress has been made against these four commitments; however, patients are still waiting too long for both diagnosis and treatment, and there is now a national requirement to outline how the waiting times for elective treatment in Wales will further improve.</p> <p>In addition to setting up the National Six Goals programme for Urgent &amp; Emergency Care, Welsh Government have now outlined the national direction for Planned Care, with health boards expected to deliver against key objectives aligned to national policy. This is an opportunity to radically transform the way services are both designed and delivered, ensuring the best possible outcomes can be achieved, maximising sustainable throughput, with an emphasis on improving productivity and efficiency within the envelope of existing resource.</p> <p>The key areas for improvement each Health board are expected to incorporate into their improvement programme are:</p> <ol style="list-style-type: none"> <li>1. Effective Waiting List Management Systems: clear national pathways; focused treat in turn; effective booking processes; robust demand management</li> <li>2. Outpatient &amp; Preoperative Modernisation: utilisation of SOS and PIFU; additional advice &amp; guidance services; virtual preoperative clinics</li> <li>3. Theatre Capacity: reduction of fallow lists; efficient scheduling; increased utilisation; improved productivity</li> <li>4. GiRFT &amp; Clinical Implementation Networks: identifying opportunities for full implementation of high volume, low complexity; adopting procedure time best practice; maximising day case surgery</li> <li>5. Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice</li> </ol> <p>All areas of the programme will focus on the following crosscutting themes:</p> <ol style="list-style-type: none"> <li>1. Increased efficiency: streamlining processes to reduce waiting times, eliminate unnecessary delays, and ensure all services are delivered in a cost-effective manner.</li> <li>2. Enhanced Quality of Care: ensuring our patients receive the right care at the right time, by sharing best practices, standardising procedures, and improving coordination between services.</li> <li>3. Optimised resource utilisation: making better use of the available resource, including staff, equipment, and facilities, to ensure maximum productivity and minimal waste.</li> <li>4. Improved Patient Outcomes: focusing on patient-centred care to improve outcomes, satisfaction, and overall experience, whilst ensuring our care is well-co-ordinated and effectively managed.</li> <li>5. Reduction of Variability: minimising variations in clinical practices and outcomes by implementing evidence-based guidelines and protocols, delivering consistent and high-quality care.</li> <li>6. Data utilisation: using our data and intelligence to pinpoint areas for improvement, regularly monitor key performance matrix and empowering data-driven decision-making to drive continuous improvement</li> <li>7. Support Workforce Development: training our staff to develop the right skills and knowledge to help implement and sustain necessary changes and create the environment for effective cross-sector working.</li> </ol>
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All elective care services will hold a monthly Service Improvement Group.

**Planned Care Recovery Programme**

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

**Current Control Measures Cont.**

**IMTP – investment agreed by Board.**

Specific Improvement Groups/Boards

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

All updates feed into the Improving Care Board.

**Annual Planning Process**

**Recovery Planning** post critical incident at POW.

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

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

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

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

**Specific Improvement Groups/Boards**

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

All updates feed into the Improving Care Board.

Annual Planning Process

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

Escalation Status programme work

Regional Working

- A Residential and Nursing Care for Older People Report has been completed and approved by the Regional Partnership Board and actions being implemented.

- Alternative bed options being worked-up by all CTM local authorities to aid patient flow and 'Discharge to Recover then Assess' (D2RA) out of hospital stabilisation and onward decision-making.
- Welsh Government supporting intervention with Bridgend County Borough Council regarding backlog of patients Medically Fit for Discharge.
- Regional Pathology Steering Group
- South East Regional Programmes of work – Collaborative approach to restoration with a number of targeted work streams.

#### Governance Structures

- Operational Services Management Board (Health Board wide)
- Improving Care Board (Health Board wide)
- Six Goals/Unscheduled Care Board
- Cancer Board
- Weekly Cancer Meetings
- Planned Care Recovery Board/ Planned Care Recovery Operations Board.
- Innovation Board

#### Operational Processes

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

#### Sources of Assurance (Internal and External)

- Integrated Performance Report
- Harm Reviews
- Assessment Dashboard
- Update reports on specific services experiencing pressure, e.g. Ophthalmology, Urology
- Performance RTT, Cancer trajectories
- Follow-up reports on outpatients not booked
- PIT Programme reports
- Planned Care Recovery Update report
- Escalation processes leading to Chief Operating Officer Report to Quality & Safety Committee including Care Group performance review meetings.
- Organisational Risk Register via Care Group Risk Registers.
- Planning, Performance & Finance monthly report.
- TI meetings
- Audit Wales commencing a Planned Care Audit in August 2024.
- Audit Wales commencing a Health Protection Audit in August 2024.

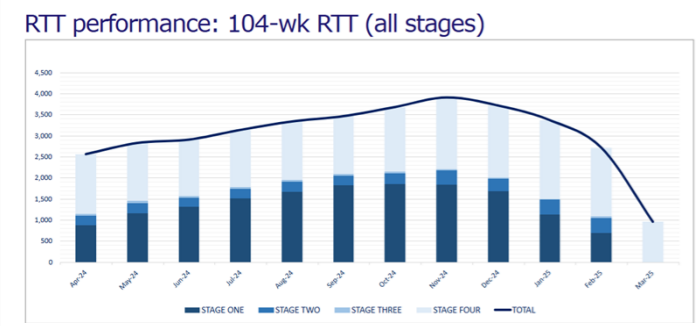
Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. CTMUHB digitally based enabling systems	<ul style="list-style-type: none"> <li>• Manual processes in areas of no system.</li> <li>• Scope of digital Pre-assessment system</li> <li>• Digital dictation consolidation and standardisation</li> <li>• Theatre system update</li> <li>• Need for digital outpatient system</li> <li>• Consultant connect implementation</li> <li>• Attend anywhere use for virtual activity</li> <li>• WPRS full roll out</li> </ul>	<ul style="list-style-type: none"> <li>• Increased utilisation</li> <li>• Reduction in patient attendances</li> <li>• Reduction in patient follow up appointments</li> <li>• Reduction in demand</li> <li>• Reduced paper and manual process</li> <li>• Increase in data information</li> </ul>	<ul style="list-style-type: none"> <li>• Decreased CAN/DNA rate</li> <li>• Increased utilisation</li> <li>• Decreased missed opportunities</li> <li>• Reduction in referral demand</li> <li>• Reduction in waiting list</li> </ul>

<p>2. Robustness of cancer tracking and specialty-specific elective data</p>	<ul style="list-style-type: none"> <li>Weekly performance meeting</li> <li>Implementation of online escalation process for all patients outside of agreed component waiting times.</li> <li>Canisc replacement ongoing. Implementation of Breast, Urology &amp; lower GI datasets</li> <li>Training undertaken for all cancer trackers to ensure consistency and compliance with new guidance</li> </ul>	<ul style="list-style-type: none"> <li>Performance monitoring</li> <li>Patient identification</li> <li>Improved pathway monitoring</li> </ul>	<ul style="list-style-type: none"> <li>Increase in performance SCP</li> <li>Decrease in waiting list back log</li> </ul>
<p>3. Improvements being made in elective care trajectories albeit not fully embedded.</p>	<ul style="list-style-type: none"> <li>Contract awarded for endoscopy insourcing to increase endoscopy capacity. Commenced in November 2023 to September 2024</li> <li>Regional Ophthalmology service with increased activity across the region for CTMUHB patients.</li> <li>Reconfiguration of elective surgery has seen an increase in activity. This will continue to be monitored and developed Completed, will move to control at the next iteration.</li> <li>Reconfiguration of Trauma ongoing assessment</li> <li>In sourced additional staff to open additional theatre activity until theatre plan fully recruited to.</li> <li>Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing).</li> <li>In Development – Clinical Services Plan.</li> </ul>	<ul style="list-style-type: none"> <li>More capacity</li> <li>Reduced waste</li> <li>Consolidated pathways</li> <li>Increase in workforce</li> <li>Increased utilisation</li> </ul>	<ul style="list-style-type: none"> <li>Increase in activity</li> <li>Reduced fellow sessions</li> <li>Reduction in waiting times</li> <li>Reduction in &gt;104 week wait</li> </ul>

### Linked National Priority Measures

- Access to Timely Planned Care*
- Number of patients waiting more than 104 weeks for treatment;
  - Number of patients waiting more than 36 weeks for treatment;
  - Percentage of patients waiting less than 26 weeks for treatment;
  - Number of patients waiting over 104 weeks for a new outpatient appointment;
  - Number of patients waiting over 52 weeks for a new outpatient appointment;
  - Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%;
  - Number of patients waiting over 8 weeks for a diagnostic endoscopy; and
  - Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route).

### Current Performance Highlights



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

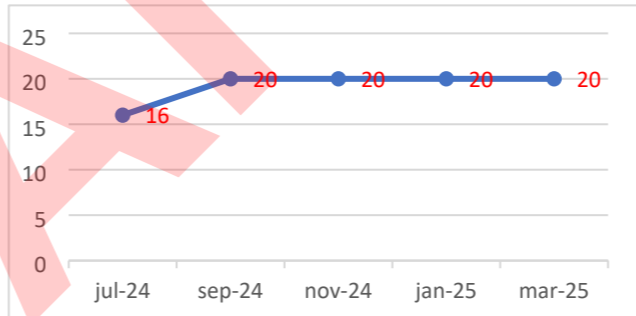
Critical incident declared at Princess of Wales on 9<sup>th</sup> October 2024. Severe water ingress with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity.

**Associated Risks escalated to the Organisational Risk Register**

5932	Roof covering replacement works to resolve identified roof integrity issue and consequent risk of tiles falling internally and externally from weakened roof at POWH Phase 1.	<b>20</b>
5961	Remedial roof works to resolve the water ingress at POWH.	<b>20</b>
<del>4071</del>	<del>Failure to sustain services as currently configured to meet cancer targets De-escalated from the organisational risk register in March 2025.</del>	<del>20</del>
<del>4103</del>	<del>Sustainability of a safe and effective Ophthalmology service De-escalated from the organisational risk register in March 2025.</del>	<del>20</del>
4491	Failure to meet the demand for patient care at all points of the patient journey	<b>20</b>
<del>5462</del>	<del>Adult weight management service - Insufficient capacity to meet demand. New escalation to the Organisational Risk Register in July 2023. De-escalated from the organisational risk register in March 2025.</del>	<del>20</del>
<del>5821</del>	<del>Provision of secondary care immunology services by external provider (this is a service that is not provided by CTMUEB). New risk added to the organisational risk register in July 2024. De-escalated from the organisational risk register in March 2025.</del>	<del>20</del>
5417	Paediatric dentistry - General Anaesthetic theatre list. New risk escalated to the Organisational Risk Register in March 2024.	<b>20</b>

<b>Strategic Goal: Improving Care</b> <ul style="list-style-type: none"> <li>Delivering safe and compassionate care</li> <li>Developing new models of care</li> <li>Digital transformation for patients and staff</li> <li>Ensuring timely access to care</li> </ul>			<b>Risk score</b> <span style="font-size: 24pt; font-weight: bold;">20</span>
<b>Strategic Risk: Sufficient capacity to meet emergency demand - (Risk No.1b)</b>			
<b>If</b> the Health Board is unable to meet demands for services at all points in the patient journey.	<b>Then</b> its ability to provide high quality and affordable care and to meet access targets will be reduced	<b>Resulting in</b> avoidable harm to patients, poor patient experience, diminished staff morale, and loss of trust and confidence from the wider community, ongoing overspends.	

Risk Lead	<ul style="list-style-type: none"> <li>Chief Operating Officer</li> </ul>	Assurance committee	<ul style="list-style-type: none"> <li>Quality, Safety &amp; Experience Committee</li> <li>Operational Delivery Committee (Performance Targets)</li> </ul>
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	Consequence	Likelihood	Score	
Initial	4	5	20	<b>Risk Score Trend this Period:</b> No change to risk score.  <b>Risk Score Trajectory</b> 
<b>Current</b>	<b>4</b>	<b>5</b>	<b>20</b>	
Target	4	3	12	
Risk Appetite	<b>Cautious</b> (quality and safety; trust and confidence; legal and regulatory)			

<b>Rationale for assessment of risk score:</b> <i>Including where risk score remains unchanged and for any changes</i>	<ul style="list-style-type: none"> <li>Critical incident declared at Princess of Wales on 9<sup>th</sup> October 2024. Roof integrity issues with immediate impact on clinical pathways, bed capacity, all theatre elective capacity (inc cardiac) and trauma capacity</li> <li><b>Impact of a temporary centralisation of stroke into one site.</b></li> <li>There has been continuous planning on clinical pathways and diversion of emergency intakes that again has impacted on the capacity and resilience across the full CTMUHB system.</li> <li>There has been a requirement to deescalate and close 190 inpatient beds on the POW site. With re-provision of the capacity across CTMUHB acute and community.</li> <li>There has also been significant reallocation of internal capacity at POW and RGH to respond to the critical incident.</li> <li>Planning continues on recovery phase following critical incident with the impact not yet quantified.</li> <li>There has been some improvement against trajectories for emergency demand. Specifically, in total reduction of lost ambulance hours.</li> <li>The risk score has been reviewed and despite critical incident remains unchanged, due to the following potential impacts.             <ul style="list-style-type: none"> <li>There has been a reduction and re-alignment of bed capacity at POW and RGH.</li> <li>There has been a diversion of emergency intakes from POW to RGH.</li> </ul> </li> </ul>
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- There remains a high number of clinically optimised patients in core capacity that is impacting on patient flow.
- The financial and economic challenges faced by the third sector and local authority partners has an impact on the Health Boards ability to mitigate this risk, as capacity cannot be protected.
- Workforce recruitment continues across the care group to enable a sustainable capacity model. There continues to be a reduction of ADH and WLI activity attributed to standardisation of pay. The conversion from locum to substantive and establishing COVID un-commissioned capacity remains a priority.
- Regional working continues and the positive and negative impact of this will be continuously reviewed.

It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce, financial and environmental constraints on the service.

**Risk Treatment Assessment**  
*i.e. Treat, Tolerate, Transfer etc.*

It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section.

## Current Control Measures

**Six Goals for Urgent and Emergency Care Programme** (signed off by ELG on 5 June 2023):

- Admission Avoidance
- Integrated Front Door
- Acute Hospital Flow and Discharge
- Integrated Discharge

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

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

1. Effective waiting List Management Systems: clear national pathways; focused treat in turn; effective booking processes; robust demand management
2. Outpatients and Planned Services within USC: utilisation of SOS and PIFU; additional advice & guidance services
3. Diagnostics: regional and community diagnostic centres; straight to test pathways; diagnostic pathway best practice
4. GiRFT/SEDIT:  
Clinical Implementation Networks: Emergency Medicine

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

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

## Programme

- 6 Goals Programme Board
- **Diabetes Programme Board**
- Stroke Programme Board (Paused), Stroke Service re-design programme in operation to support development of service due to temporary centralisation of Stroke services.
- **Orthogeriatric Programme**
- MTC Programme Board
- **Strategic Transformation of Acute Medicine (STAMP)**
- Improving Care Board
- **Operational Management Board**
- Speciality Specific and Cancer Improvement Trajectories Completed.

IMTP – investment agreed by Board.

## Specific Improvement Groups/Boards

- Optimise Project Board
- **Orthogeriatric Project**
- SDEC Project Board
- UTC Project Board
- FLS Project Board
- Frailty Project Board
- Diabetes Project Board

All updates feed into the Improving Care Board.

## Annual Planning Process

**Recovery Planning** post critical incident at POW

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

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

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

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

## Escalation Status programme work

### Regional Working

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

### Governance Structures

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

### Operational Processes

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

### Sources of Assurance (Internal and External)

- Integrated Performance Report
- Assessment Dashboard
- Update reports on specific services experiencing pressure, e.g. Neurology, Stroke
- Performance RTT, Cancer trajectories
- Follow-up reports on outpatients not booked
- Stroke Programme Board
- SDEC Programme
- Optimise
- Ambulance Handover and ED Improvement Plan
- Escalation processes leading to Chief Operating Officer Report to Quality &
- Safety Committee including Care Group performance review meetings.
- Organisational Risk Register via Care Group Risk Registers.
- Planning, Performance & Finance monthly report.
- TI meetings
- Audit Wales commencing an Urgent and Emergent Care Audit.
- Reset fortnight commenced week commencing 19<sup>th</sup> August 2024 – sets out Care Group plans with an aim to resetting and de-escalating sites ahead of winter.

### Gaps in Controls / Assurances

### Actions taken to Mitigate Gaps

### Intended Impact of Mitigating Actions

### Indicators of Success (following implementation of mitigating actions)

1. Improvements being made in urgent care trajectories albeit not fully embedded.

- Update escalation plan for 1 Hour handover for Ambulance
- Update escalation plan for 12 Hour reduction
- STAMP roll out across all sites
- UTC Pilot PCH
- Reconfiguration of ED footprint – ambulatory footprints at POW
- Re-alignment of clinical pathways
- Internal Professional Standards
- Re-alignment of ward capacity
- Establish un-commissioned capacity with substantive workforce
- Effective initiation of business continuity plans to respond to increased capacity pressures and challenges in the service (ongoing).
- In Development – Clinical Services Plan.
- Task Group established with Chief Executive Officer Leadership to address clinically optimised patients in Pathway 1 – with a view to creating a model of care delivery for patients closer to home.
- Urgent Care Summit to develop a whole system approach to improvement in:
  - Admission Avoidance

- Improved patient flow
- Sustainable workforce
- Care closer to home

- Improved performance
- Reduction in patients >12hrs
- Improved community response
- Reduced LoS in the Emergency Department
- Reduced harm associated with increased waiting times

- Integrated Front Door
- Acute Hospital Flow and Discharge
- Integrated Discharge
- Agree improvement trajectories for 2025/26

## Linked National Priority Measures

### Ministerial Measures:

#### Access to Timely USC Services

- 12 Hour ED Performance requires a reduction of 20% by September 2024 and an additional 20% by March 2025
- 1 Hour Ambulance Handovers require a 30% reduction on March 2024 baseline
- Improvement in 4-hour performance with a current baseline of 65%. To achieve an 80% target by March 2025,

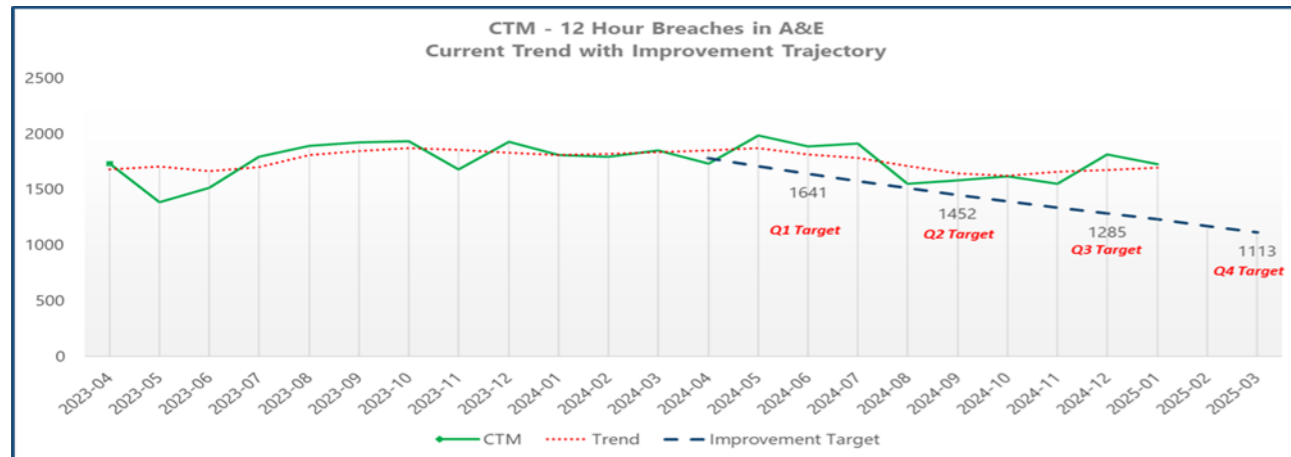
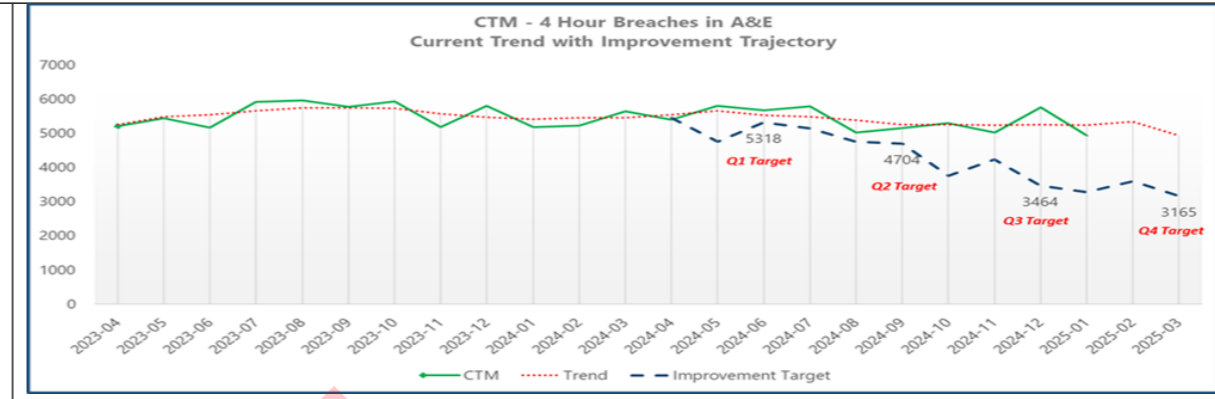
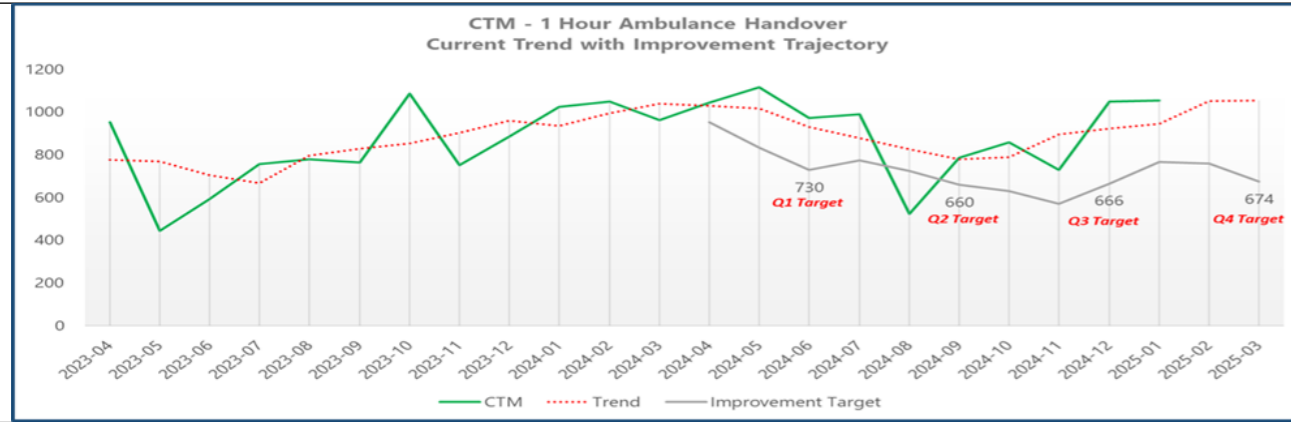
#### Access to Timely Planned Care Services in USC

- As per Planned Care BAF

## Current Performance Highlights

### Emergency Department Performance:

- Site and USC collaborative approach to the development of the One Hour Ambulance Handover plan.
- Pre-emptive measures are already in place to create offload space by reassigning patients into bed spaces or an ambulance where patients may become fit to sit.
- Experience triage / Senior Decision Maker to maximise fit to sit decision, quick turnaround and front loading of investigations.
- Urgent Treatment Centre (UTC) at PCH went live 1<sup>st</sup> November for a 3-month trial. This was extended through March. Exploring funding to extend past April 2025.
- Exploring feasibility of introducing Rapid Assessment & Treatment Model (RAT) at PCH following realignment of consultant roster.
- Improved access to Non-Emergency Patient Transport Service for quick turnarounds.
- Formulations of ED Delivery Plan and Improvement Targets, including;
  - Improvement in 4-hour handover by April 2025
  - 80% of patients handed over within 1 hour by July 2025
  - 100% of patients handed over within 4 hours by July 2025
  - 50% reduction in 12-hour ED waits by July 2025
  - Zero tolerance for patients waiting >48hours
- Reduce conveyance / pathway development with WAST – 8% higher than other HB's.
  - Nav Hub/Care Home pathway development
  - SDEC
  - Extend UTC
- Implementation of STAMP across all 3 acute sites.
- Bi-weekly team meetings established with WAST.
- D&C mapping to identify invest to save opportunities for additional medical recruitment across all 3 ED's.



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

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

An urgent temporary move of the Stroke Services was agreed due to the fragility of the Consultant workforce at PCH. The Stroke Service moved from PCH to RGH on Wednesday 8<sup>th</sup> January 2025

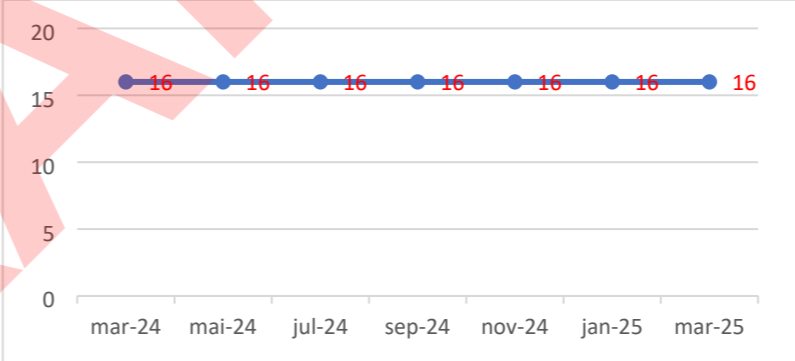
**Associated Risks escalated to the Organisational Risk Register**

4632	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation)	20
3826	Emergency Department (ED) Overcrowding	20

	<b>Strategic Goal: Improving Care</b> <ul style="list-style-type: none"> <li>Delivering safe and compassionate care</li> <li>Developing new models of care</li> <li>Digital transformation for patients and staff</li> <li>Ensuring timely access to care</li> </ul>	<b>Risk score</b> <b>16</b>
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<b>Strategic Risk: Ability to deliver improvements which transform care and enhance outcomes (Risk No.2)</b>		
<b>If</b> the Health Board fails to achieve fundamental quality standards or implement improvements in practice and innovations	<b>Then</b> we may not be able to deliver safe, timely, compassionate and effective care in accordance with the Duty of Quality	<b>Resulting in</b> avoidable harm to patients, poor patient experience, diminished staff morale, potential for greater regulatory intervention and loss of trust and confidence

<b>Risk Leads</b>	<ul style="list-style-type: none"> <li>Executive Nurse Director</li> <li>Executive Medical Director</li> </ul>	<b>Assurance committee</b>	<ul style="list-style-type: none"> <li>Quality, Safety &amp; Experience Committee</li> <li>Strategic Development Committee</li> </ul>
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	Consequence	Likelihood	Score	
Initial	4	5	20	<b>Risk Score Trend this Period:</b> No change to risk score this period.  <b>Risk Score Trajectory</b> 
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>	
Target	4	3	12	
Risk Appetite	<b>Cautious</b> (quality and safety; trust and confidence; legal and regulatory)			

<b>Rationale for assessment of risk score:</b> <i>Including where risk score remains unchanged and for any changes</i>	<p>Whilst improvement against trajectories continue to improve the risk score has been reviewed and remains unchanged on this occasion <b>due to the current challenges and complexities being faced by teams across all sites.</b></p> <p><del>Detailed discussion was held in August 2023 to consider reducing the likelihood score to a 3, in response to the positive progress being made e.g. HIW AW Joint Review into Quality Governance arrangements review outcome. However, in triangulating the risk description with incidents and complaints data, and in considering the mitigation activity still underway a decision was made to retain the likelihood score at a 4. Phase 2 of the Organisational Change Process is complete however, as that structure matures and develops the risk score will remain unchanged with a review in coming months.</del></p> <p>It is anticipated that the risk score may remain quite static as the pace of improvement is constrained by workforce, financial and environmental constraints on the service. It is also recognised that cultural change can only be achieved over time.</p>
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**Risk Treatment Assessment**  
*i.e. Treat, Tolerate, Transfer etc.*

It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section.

## Current Control Measures

### Quality Frameworks and Policies

- Strategic review of Infection, Prevention & Control (IP&C) has been completed and has been aligned to the IP&C Strategy 2024-2027. Review outcome received at the Quality & Safety Committee in May 2024. IPC Strategy received at the May 2024 Quality and Safety Committee (QSC) and approved by Board in May 2024. A work plan has been developed to imbed the strategy and a new operating model for IPC. Strategy launched, ongoing Organisational Change Programme.
- Development of the CTM Safeguarding Strategy 2024-2027 – ~~endorsed at Health Board meeting in January 2025. This has been completed and submitted to the Safeguarding Executive group on 21/10.24 and will now be presented to the January 2025 QSC and to Board in March 2025.~~
- Quality & Safety Framework ~~in place. approved by the Board in January 2023, which is aligned to the Care Group Model, is fully embedded across CTM.~~
- Quality Strategy action plan updated, and an update received at the Quality & Safety Committee in July 2024
- Clinical Guidelines;
- Suite of Standard Operating Procedures;
- Clinical Education Framework. The CTM Learning Academy Framework is being presented to the Quality, Safety & Experience Committee in January 2025 ~~and to the March 2025 Board Meeting;~~
- The Incident Management Framework was launched in June 2022 to reflect national changes in national incident reporting; following consultation across CTM, the Incident Management Framework has been updated and was approved in January 2024 at the Quality & Safety Committee.
- Incident Investigation training established and being rolled-out across the Health Board on a monthly basis;
- ~~Clinical Education Forum (providing overarching Governance) established and continuing through 2024. The Board received the annual report in November 2023. Superseded by CTM Learning Academy framework.~~
- ~~Listening & Learning Framework established. Shared Listening and Learning Forum meets at least four times per annum with two Shared Learning events each year. Last event took place on 13 November 2024, and a further event in late spring/early summer 2025 is planned.~~
- Quality Strategy. A Quality Strategy, Annual Action Plan supports the achievement of the deliverables within the Quality Strategy. ~~Update received at the Quality & Safety Committee in January 2024. Annual Quality Work Plan received in January 2024. The Action Plan was updated and presented to the Quality & Safety Committee in July 2024.~~
- Ward Accreditation Programme Framework established and is in the process of being rolled out. We have currently done 15 wards and have a rolling programme in place for 2025 which includes Maternity & Mental Health
- Nursing and Midwifery delivery plan was received at the May 2024 Quality & Safety Committee and formally launched in July 2024.
- ~~Implementation Board for the Duty of Quality and Candour being established – inaugural meeting undertaken. Board Briefing held October 2022. Change Team supporting implementation of Duty of Candour arrangements as of April 2023 including the roadshow events mentioned above. The duties within the act are integral to the Quality Strategy and have been built into Board and Committee report templates from November 2023. Duty of Quality and Candour established within CTMUHB. CTMUHB is represented on an All Wales basis where any discussions are held in terms of reviewing the framework. Adhoc support is available from the NHS Executive as required. Progress is also being made against the Annual Quality Report in readiness for publication in the forthcoming months.~~
- CTM Allied Health Professionals and Health Care Science Delivery Plan.
- Assistant Medical Director for Quality & Safety ~~commenced in February 2025.~~
- ~~Mortality Board established and inaugural meeting held in December 2024.~~

### Learning from Experience

- New Patient Experience Forum established, with the inaugural meeting held in April 2024, with regular meetings to be held moving forwards. ~~Patient Experience Forum revitalised and an operational group also now established to support this activity. The first bi-annual report from the forums will be received at Quality, Safety & Experience Committee in March 2025.~~
- Executive and Independent Member Patient Safety Walkabouts framework complete and implemented. Evidence based review underway which will inform the ongoing format and approach to IM walkarounds. ~~Following discussion at the Board Development Session in December 2024, the revised approach to walkarounds will commence in April 2025.~~
- Citizen's Voice bodies (Llais) launched in place of CHCs. unannounced visits by Llais has recommenced and monthly meetings have been set up with Llais and the corporate team for early escalation and assurance of issues.
- The mortality team is finalising a standardised mortality dashboard which will establish a consistent process for mortality scrutiny, with key information regularly reported to a Mortality Board. The aim is to complete this in Q4. ~~This has been expanded to include reports from the Medical Examiner service and integrated into the mortality learning reports.~~
- ~~Shared Listening and Learning Forum will meet four times per annum: 2 listening and learning events and 2 information sharing meetings, commencing in November 2024.~~
- Working with the COO and wider operational teams, the Deputy Executive Nurse Director has mapped the harm free care agenda, including Hydration and Nutrition, Inpatient Falls and Pressure Damage Steering Groups through the existing Improving Care Board structure, resulting in planned bi-annual reporting to Quality, Safety & Experience Committee.
- Weekly executive-led patient safety meetings;
- Service Level Patient Safety meetings incorporate learning from events;

- Patient and Staff Stories received at Board Meetings and Quality, Safety & Experience Committee;
- Active Forums such as "My Maternity My Way" which includes past and present service users;
- Real-time patient feedback (current system Civica) being rolled out across the Health Board (PREMS), now rolled out across Emergency Departments. New software procured to replace Civica and to collect PREMS and PROMS - 2025 roll out plan in development with new supplier and CTM teams. System set up and ready for phased roll-out.
- Following discussions in relation to the operating model that will support the new Care Groups it is considered that Quality Assurance has been embedded within the quality reporting structures.
- Patient Safety Clinics, targeting service areas with high or low incident reporting;
- Learning from events coordinator role in place, with lesson of the week via social media and a monthly newsletter is shared across the Health Board sharing learning around incidents and concerns;

#### Current Control Measures Contd.

- Patient Reported Outcomes Measures system procured and piloted in Heart Failure / Cardiology services and plans in place to roll out across HB (PROMS); PROMS provider selected for CTM wide – procurement complete and roll out plan for 2025 in development. (Linked to PREMS and Civica replacement update above). PREMS now live in Emergency Departments. System set up and roll out planned.
- Staff ideas scheme launched across CTM for staff to provide ideas for improvement and collaborate on solutions; Over 1,800 individuals registered and using the system. Over 270 staff ideas generated since its launch.
- **RADAR (Recognition of Acute Deterioration & Resuscitation) Committee. – Training standards and compliance. Current framework and structure for RADAR under review and will be subject to further discussion over the coming weeks. Activities of RADAR are now integrated into business as usual within the Unscheduled Care Group structure.**
- There is an End of Life provision plan which is being managed by the Primary Care, Care Group alongside Palliative Care. ~~Board in place which is being chaired by the Chair of the End of Life Strategic Group;~~
- ~~It is anticipated that the New Operating Model will support the triangulation and learning across the Health Board as one CTM;~~
- Advanced Clinical Practice Board established to provide governance oversight concerning advanced practice professionals.

#### Innovation & Improvement Programmes

- **On the back of the success of the 2023 and 2024 events, there is a 2025 Quality Improvement showcase scheduled for mid-year. Additionally, a Value Based Healthcare Showcase event is planned for March 2025.**
- Improvement Community of Practice implemented with over 30 QI champions currently in place.
- Healthcare Pathways **Programme continues as exceeding expectations. ~~writing and establishing guidelines from primary to secondary care referrals.~~**
- Theatre Utilisation Group **is now captured within the Productivity Improvement and Transformation Programme for Planned Care activity. There is also a Strategic Transformation of Acute Medicine Programme for Unscheduled Care activity. Both programmes report into the Operational Management Board.**
- iCTM (Improvement & Innovation) department in place and 2022-2025 iCTM business plan developed aligned to CTM 2030 focusing on Experience, Efficiency and Effectiveness all underpinned by Improved outcomes and Patient Safety; Team working 2025-2028 business plan.
- Leading for Patient Safety with Improvement Cymru and Institute for Healthcare Improvement (IHI) launched. **Phase 1 completed. Phase 2 launched in October 2024** focusing on Acute Deterioration, Deconditioning and Quality Management Systems; Improvement and Innovation CTM are actively supporting a number of services, a full list is available from iCTM;
- ICTM developed and delivering a QI Capacity and capability programme;
- ~~Related escalation Status activity;~~
- Monthly Quality Improvement (QI) training **continuing** and ongoing on a monthly basis, over 490 CTM people trained in numerous improvement techniques.
- Investigation and Putting Things Right (PTR) Training commenced during July 2022; **The delivery of investigation and PTR training is under review as part of the updated PTR regulations implementation. All Wales PTR training is currently out for consultation across NHS Wales organisations.**
- Value Based Healthcare programme in place aligned to national Value in Health priorities; **business case proposals received for 2024-2025 investment currently being reviewed.**
- Enhanced resources in place for business analysis / data analysis to identify areas of improvement and change through data;
- Innovation programme aligned to Value Based Healthcare principles;
- Leading and empowering Improvement and Innovation built into the new Ignite, Aspire and Inspire leadership programmes;
- Implementation of Care Group Service Improvement **Faculties;** Groups established end of 2024
- Appointment of the Bereavement Clinical Lead to support the implementation of the All Wales Care of the Bereaved Framework and Pathways.
- The Improvement Team have aligned resource to care groups and are meeting care group management on a monthly basis to discuss quality improvement activity.
- The Deputy Executive Director of Nursing is a steering group member led by WG on the national safeguarding review for health, commissioned by the CNO. This will be due for completion in June 2024. Completed and **final report has been issued.**
- The Deputy Executive Director of Nursing is a steering group member, working with WG on a program of work following a recent national report on Sexual Safety and associated safeguarding concerns. There are currently delays in terms of scheduling from an All Wales perspective and will update accordingly. First all-wales NHS Executive Led meeting on Sexual Safety held to define the structure of this programme of work.

- Duty of Quality and Duty of Candour Training will be ongoing as required as the Act is embedded within the Health Board. Data on Duty of Candour now routinely reported through weekly Executive Director Led Patient Safety Weekly meetings. Duty of Quality will continue to embed into services. **Reviewing the process documentation and guidance for Duty of Quality and Duty of Candour to ensure accessible training and proper recording on our Electronic Staff Record (ESR). The PTR training will also incorporate Duty of Candour.**
- A Clinical Effectiveness Committee has been introduced to be an effective and efficient forum for high-level clinicians, leaders and managers to support continuous quality improvement in clinical care in CTMUHB. It will monitor the implementation of the clinical audit program and implementation of NICE/national guidelines/standards to ensure best practice across the Health Board. It will provide support and strategic direction for the Health Board's national and local clinical audit programme, receiving assurance reports from the sub groups and following analysis escalate issues or provide assurance to the Quality, Safety & Experience Committee and Board.
- **Medical Collaborative Group is being formed and re-invigorated to enhance collaboration between primary and secondary care.**
- **Clinical Pathways Group have been established to approve any changes to clinical pathways that impact patient flows across CTMUHB.**

#### Research

- Research & Development Programme. Healthcare Research Wales have validated the Health Board's self-assessment of its Research and Development strategy and the feedback will be used to shape ongoing strategic direction. Research strategy in final draft form, currently out for wider consultation. Executive Director of Nursing planning to present to Board in March 2025

#### Flow Efficiencies and Productivity

- **Reset Fortnight / 'Optimise' – optimise flow improvement programme rolled out across all three acute sites.**
- Medical Workforce & Nursing Workforce Productivity Programmes established. **Medical Workforce Productivity Programme encompasses a performance and escalation group as well as a framework group for establishing standard practice at CTM.**

### Sources of Assurance (Internal and External)

#### External Reports

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

The follow-up review found the Health Board has made significant progress in addressing the concerns and recommendations of the 2019 report. It has a stronger strategic focus on quality and patient safety, and there is greater clarity on roles and responsibilities in relation to quality and patient safety compared to 2019. The organisation's scrutiny of quality and patient safety has also improved considerably, with greater openness and transparency. There is also greater awareness of risk management across the organisation, and clearer processes in place for identifying, managing, and escalating risks. The Health Board's concerns, and complaints processes are much clearer, and new corporate roles have been created to support implementation and ensure consistency. There is also an improved culture of learning, with a series of arrangements now in place to support the sharing of learning and improvement across the organisation.

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

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

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

#### Annual Reports

- Clinical Audit Annual Report;
- Clinical Education Annual Report;
- Safeguarding Annual Report;
- Putting Things Right Annual Report;
- Infection Prevention and Control Annual Report;
- Medicines Management Expenditure Committee Annual Report;
- Organ Donation Annual Report.

- Health and Care Standards Annual Report; (incorporating patient survey)
- GMC Survey
- Improvement to be reported through Improving Care Board / Change to be reported through Strategic Transformation Board;
- ICTM (Improvement and Innovation) Annual Report
- Annual Duty of Quality Report

#### Quarterly Reports

- Quality Dashboard;
- Integrated Performance Dashboard;
- Quality Governance – Regulatory review progress updates;
- IPC Highlight reports;
- Care Group reports;
- High level update on mortality indicators;
- Research and Development Update;
- National Clinical Audit and NCEPOD studies;
- Maternity and Neonatal Improvement Programme Highlight Report;
- Llais briefing papers;
- RADAR Reports;
- Improvement portfolio report;
- Multiple engagement events underway.

#### Internal Assurances

- Executive and Independent Member Patient Safety Walkabouts framework. The revised framework now implemented which includes 'Purpose, Form and Function' of IM Walkaround Visits.
- The Health Board has strengthened the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive patient safety catch-up. HIW Tracker is now in place;
- Launched Nursing & Midwifery Delivery Plan and agreed a set of nursing care related audit standards monitored via the Senior Lead Nurse Forum with onward reporting on annual basis to the Quality & Safety Committee.
- Medicines Safety Group, Access to Medicines Group established. Replacing the Medicines Formulary Committee with a broader remit.
- Health Inspectorate Wales unannounced visits;
- Medication Prescription and Administration incident update, which reports into the Medication Steering Forum.
- All Safeguarding Hubs working collaborative across CTM population;
- Planned Level 3 Safeguarding training for all Senior Clinical leaders (Execs – Care Group directors); **partially complete. New Directors now require training, safeguarding team leading a short review to ensure appropriate level of training, L2/3 for clinical and non-clinical directors (to be completed by May 2025).**
- Multi-agency training days established and being rolled out in terms of Safeguarding training, with the aim of maintaining robust and strong engagement and relationships with agency partners.
- Recruited a Safeguarding Practice Development Nurse to support Safeguarding Education across CTM.
- Contacted (letter, key message and verbal reminders) all medical teams to emphasise, and expect, need to complete level 2 Safeguarding training and certain areas level 3;
- Community Acquired Pressure Damage / Falls Reduction Collaborative / Hydration and Nutrition Group;
- Patient Safety Solutions – safety alerts and notices;
- Mental Capacity Act (LPS);
- ~~Ad-hoc visits to Ty Llidiard (CAMHS) facility and ad-hoc review of clinical records;~~
- Executive Director of Nursing and Executive Director of Therapies and Health Science have undertaken the relevant training on Duty of Quality & Duty of Candour to ensure that there is sufficient knowledge and influence in relation to the legislation at Board level.
- HIW undertake adhoc reviews of medical training within the Health Board.
- Review of Interventions Not Normally Undertaken (INNU) processes to ensure there are robust levels of compliance within clinical practice and appropriate assurances provided.
- Internal Audit undertook a review which considered the processes and procedures implemented by the Health Board to ensure compliance with the Duty of Candour. The final report is awaited, and any recommendations will be acted upon and managed via the Audit Tracker
- Internal Audit review undertaken on embedding the Quality Framework. Final report received and reasonable assurance allocated. Recommendations are being acted on and being managed via the Audit Tracker
- Staff survey closed. Higher response rate received than in previous years. The final CTM response rate was **26.7%** which equates to 3553 members of staff. This is the highest rate among the Health Boards of our size in Wales and CTM's highest response rate to date.
- **Ward Accreditation Programme is embedded across the Health Board in Inpatient Areas.**

• **Performance and Escalation Group (PEG) for Medical Workforce Matters.**

**Qualitative Intelligence**

- Ongoing weekly safety huddles taking place with Executive Directors and Care Group Directors, and Quality and Safety Team to review concerns and complaints compliance across the Health Board;
- Development of high-level dashboards accessible to Ward Managers and to Nurse Directors to support high level overview and decision-making using Workforce and Quality Indicators;
- Ongoing monthly meetings with Executive Director of Nursing, Directors of Nursing and Ward Managers;
- Service User and Staff Stories;
- Executive & Independent Member Walkarounds. Discussed at Board Development session held on 12 December 2024. Revised process agreed for implementation from the 1 April 2025;
- Executive Nurse Director and Deputy Executive Nurse Director undertake weekly clinical focussed site visits;
- Improvement case studies;
- Social Media feedback and intelligence;
- Listening and Learning forum;
- Weekly executive/deputy executive led patient safety meetings;
- Performance and Assurance Directorate of the NHS Executive-Dashboard reports inform the Health Board in terms of compliance across the Patient, Care and Safety portfolio;
- CTM now have access to the All Wales Beacon Dashboard which allows us to benchmark quality metrics.
- iCTM joint working with academic partners to explore cutting edge quality and safety activity to support the Health Board's continuing improvement journey;
- The Health Board is represented at the Duty of Quality & Duty of Candour all Wales meetings which concluded in March 2024; however, additional meetings will be held in the future as required to benchmark and share learning;
- Partnership Working with Cardiff & Vale re South Central Regional Stroke Network;
- **Discussions are urgently progressing in relation to regional stroke services developments. Stroke monitoring and evaluation dashboard established to identify potential impact of moving to a temporary single site stroke service for CTM. Teams have established daily huddles to monitor qualitative feedback from Teams in terms of impact of moves.**
- Regular Director of Therapies & Health Sciences Team quality assurance visits to clinical services.

**External Assurance**

- Letter from Public Health Wales complimenting CTMUHB on the excellent Bowel Screening service provided for patients requiring a bowel colonoscopy for suspected cancer.
- External audit in June 2024 in collaboration with Arjo Huntleigh regarding **pressure ulcer prevalence has been completed and considered at the January 2025 Quality, Safety & Experience Committee.**
- **Health Education Improvement Wales (HEIW)- undertake regular reviews of services with respect to medical training of resident doctors.**
- Ombudsman's Annual Letter;
- Internal Audit Review – CSG & Care Group Quality Assurance. August 2022 – outcome of Reasonable Assurance;
- The Health Board is in the process of strengthening the internal governance of all HIW open action plans by developing a central tracker system where any exceptions will be reported to the weekly clinical executive patient safety catch-up. Local governance of HIW actions will take place through our new Care Group quality and safety committees. The system will allow for the Care Group leads to have a dashboard of all their HIW Inspection activity and continuous monitoring of the improvement plans;
- The AmAT Inspection Module is being implemented for HIW Audit Recommendations with the first report received in May 2024 at the Quality & Safety Committee, which will be a hybrid approach as CTM fully transitions to the new automated system.
- Performance and Assurance Directorate of the NHS Executive governance and incident management;
- Performance and Assurance Directorate of the NHS Executive Maternity and Neonatal SI closures;
- Annual Undergraduate Review;
- General Medical Council National Survey Feedback;

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Roll out of the Clinical Ward/Department Assurance Programme.	Rolling programme commenced and 10 wards have been completed.	<p>Ward/Department Accreditation is an "improvement tool that evaluates the quality of patient care in an inpatient setting. The program was implemented across Cwm Taf Morgannwg clinical areas in April 2024.</p> <p>The program aims to provide a measurement of quality and standards of care which</p>	<p>To date there have been a total of 24 areas which have been accredited with a total of</p> <p>3 areas have been awarded White (supportive actions have been put in place to get these areas up to Bronze level)</p>

		<p>Assurance for its Wards and Areas (Bronze, Silver, and Gold awards)</p> <p>Extending program into Mental Health and Maternity plus a further 20 areas across the acute site throughout 2025.</p>	<p>21 areas have been awarded Bronze (Satisfactory expected Standards)</p>
<p>2. Strategy &amp; Framework Reviews and Development Safeguarding Strategy</p> <ul style="list-style-type: none"> <li>o Safeguarding Strategy completed and submitted to safeguarding executive committee on 21.10 24</li> <li>o Development of a safeguarding dashboard</li> <li>o Development of an IPC dashboard</li> </ul>	<p>Timeframes: Development of a strategy, timeframe end of quarter 3 2024. National review undertaken and final report awaited.</p>	<p>The Safeguarding strategy and framework gives a comprehensive approach to Safeguarding. It provides a framework for identifying risks, responding to concerns, and promoting a culture of vigilance and responsibility throughout our organisation.</p>	<p>Phase 1 of development of Safeguarding Dashboard underway. As there are multiple systems in use with data housed it is essential to scope what data is on which system and how these can amalgamate into one dashboard.</p> <p>There is a robust work plan which is in place to support implementation of the safeguarding strategy and framework. The monitoring of these actions will be overseen through the safeguarding executive committee</p>
<p>3. Data and Audit - Real-time performance and quality data accessible via electronic systems across the organisation;</p>	<p>Mortality Data Improving – CTMUHB are now collecting data on mortality with a plan to standardise the way mortality is reported through the Care Groups with oversight from a Mortality Board, which is due to be established by June 2025.</p> <p>CTMUHB is represented on the work being undertaken with the Performance and Assurance Directorate of the NHS Executive to explore how benchmarking in quality performance can be shared across NHS Wales. The Performance and Assurance Directorate of the NHS Executive are also rolling out a National Quality Safety Framework to support a consistent approach to quality reporting.</p>	<p>Visibility and granularity of data will be available to support clinical decision making and learning, as well as identifying areas that may require greater focus.</p> <p>CTMUHB has actively participated in the NHS Executive’s rollout of the National Quality &amp; Safety Framework. This Framework ensures we measure quality across the six domains of quality and is consistent with all NHS Wales organisations. The domains being:</p> <ul style="list-style-type: none"> <li>• Safe Care</li> <li>• Timely Care</li> <li>• Equitable Care</li> <li>• Effective Care</li> <li>• Efficient Care</li> <li>• Person-Centred Care</li> </ul> <p>The Framework enables CTMUHB to benchmark our quality performance indicators against other NHS Wales organisations. In addition to the Framework, the Q&amp;S team utilises the NHS Executive’s</p>	<p>Monitoring the performance data dashboards to determine if improvements are being made and sustained.</p> <p>CTMUHB has seen notable improvements in productivity across the Quality &amp; Safety agenda.</p> <p>Our Learning Processes, including the Listening &amp; Learning Framework with its central repository and bi-annual Listening &amp; Learning event, have supported improvements in cascading learning across CTMUHB.</p> <p>By focusing on timeliness and effective care, CTMUHB has significantly enhanced its concerns response compliance. CTMUHB is now recognised as an exemplar for concerns management across NHS Wales.</p>

		<p>Beacon Dashboard to maintain alignment with other organisations across NHS Wales.</p> <p>The NHS Executive workstream has also supported benchmarking of our Annual Q&amp;S Report, thus ensuring a level of consistency with other organisations across NHS Wales.</p>	<p>Our team regularly benchmarks our performance against similar NHS organisations.</p> <p>CTMUHB's position in relation to NRI compliance has also improved over significantly over the last year.</p>
	<p>Timescales dependent on external sources; Ambition to develop live clinical quality dashboard – live for maternity and neonatal services– to be rolled out for other areas by the end of the financial year; Work in progress for other areas.</p>	<ul style="list-style-type: none"> <li>• Improved decision making and therefore improved patient care</li> <li>• Improved oversight of patient care form ward / team to Board against evidence-based standards and local indicators</li> <li>• Stimulate clinical team discussion and quality improvement areas</li> <li>• Decision making</li> <li>• Real time insights to ensure mobilisation of support, adjustments and actions where needed</li> </ul>	<p>To be captured in next iteration.</p>
	<p>Improving Care Board has developed a portfolio of improvement programme and projects. Monthly governance meetings established. Move to control next period.</p>	<p>Programmes of work in improving care board are dynamically assessed and changed based on business need. The board is there to assure improvement portfolio, which includes:</p> <ul style="list-style-type: none"> <li>• Planned Care (PIT)</li> <li>• Six Goals</li> <li>• Frailty Transformation</li> <li>• Primary Care &amp; Community Transformation</li> <li>• Mental Health &amp; LD</li> <li>• Harm Free Care</li> <li>• Stroke</li> <li>• LHP</li> </ul> <p>SBUHB Disaggregation</p>	<p>Each project and programme have clear project documentation, including deliverables, workstreams and benefits. Each one has key measures of success and improvement.</p>
	<p>National Safe Care Collaborative Programme Audit recommendations and action plans led by IHI and Improvement Cymru – by the end of 2024; next steps currently being explored to ensure sustainability.</p>	<p>The Collaborative will take forward 4 key elements to support CTMUHB in its quality assurance and delivery framework. These include:</p> <ul style="list-style-type: none"> <li>• Deconditioning</li> <li>• Acute Deterioration</li> <li>• Duty of Quality Leaders</li> </ul> <p>Leading Quality and Safety Improvement</p>	<p>Measures will be determined for each workstream.</p>
<p>4. Feedback from staff and our communities on the ability to raise ideas, freedom and support to make change and empowerment. Holding engagement sessions for staff;</p>	<ul style="list-style-type: none"> <li>• Staff ideas scheme implemented (May 22) for raising ideas for improvement – to increase participation in 23/24 – Implemented. Ongoing and numbers increasing through the year. Onsite events planned for</li> </ul>	<p>Embed Quality Improvement into everyone's day to day jobs, providing them with the tools, skills and ability to make improvements within their areas.</p>	<p>Rolling programme of challenges for staff with measures around ideas, engagement and implementation.</p>

	<p>Quarter 1/ Quarter 2 2024-2025 – completed. Ongoing programme.</p> <ul style="list-style-type: none"> <li>Improvement into practice training taking place every other month.</li> <li>Permanent funding secured for PREMs and full deployment across the Health Board is planned. Further activity is also scheduled to increase awareness around the mechanism for sharing feedback using the “Have Your Say” process. Recruited and appointed to posts.</li> </ul>	<p>Ensuring our people have the skills and empowerment to make changes and improvements.</p> <p>To ensure as a Health Board we have the ability to track patient experience and use this data to continually improve our services to patients, families and communities.</p>	<p>PREMS data now being routinely provided to Care Groups and to Q&amp;S Committee.</p>
<p>5. Improving flow and efficiencies and productivity</p>	<ul style="list-style-type: none"> <li>Medical &amp; Nursing Workforce Productivity Programmes operating within the transformational programme governance structure and delivering to plan.</li> </ul>	<p><b>Medical:</b>          Medical Workforce Productivity Programmes - Ensuring that the workforce meets the requirements of the Health Board – job planning, financial prudence, workforce establishment.</p> <p><b>Nursing:</b>          CTMUHB has been actively working on the Nursing Workforce Productivity Programme as part of its broader strategy to improve efficiency and effectiveness within the health board.</p> <p><b>Key actions under this programme include:</b></p> <ul style="list-style-type: none"> <li>Bank Modernisation Action Plan: This includes proactive recruitment across 12 months.</li> <li>Flexible Working Policy: Launched with accompanying promotion and implementation of an oversight mechanism in place which aligns to retention as a key initiative.</li> <li>Internal Lateral Moves Scheme: For Band 5 Nurse and Midwives, launched in February 2024, and expanded to include Band 2 Health Care Support Workers and Band 5 Midwives in December 2024/5.</li> <li>Framework agency reduction: to achieve a 20% reduction in the use of framework agency registered nurses</li> </ul>	<p><b>Medical:</b>          Improved financial control on medical spend and improved productivity in terms of outpatients and theatres efficiencies.</p> <p><b>Nursing:</b>          Nursing productivity:</p> <ul style="list-style-type: none"> <li>Processes and installing of KPIs for the bank service (partially achieved).</li> <li>Implementation and use of flexible working policy (implemented and active).</li> <li>Implementation of lateral moves scheme (implemented and being actively utilised).</li> </ul> <p>Demonstrated progress against a reduction in framework agency spend (partially complete, progress across the care groups, await year end position).</p>

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**Linked National Priority Measures**

- Care Closer to Home**
- 6. Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes;
  - 7. Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months.
- Patient Safety Solutions**  
**Infection Prevention and Control**

- Six Tier One IP&C Targets;
- National IP&C Guidance – to include implementation of respiratory and non- respiratory pathways;
- NHS Wales National Framework – Management of patient safety incidents following nosocomial transmission of Covid-19.

#### **Children’s Charter**

To reinforce children’s rights and endorse CTM’s commitment to upholding these rights within its services.

#### **Safeguarding**

- National Improvement Plan;
- Further Mental Capacity Act (MCA) awareness being funded by Welsh Government along with measures to strengthen current Deprivation of Liberty Safeguards until MCA becomes the dominant legislation.
- Independent Review (by HIW/CIW) being undertaken of CTM Region Safeguarding Boards in relation to Child Protection Practices including the sharing of information.

#### **Chief Nursing Officer’s Launch of the Nursing and Midwifery Priorities – 2023-2024**

#### **New national nurse education standards**

**Dementia Standards** - which include standards for inpatient hospital admissions.

**NHS Wales Quality and Safety Framework: Learning & Improving.** Published by WG September 2021.

#### **The Health & Social Care (Quality & Engagement) (Wales) Act 2020**

Improving quality and public engagement in health and social care.

**National Value Based Healthcare Strategy** – alignment of CTMs programme of work to meet national priorities

#### **Current Performance Highlights**

Please refer to the following sections of the Integrated Performance Dashboard to triangulate risk, assurance and performance:

- Quality Dashboard
- Maternity & Neonatal Dashboard
- Cancer Standards;
- Unscheduled Care;
- Six Goals Programme (Emergency & Urgent Care, D2RA);
- Waiting List Delays;
- Mortality Indicators;
- Tier 1 IP&C Indicators;
- Nurse Sensitive Outcome Measures – Falls, Pressure Ulcers, medication administration;
- Sepsis;
- Mental Health Measures;
- Putting Things Right Compliance;
- Patient Safety Solutions compliance

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

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

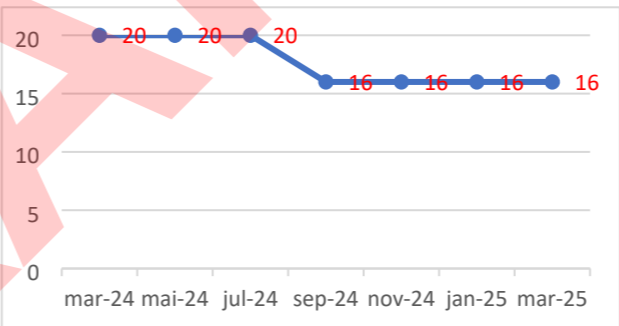
Associated Risks escalated to the Organisational Risk Register		
4632	Provision of an effective and comprehensive stroke service across CTM (encompassing prevention, early intervention, acute care and rehabilitation)	<b>20</b>
6111	Medical Examiner Delays. New risk escalated March 2025. New risk escalated to the Organisational Risk Register in March 2025.	<b>20</b>
5903	Unfunded Continuing Care Packages / unfilled packages. New risk escalated to the Organisational Risk Register in March 2025	<b>20</b>
5045	Access to Neurology Inpatient and Outpatient Services for CTM Residents	<b>16</b>
4907	<del>Failure to manage Redress cases efficiently and effectively</del> Risk closed on the Organisational Risk Register in March 2025.	<b>16</b>
4417	Management of Security Doors in All Hospital Settings	<b>16</b>
4908	Failure to manage Legal cases efficiently and effectively.	<b>16</b>
5646	Impact of Right Care Right Person approached. New risk escalated to the organisational risk register in January 2024.	<b>16</b>
3993	<del>Fire enforcement notice – POWH Theatres</del> Risk closed on the Organisational Risk Register in March 2025.	<b>15</b>
4691	New Mental Health Unit	<b>15</b>

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<b>Strategic Goals: Sustaining our Future</b> <ul style="list-style-type: none"> <li>Becoming a green organisation</li> <li>Ensuring our Services financial sustainability Embedding value-based healthcare</li> <li>Ensuring our estate is fit for the future</li> </ul>	<b>Risk score</b> <span style="font-size: 24pt; font-weight: bold;">20</span>
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<b>Strategic Risk: Enough workforce to deliver the activity and quality ambitions of the organisation (Risk No. 3)</b>		
<b>If</b> the Health Board fails to identify and plan for its current and future workforce requirements, and to promote CTMUHB as an attractive place to work	<b>Then</b> we may fail to ensure we have the right people with the right skills and experience, in the right place at the right time and cost to meet service demand.	<b>Resulting in</b> increased gaps in our workforce which adversely affect the quality of care, increased burden on other workforce and the employee experience, with a potential increase in variable pay impacting our ability to deliver high quality and affordable services fit for today and tomorrow.

<b>Risk Lead</b>	<ul style="list-style-type: none"> <li>Executive Director for People</li> </ul>	<b>Assurance committee</b>	<ul style="list-style-type: none"> <li>Operational Delivery Committee</li> <li>Strategic Development Committee</li> </ul>
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	Consequence	Likelihood	Score																	
Initial	4	5	20	<b>Risk Score Trend this Period:</b> No change to risk score this period.																
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>																	
Target	4	2	8																	
Risk Appetite	<b>Cautious</b> (quality and safety; trust and confidence; legal and regulatory)			<b>Risk Score Trajectory</b>  <table border="1" style="display: none;"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>mar-24</td><td>20</td></tr> <tr><td>mai-24</td><td>20</td></tr> <tr><td>jul-24</td><td>20</td></tr> <tr><td>sep-24</td><td>16</td></tr> <tr><td>nov-24</td><td>16</td></tr> <tr><td>jan-25</td><td>16</td></tr> <tr><td>mar-25</td><td>16</td></tr> </tbody> </table>	Month	Risk Score	mar-24	20	mai-24	20	jul-24	20	sep-24	16	nov-24	16	jan-25	16	mar-25	16
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<b>Rationale for assessment of risk score:</b> <i>Including where risk score remains unchanged and for any changes</i>	<p>This risk is complex and reflects increasing recruitment &amp; retention challenges with skills shortages across health and social care on a local, national and international scale. Therefore, although we are "treating" this risk it is recognised that significant progress on this will not be achieved in the short term.</p> <p>Workforce gaps due to lack of available skilled workers either in local or national labour market and we are having to look at alternative options to meet demands and reduce variable pay. International recruitment is being explored but is expensive and not sustainable. This is a short-medium term solution while we develop alternative plans to build skills with the intent of ceasing international recruitment or using in exceptional circumstances. Alongside this, innovative solutions such as developing new roles/additional/extended skills take time to grow. The wellbeing of our workforce is at the heart of all we do and we remain focussed on reducing the impact on the workforce if sickness and turnover rates remain high. <b>Sickness rates increased slightly to 7.98% in December 2024, compared to 7.11% in November. The rolling 12 months sickness rate was 6.85%. Turnover reduced to 10.36 in December 2024 and again to 10.17% in January 2025. Job Planning compliance is at 34% as at end of January 2025. Agency spend at M10 is £32m.</b></p>
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	<p>The risk score has been reviewed in accordance with the Risk Domain/ Scoring Matrix. The following consequences have not been seen, as outlined at L5, which suggests the original risk score may have been overstated previously and was reported too high, on the basis of the points below</p> <ul style="list-style-type: none"> <li>• Non-delivery of key objectives/services due to loss of several key staff – there are references in the risk register at a risk score of 20 for failure to deliver some services e.g. immunology in secondary care, stroke services, laboratory information system, sustaining cancer targets, imaging and failure to meet the demand for patient care at all points of the patient journey but there are controls in place and action plans to address any shortfalls</li> <li>• Ongoing unsafe staffing levels or competence/skill mix. The same as above</li> <li>• <b>The number of staff attending mandatory/professional training - mandatory training for the UHB is at 73.63% as at February 2025.</b></li> </ul> <p>The workforce risk remains significant. The reduction in the likelihood is to correct the scoring which places the risk score more appropriately represented within the risk domains at L4.</p> <ul style="list-style-type: none"> <li>• Late delivery of key objective/service due to lack of staff.</li> <li>• Unsafe staffing level (&gt;1 day)/competence.</li> <li>• Low staff morale.</li> <li>• Poor staff attendance for mandatory/key professional training.</li> </ul> <p>We continue to treat and mitigate the risk as follows in the report.</p>
<p><b>Risk Treatment Assessment</b> i.e. Treat, Tolerate, Transfer etc.</p>	<p>This risk will be treated and managed through the expansion of programmes of work <b>across CTMUHB with Care Groups, Services, Professional Leads and Heads of People</b>, focused on improved data analytics and strategic workforce planning: workforce transformation, attraction recruitment/development, retaining our workforce, building skills and flexible workforce options which are aligned to current and future workforce requirements, which are more affordable and sustainable.</p>

<p><b>Current Control Measures</b></p>	
<p><b>Recruitment</b></p> <ul style="list-style-type: none"> <li>• Vacancy Scrutiny Panel.</li> <li>• Bank modernisation action plan which includes proactive recruitment across 12 months.</li> <li>• Online recruitment through Trac.</li> <li>• Review of the CTM 'reducing the time to hire, ownership of the journey' aligned to the NWSSP Recruitment Modernisation Group.</li> <li>• <b>The Mental Health and Learning Disabilities Care Group are recruiting 3 doctors from ANCIPS (India) in January 2025 with their arrival due in mid-2025. CTM has also submitted a funding application for additional medical staff as part of the potential funding allocation proposed by WG. The posts included in this submission are those with key shortages or high levels of agency reliance.</b></li> <li>• Pathways to Employment programmes (Project Search/Supported Internships, apprenticeships, Network 75, Jobs Growth Wales +, Graduate Activity) alongside NHS graduate training schemes</li> <li>• Living Wage employer status.</li> <li>• Medical Recruitment plan. Initial focus is on job description standardisation which is a key action for the MWPP Framework Group for a once for CTM approach. A schedule for this to be progressed and approved is being agreed at the next Framework meeting (Jan/Feb 2025). <b>The Framework Group was stood down due to business continuity issues. The next meeting is on 18 March 2025.</b></li> <li>• Attraction and Resourcing Key priorities: increased social media presence, employer branding, student streamlining and attendance at careers fairs to promote CTM as an employer of choice learning to inform future events.</li> <li>• Actively involved in senior key critical appointments across the Health Board.</li> <li>• Reviewing the CTM approach to the selection process to standardise the approach to the use of psychometrics and assessment centres to improve appointment decision making.</li> <li>• Work experience pathway established.</li> <li>• A 'Loop' app launched in July 2024 to improve access for bank workers to book shifts. To date <b>3750 staff have migrated onto the app since July 2024.</b></li> <li>• Non-Consultant rate card was launched 19 October 2023 and Consultant rate card launched on 24 June 2024 to provide consistent rates of pay.</li> <li>• Reviewing M&amp;D fixed term contracts and agreeing a more robust approach and controls with the Executive Medical Director.</li> <li>• Review of support for nurses recruited via IEN Programme to improve experience, CPD, career pathways, wellbeing and retention.</li> </ul>	

### Retention

- Engagement in All Wales Nursing Retention group and HEIW Retention Community of Practice. Retaining and Valuing Nurses within the NHS in Wales: A Nurse Retention Plan & HEIW Retention Resources launched 25<sup>th</sup> September 2023 with local plan developed including key areas of focus: lateral moves, flexible working and moving on questionnaire.
- A CTM Retention Steering Group has been in place since 2023 but re-focussed during June 2024 to ensure appropriate stakeholders, priorities and alignment with other Groups/Committees. A retention action plan has been developed which includes national and local actions and this group will have oversight. Career development opportunities, e.g. Apprenticeships, Qualifications & in-house learning and development offer e.g. Leadership & management programmes
- The Moving on questionnaire is under review with aim of increasing completion rates and providing us with a valuable data on turnover. This is being reviewed to establish links to other workforce data and to ensure the process is robust.
- The Starting Well Survey was relaunched in January 2025 with a focus on Attraction, Onboarding, Employee Experience and Retention and will improve understanding.
- Internal Lateral Moves Scheme for Band 5 Nurse and Midwives was launched in February 2024. The scheme was expanded to include, Band 2 Health Care Support Workers and Band 5 Midwives in December 2024. A revised timescale for Band 5 Allied Healthcare Professionals and Health Care Scientists is being worked through with service leads.
- All Wales Flexible Working Policy launched with accompanying promotion and implementation of oversight mechanism in place which align to retention as a key initiative. Work is taking place to move the Flexible Working requesting process onto ESR to allow for better data intelligence and a more robust monitoring process.
- Wagestream as a mechanism for regular pay
- Organisational Induction launched
- PDR "Your Conversation" promoting safe and productive environments for managers to interact with and listen to their staff

### Temporary staffing solutions

- Medical Bank
- Review of Retinue M&D Bank to ensure better controls and improved active management by Retinue. **Contract due to expire on 30 April 2025, plans in place for next steps being updated by end of March 2025.**
- **Further update of the FCP and SOP underway March 2025** to address the outcomes identified by the Medical Variable Pay audit report. **There are 35** other actions to meet the audit report recommendations are in place to conclude by Marcy 2025.
- Modernised processes for Bank workers
- eRostering and Bank **KPIs developed and shared with Corporate Nursing in January 2025 as part of the Nurse Productivity Programme.**

### Day-to-day management of staffing levels

- Electronic rostering
- A e-job planning cleanse was completed along with confirmed the sign off managers
- Job Planning Guide **and communication issued (agreed with the LNC) to reduce presumed sign off period for job plans from 10 weeks to 4 weeks to commence from 1 March 2025.**
- Medical job planning compliance to achieve **90% by June 2026.**
- Junior doctor rota monitoring. A rota monitoring paper and scheduler **has been developed and is implemented prioritising activity and meet UHB responsibilities.**
- Sickness absence management process

### Workforce Planning

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

## Sources of Assurance (Internal and External)

- Workforce and Organisational Development Metrics report (includes key performance indicators such as staff in post, turnover, sickness) which is regularly reported to the CTM Operational Delivery Committee and UHB LPF. Data also included in Integrated Performance Report to the Board; and included in Nursing Productivity and Medical Productivity Programmes which reports into Values & Effectiveness Board.
- Medical Workforce Productivity Programme (MWPP): Performance and Escalation Group (PEG) meeting includes data on bank usage, agency spend, waiting list initiative (WLI) usage/spend, job planning compliance and trajectories, sickness absence. The Framework meeting which reports to the PEG focuses on consistent practices and policy application recruitment, retention and consistent policies and practices with the aim of a 'Once for CTM' approach.
- Annual Education Commissioning Submission and IMTP Chapter and MDS. This year's IMTP Education and Commissioning submission was approved at ELG on 8 April 2024 must be approved by the Board and submitted to HEIW. The next cycle of IMTP Education Commissioning commenced in October 2024 for a draft submission to HEIW at end of January 2025, with a final Board approved submission by 31 March 2025.
- Quarterly data return submitted to Welsh Government for NHS vacancy statistics
- A suite of BI People dashboards launched (Care Group and Nursing Dashboards). The Nursing dashboard, and dashboards are in development with the nursing dashboard was launched through a phased approach with phase 1 delivered during April 24 These have been well received, giving easy access to timely, relevant and accurate People data to inform decision-making. Further reporting automation and dashboards are progressing.
- Establishment reporting being developed in in partnership with Care Groups, Heads of People, Digital and Finance, development of one source of workforce data to help inform the vacancy position. The automation of reporting across the general ledger and ESR is nearly finalised and consultation meetings are scheduled with CGs in place to validate the automated data and move to implementation in 2025/26.
- In partnership with Finance, the development of establishment reporting has commenced with the aim of a phased approach to implementation
- In partnership with Digital, developing taking a CTM strategic approach to the use of Robotics.
- In partnership with the National Data Resources (NDR), piloted ONS's data Masterclass within the people directorate to Building enhance data and analytical capability for leaders to improve data driven decisions. Exploration is being undertaken with the NDR to incorporate a masterclass into CTMs Leadership programme
- Positive Review of Workforce Planning Arrangements undertaken by Audit Wales with six recommendations which have been developed into an action plan with agreed deadlines. Working towards the SWP Audit Wales recommendations outlined in the audit report. The audit report and actions were shared at the CTM Audit and Risk Committee on 18 April 2024.
- Retention and Workforce Planning Lead is a key part of the Health Education Improvement Wales (HEIW) retention community of practice, which will encourage sharing best practice and utilizing networks across Wales.
- CTM are connected to stakeholder events such as the Physician Associates (14 May 2024) and key stakeholders at the Physician Associate Recruitment Group and Medical Associate Profession (MAPs) groups.
- Attraction questionnaire developed to seek information on the elements which influenced staff joining CTM. The questionnaire was initially sent to all AFC staff who joined CTM in last 12 months and to date 125 responses to formulate a report on themes and next steps to inform our CTM attraction strategy. Next step is to send out to M&D new starters to support M&D attraction.
- Establishment of a multi-disciplinary workforce shape and supply steering group to discuss workforce supply pipelines. T&F Groups are being set up to develop information and data on workforce pipelines with the first groups to start Dec 2024/Jan 2025.
- Work is underway aligned to activity and finance to review the workforce data modelling that is needed to inform the ACSP service plans.
- Horizon scan work is being finalised as one of the actions under the underway in accordance with the Audit Wales SWP audit recommendations.
- Update on Workforce Planning was discussed at People and Culture in August 2024.
- Workforce Planning and People response to the HEIW Nursing Strategic Workforce Plan was provided on 21 June 2024. Update awaited. Assessment of the CTM progress against HEIW Strategic Workforce plans was undertaken and discussed at People and Culture in August 2024.
- Initial discussions are underway to prepare for the work and communications required for the Future NHS Workforce System with the all- Wales and England plan to transition to a new supplier in the summer, 2025. Implementation and roll out planned for 2027-2030.
- A review of our medical workforce systems (due to contractual expiry during April – June 2025) is underway to develop a proposal to meet our current and future requirements and with improved interoperability between systems and alignment to the new future NHS workforce system (where time and information is available to join up).

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
<p><b>1. Workforce Planning</b></p> <ul style="list-style-type: none"> <li>• Workforce Planning process not yet in place – currently at very early stage</li> <li>• Establishment control not in place and ongoing challenges in vacancy reporting</li> </ul>	<p>Developed an all-encompassing workforce planning approach. This will include establishment control and improved workforce analytics to understand the CTM vacancy position, to support better workforce decisions to fill gaps and reduce reliance on temporary variable pay.</p>	<p>To identify the CTM vacancy position. This will be initially for medical and dental workforce aligned to CG service needs. This will include substantive staff in post and bring medical variable pay (agency,</p>	<p>Clarity and visibility on our CTM workforce gaps and rationale for overspend. This can be used to inform, and drive CG/Service workforce plans to find more</p>

	<p>Enhancement of our people data (quality &amp; provision), analytics and intelligence. This will support the development of our workforce both for now and the future.</p> <p>The following Workforce Planning activity is also now underway:</p> <ul style="list-style-type: none"> <li>• Neonatal SWP workshop held on 26 February 2024 with a further workshop to build the plan scheduled for May 2024. This has been postponed due to moves in Children and Families with the next session proposed for October 2024. <b>This has been postponed until the return of the Maternity Services to POWH. A further date to be arranged.</b></li> <li>• Facilitating the development of workforce plans in Regional Ophthalmology and Orthopaedics, the latter aligned to Llantrisant Health Park. This has been postponed and awaiting further updates from the Regional Ophthalmology Group. <b>A dedicated workforce planning support has been appointed to align the workforce requirements and deliverables for LHP.</b></li> <li>• The Health Board is building a framework for local, operational workforce plans that minimise vacancies and optimise the skills of the existing workforce to ensure opportunities to grow our own are maximised.</li> <li>• This strategic lens approach will drive consideration of the shape of the workforce, seamless workforce models that are multi professional and multi-agency and consider the roles that are needed in a technology driven workplace where robotics and AI are commonplace.</li> <li>• The plans under development will consider all the above, alongside workforce trends and horizon scanning, to inform consideration of future models of care and an understanding of the skills and capabilities needed and education required to deliver the future health needs of the CTM population.</li> <li>• Alongside development of our approach to workforce planning we are also developing a framework regarding new roles</li> <li>• Establishment of PA Working Group - <b>Delayed until April 2025.</b></li> </ul>	<p>WLI and bank usage/spend) alongside job planning compliance.</p> <p>Improved data quality and provision of analytics and intelligence to inform current and future trends.</p> <p>To support the development of a workforce plan to support the delivery of the all Wales Perinatal workforce plan.</p> <p>Development of an LHP workforce plan.</p> <p>Due to changing demographics of our patients and workforce, the need for alternative workforce models to address shortages in skills/workforce availability.</p> <p>Providing information around what changes are predicted in the future that could impact on the workforce. This will include changes to work through technology or approaches to work due to generational shifts which need to be considered for future workforce demands and supply.</p> <p>The PA Working Group will provide a CTM approach to employing and supporting Physician Associates in the organisation.</p>	<p>affordable and sustainable workforce options.</p> <p>This will provide a narrative to tell the organisational story and what actions are needed to mitigate risks.</p> <p>Ensure workforce plans are in place to meet the current and future workforce demand.</p> <p>To ensure there is an affordable and sustainable workforce plan to meet the ambitions of LHP and ensure delivery of the plans.</p> <p>Reduce vacancies through improved retention and attraction. Reducing over reliance on temporary workforce where more sustainable options may be available.</p> <p>Consideration of future changes in workforce plans to ensure they remain flexible and agile to meet changing population and workforce needs.</p> <p>Clarity on the use of and approach to Physician Associates in CTM aligned to all Wales Governance and agreed standards. This will also set out the governance and infrastructure for PAs</p>
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	<ul style="list-style-type: none"> <li>The Head of Workforce Planning is representing CTM on the All Wales Registered Nursing Assistant Band 4 post to support the development of a CTM action plan.</li> <li>Workforce planning alignment to the ACSP to promote opportunities to maximise workforce productivity, integrated working, redesign and new role developments.</li> <li>SWP Audit Wales Recommendations Action Plan in place and progress and updated at People &amp; Culture Committee in August 2024.</li> </ul>	<p>To develop an agreed CTM approach to recruitment and practice for RNAs aligned to professional registration and standards.</p> <p>Development of a workforce plan that supports a multi-skilled, flexible workforce to meet current and future needs.</p> <p>Regular reporting at Strategic Development Group on strategic workforce plans providing governance and oversight on the approach.</p>	<p>to ensure maximum benefits from the role within multi-disciplinary teams.</p> <p>Effective use of RNAs to support high quality patient care and appropriate skill mix to support patient care across the nursing workforce and multi-disciplinary team. Reducing workforce gaps in skills/posts and temporary spend where appropriate.</p> <p>Agreed approaches to deliver the workforce required, aligned to professional standards, which is affordable and sustainable.</p> <p>Organisational oversight and commitment to the direction and align of the workforce to deliver the objectives and ambitions of CTM 2030.</p>
<p><b>2. Recruitment &amp; Retention</b></p> <ul style="list-style-type: none"> <li>The Health Board does not currently have a signed off Recruitment &amp; Retention Plan.</li> </ul>	<ul style="list-style-type: none"> <li>A draft retention action plan is in place, aligned to the 10 HEIW nurse retention themes. The plan is being monitored and updated by the Retention lead and discussed within the CTM Retention Steering Group.</li> <li>Retention updates being provided on an ongoing basis via the <b>Operational Delivery Committee</b>.</li> </ul>	<p>CTM delivery against the all Wales Nurse Retention Plan and CTM Retention Plan.</p>	<p>Reduced turnover (increased retention) of workforce to reduce vacancies. Retaining skills and expertise especially in areas where workforce is in short supply or will be in the future.</p>

### Linked National Priority Measures

#### Workforce

- 23. Agency spend as a percentage of the total pay bill
- 27. Percentage sickness rate of staff

#### Current Performance Highlights

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

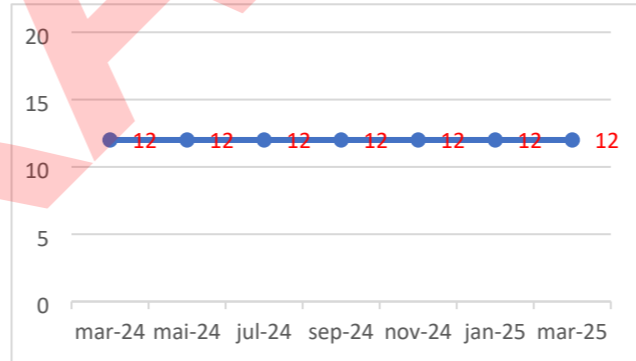
#### Associated Risks escalated to the Organisational Risk Register

5753	Inadequate Special School Nurse Provision. New risk escalated March 2025	20
5658	<del>Lack of Dietetic service provision to Princess of Wales Critical Care.</del> De-escalated from the organisational risk register in March 2025.	16
4973	Clinical Medical Cover within CTM Adult Mental Health Services. New risk escalated March 2025	16
5576	Palliative Medicine Staffing	16
4809	<del>Non-Compliance with Mandatory Violence and Aggression Training</del> De-escalated from the organisational risk register in March 2025.	15

 <b>Strategic Goal: Creating Health</b> <ul style="list-style-type: none"> <li>Reducing health inequalities</li> <li>Equal focus on mental and physical health</li> <li>Supporting our communities</li> <li>Being a healthy organisation</li> </ul>	<b>Risk score</b> <b>12</b>
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Strategic Risk: <b>Community &amp; Partner Engagement - (Risk No.4)</b>		
<b>If</b> the Health Board <b>does</b> not engage effectively with our population to understand their needs, and with partners in local government social care and the third sector, to understand their viewpoints	<b>Then</b> we will fail to prioritise our efforts and resources appropriately, and to achieve a consensus for change in implementing our Population Health Strategy	<b>Resulting in</b> <ul style="list-style-type: none"> <li>Lack of trust between the community and the Health Board.</li> <li>Loss of opportunity to build relationships and create an inclusive environment where people connect, collaborate, and share ideas.</li> <li>Challenge to public decisions relating to future service developments due to limited engagement</li> <li>The inability to affect positive change in terms of improving health inequalities and health outcomes.</li> </ul>

Lead Director	Director of Communications, Engagement & Fundraising.	Assurance committee	Strategic Development Committee
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Consequence	Likelihood	Score	Risk Score Trend this Period:
Initial	4	5	20
<b>Current</b>	<b>4</b>	<b>3</b>	<b>12</b>
Target	4	2	8
Risk Appetite	<b>Cautious</b> (quality and safety; trust and confidence; legal and regulatory)		<b>Risk Score Trajectory</b> 
<b>Rationale for assessment of risk score:</b> <i>Including where risk score remains unchanged and for any changes</i>			This risk remains unchanged, as engagement with communities and partners is ongoing. It is hoped that CTMUHB will be in a place to update on the community engagement work for the Acute Clinical Service Plan in the next iteration of the BAF.
<b>Risk Treatment Assessment</b> <i>i.e. Treat, Tolerate, Transfer etc.</i>			This risk is being actively managed via the communications team and wider engagement. As above, we will need to <b>tolerate</b> the fact that management of the risk will need to be ongoing.

<b>Current Control Measures</b>
<b>Strategies &amp; Plans</b>
<ul style="list-style-type: none"> <li>2030 Strategy - 'Our Health Our Future'</li> </ul>

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

#### **Engagement Forums**

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

#### **Needs Assessment & Consultation Processes**

- Population Needs Assessment (Regional Partnership Board)
- Formal consultation processes for service reconfiguration, e.g. vascular

#### **Organisational Structures**

- Creating Health, Improving Care, Sustaining our Future and Inspiring People Strategic Pillars

#### **Sources of Assurance (Internal and External)**

**Board Development Session** – held on the 14<sup>th</sup> December 2023 in relation to community engagement and the maturity journey for the Health Board in further developing its approach to being an engaging organisation.

Routine discussions with Board undertaken in relation to the engagement strategy for the Acute Clinical Services Plan.

#### **Reports to other committees**

- Community Health Council briefing papers to Quality and Safety Committee

#### **External**

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

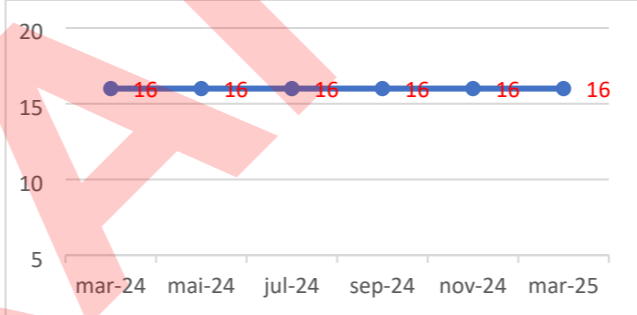
Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
<p>Review the Becoming and Engaging Organisation Strategy</p>	<ul style="list-style-type: none"> <li>Revisit to ensure the principles support the direction of travel, particularly their consistency and alignment with the ACSP engagement strategy,</li> <li>Board Development Session reviewed the strategy on the 14<sup>th</sup> December 2023, outputs of which will now be taken forward.</li> <li>Engaging with the Consultation Institute to develop and embed robust systems and processes within the Health Board for managing consultation. Work has begun with the consultation institute to improve our understanding of our stakeholders and the risks associated with service change. Consultation desk review now complete. This will be removed on the next iteration. The content of the review is informing engagement planning going forward.</li> <li>Development of specification for procurement of consultation partner to support creation of hyperlocal stakeholder mapping to enable improved targeting of engagement activities and resources. Collaboration with Regional Partnership Board on use of stakeholder management system to provide increased rigor and improved data capture.</li> <li>External expertise commissioned from Opinion Research Services (ORS) in October '24, to develop stakeholder mapping. Outputs will provide broader and richer understanding of population characteristics, key influencers, and effective methods of involvement and engagement. Outputs will be delivered in last quarter 24/25. This work has begun, and interviews are scheduled to take place with Independent Members and key senior Health Board staff throughout January 2025.</li> </ul>	<ol style="list-style-type: none"> <li>Alignment across health board strategy and change programmes.</li> <li>Ensure Board awareness and continued relevance of strategy with current strategic and operational ambitions and objectives.</li> <li>A more informed approach to public engagement and consultation activities relating to significant services change, based upon legal precedence and best practice and resulting in reduced risk of judicial review.</li> <li>Identification and commissioning of an external provider with requisite experience and ability to lead development of stakeholder mapping to inform strategic service change.</li> <li>Increased efficiency of public engagement planning and actions through shared data, targeting and delivery. Development of shared objectives and identification of opportunities for collaborative engagement activities.</li> <li>Broader and richer understanding of population characteristics, key influencers, and effective methods of involvement and engagement</li> </ol>	<ol style="list-style-type: none"> <li>Consistency of narrative across strategic resources and change plans.</li> <li>Continued Board support for BHT strategy and for development of involvement, engagement and consultation resources aligned accordingly.</li> <li>Delivery of a best-practice effective engagement and consultation plan to support strategic service change with minimal challenge and mitigating against judicial review.</li> <li>Securing of partner to delivery through procurement process on budget and against expected schedule.</li> <li>Delivery of shared engagement and involvement plans and delivery, realised through partnership working. Greater reach/traction of activities, with higher rates of participation/interaction.</li> <li>Provision of a stakeholder map by ORS to be used for targeted involvement/engagement/consultation</li> </ol>
<b>Linked National Priority Measures</b>			
Nil			
<b>Current Performance Highlights</b>			
<ul style="list-style-type: none"> <li>Survey shared with all CTMUHB staff, to audit effectiveness of internal communications and engagement and opportunities to improve, including implementation of new engagement platforms.</li> <li>CTMUHB chaired Stakeholder Engagement Forum creating productive outputs, developing single plan for engagement priorities for 25/26 with Public Health, People, Welsh language, RPB.</li> <li>Revised approach to CTM2030 Leaders' Network to be implemented in April, to improve focus on enabling community groups to take actions that improve health and wellbeing of communities.</li> </ul>			
<b>Were there any significant incidents affecting this strategic Risk this period:</b>			
None identified.			
<b>Associated Risks escalated to the Organisational Risk Register</b>			
Nil			

 <b>Strategic Goal: Improving Care</b> <ul style="list-style-type: none"> <li>Delivering safe and compassionate care.</li> <li>Developing new models of care.</li> <li>Digital transformation for patients and staff</li> <li>Ensuring timely access to care</li> </ul>	<b>Risk score</b> <span style="font-size: 1.2em; font-weight: bold;">16</span>
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**Strategic Risk: Delivery of a digital and information infrastructure to support organisational transformation – (Risk No.5)**

<p><b>If</b> the Health Board does not accelerate its journey in becoming a digital and data organisation, that demonstrates an embedded culture of working digitally, organisational agility and strategic and functional clarity underpinned by operational sustainability</p>	<p><b>Then</b> We will be unable to design and execute a Health Board wide strategy to transform services that are tailored to meet the needs of our people and our communities.</p>	<p><b>Resulting in</b> Continuing health inequalities and poor population health outcomes, an inability to transform our cost base and our service design, which will result in slow progress towards improving our population's and patients experiences, and continue to constrain our ability to work seamlessly across our region.</p>
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<b>Risk Lead</b>	Director of Digital	<b>Assurance committee</b>	<ul style="list-style-type: none"> <li>Operational Delivery Committee</li> <li>Strategic Development Committee</li> </ul>
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	Consequence	Likelihood	Score															
Initial	4	5	20	<p><b>Risk Score Trend this Period:</b>  <span style="color: red;">No change to the risk score this period.</span></p> <p><b>Risk Score Trajectory</b></p>  <table border="1" style="font-size: 0.8em; margin-top: 5px;"> <caption>Risk Score Trajectory Data</caption> <thead> <tr><th>Date</th><th>Risk Score</th></tr> </thead> <tbody> <tr><td>mar-24</td><td>16</td></tr> <tr><td>mai-24</td><td>16</td></tr> <tr><td>jul-24</td><td>16</td></tr> <tr><td>sep-24</td><td>16</td></tr> <tr><td>nov-24</td><td>16</td></tr> <tr><td>mar-25</td><td>16</td></tr> </tbody> </table>	Date	Risk Score	mar-24	16	mai-24	16	jul-24	16	sep-24	16	nov-24	16	mar-25	16
Date	Risk Score																	
mar-24	16																	
mai-24	16																	
jul-24	16																	
sep-24	16																	
nov-24	16																	
mar-25	16																	
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>															
Target	4	3	12															
Risk Appetite	<p><b>Cautious</b> (quality and safety; trust and confidence; legal and regulatory)</p>																	

<p><b>Rationale for assessment of risk score:</b>  <i>Including where risk score remains unchanged and for any changes</i></p>	<p>Progress continues to be made in improving the:</p> <ul style="list-style-type: none"> <li>Digitisation of the medical record</li> <li>Security and protection of our data and digital assets.</li> <li>Digital infrastructure across some sites</li> <li>Standardisation of digital tools</li> <li>Contract and Project mobilisation for e-prescribing</li> <li>The advancement and availability of our clinical information.</li> <li>The advancement our clinical information</li> <li>Consolidation of the clinical systems in the Bridgend disaggregation</li> <li>Development of a programme of work for patient centred contact</li> <li>The Health Board continues to manage its information and digital debt on a risk-based basis. The Health Board still has vulnerabilities that need to be managed. Since January 2024 3 significant partners of the UHB have been subject to cyber-attacks, and it is widely acknowledged that cyber attempts are now widespread. Increasingly the NHS is being targeted and as a result an attack on NHS Wales is now considered highly likely. Having reviewed the risk around cyber it remains at 20.</li> </ul> <p>This risk score has been reviewed and the assessment is that it remains unchanged from a score of 16 on this review.</p>
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<p><b>Risk Treatment Assessment</b>  <i>i.e. Treat, Tolerate, Transfer etc.</i></p>	<p>It is considered that the Health Board is continuing to 'Treat' this risk as it has a number of actions it is taking forward to mitigate this risk.</p>
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**Current Control Measures**

- Digital & Data Strategy
- Population Health Strategy
- Digital & Data Delivery Programme
- IT Infrastructure Review
- Digital Delivery Board
- Digital Investment Fund
- Information Security, Records Management and Information Governance Policies and Improvement Programmes
- Project Portfolio Board

#### Sources of Assurance (Internal and External)

##### Reports to Digital and Data Committee

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

##### Reports to other committees

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

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Closing the gap in Digital Helplessness	Investment required in training resources to embrace and use existing technology, digital tools and basic troubleshooting. Publicise and expand the use of digital material already available. Included within the IMTP Proposal – funding to be determined. Through various programmes we are investing in a business change capability Timeframe: 2-3-year programme of work	Raising digital literacy across the Health Board and community Implementing industry standard approach to Business Change aligning with Workforce	Less calls to the IT Service desk Easier to deploy new digital solutions
2. Training and Awareness Programme	Resources required to prioritise the development of a training and awareness programme. Included within the IMTP and identified as a requirement within the functional proposal for Digital & Data Timeframe: 2-3-year programme of work.	Developing capabilities to support service change enabled by digital and data technology.	We are building our wider Digital training capability and skills facilitate training Increase confidence and capability of all of our staff in the use of digital and data technology for all of the workforce
3. Maintaining a healthy cyber posture	Delivery of the cyber improvement plan (business sensitive) Timeframe: This action will not have a specific timeframe as will be a continuing activity without an endpoint.	Reduce risks for critical assets	Reduction in risk exposure scores across key management platforms
4. Tested and integrated cyber incident management plan	Continued testing of our cyber incident plan with periodic table-top exercises. The Digital SMT and Health Board emergency planning lead undertook a table-top exercise on 26 <sup>th</sup>	Improved response to cyber threat	Awareness and improvement to the cyber improvement

	<p>July using the facilities in the University of South Wales. We are working in conjunction with the Health Board emergency planning lead to ensure greater understanding of risk to service delivery (from a service perspective) and with external service providers most notably Swansea Bay University Health Board and Digital Healthcare Wales and the private sector.</p> <p>Timeframe: This action will not have a specific timeframe as this activity will be subject to undergoing periodic testing and iteration of the management plan.</p>		
5. Develop a baseline Asset Register and product catalogue.	<p>Development and maintenance of our asset register and product catalogue as part of NIS-D and data protection improvement plans. Cyber Resilience Unit's Assessment of our organisation's maturity has taken place, and we are awaiting the final report.</p> <p><b>We have invested in new tooling that will enable us to discover all connected assets to help build and maintain an asset register</b></p>	<p><b>Greater insight into digital assets</b> <b>Greater understanding of risk profile</b></p>	<b>Improved cyber posture</b>
6. Poor adherence to policies	<p>Recognised requirement for policies to balance enablement with protection. National discussions ongoing as to whether national policies should be 80:20 based, so that local circumstance can be incorporated within policies, improving adherence. This needs to be undertaken alongside increased training and awareness of policies as part of the OCP process.</p> <p>Timeframe: It is anticipated that this activity will take 24 months to complete recognising the need to ensure it is managed through the new Care Group Structure.</p>	<b>Standardisation of working practises and processes.</b>	<b>Reduction in variation in working practises and processes across CTMUHB</b>
7. Insufficient capital and revenue resource allocation and the capacity of the skilled workforce – exacerbated by the short-term nature of funding and seldom meets post implementation requirements.	<p>Prioritise existing resources and available funding to meet the highest risk areas. We have allocated additional revenue resources this year and a recruitment plan is forming</p> <p>Timeframe: No timeframe set as this action is dependent on external parties. There remains a gap in the required Capital and Revenue to meet several core system deliveries and wider improvement opportunities, which is a continuing National challenge that organisations are facing.</p>	<b>Sufficiently sized Digital and Data function able to meet the needs of the UHB whilst enabling Digital Transformation.</b>	<p><b>Improved project and programme delivery timeframes.</b></p> <p><b>Improved user experience with BAU digital services.</b></p> <p><b>Reduction in number of digital incidents and problems.</b></p> <p><b>Faster rollout of equipment purchased via capital.</b></p>
8. Integration of information systems for services in the Bridgend area transferred from Swansea Bay University Health Board	<p>Programme agreed with WG, DHCW and Swansea Bay University Health Board and year 1 delivery exceeded milestones. Year 2 ongoing however constraints exist most</p>	<b>Better data flow and reporting across whole health board</b>	<b>Single PAS – WPAS merger completed</b>

	<p>notably with regards to availability of capital funding. May 16th, 2025 has been identified as the agreed merger weekend for WPAS. Timeframe: 2-3-year programme of work</p>		
<p>9. Lack of an open architecture</p>	<p>As part of the review of our EPR strategy, we are working with WG, Health Board partners and national services to develop existing commitments for delivery of an open architecture for NHS Wales and exploring alternatives for addressing gaps in functionality. Consideration of CTMUHB's requirements for clinical and administration management to be undertaken and incorporated into the architectural design and EPR strategy.</p> <p>Ongoing development of CTMUHB's own clinical data repository to nationally agreed technical and data standards. Increasing representation for National Data Resource programme to accelerate benefits realisation.</p> <p>Timeframe: It is not possible to set a specific timeframe as this is dependent upon National Strategic Direction.</p>	<p>Improved system integration. Improved data integration. Flexibility in system replacement.</p>	<p>Improved data driven decision making. Reduction of costs for systems. Reduction of vendor lock-in.</p>
<p>10. Widespread non-adherence to data standards</p>	<p>New clinical applications are now required to meet data and technical standards. A clinical safety assurance process has been described and tested, to support an options appraisal. Education and Training required for staff to develop their data literacy. Seeking further assurances from DHCW for roadmap that will see their products come into compliance with standards.</p> <p>Improvement and greater multi-disciplinary management of the changes to service models, counting practices and consequent impact on measures which carry significant effect on both the efficiency and reputation of the Health Board (e.g. mortality rates and quality measures, income, bed capacity planning) is required. Timeframe: It is not possible to set a specific timeframe as this is dependent upon National Strategic Direction.</p>	<p>Improvement and greater multi-disciplinary management of the changes to service models, counting practices and consequent impact on measures which carry significant effect on both the efficiency and reputation of the Health Board (e.g. mortality rates and quality measures, income, bed capacity planning).</p>	<p>Greater confidence and assurance in our services, ability to benchmark and improve services.</p>

<p>11.Critical supplier(s) unable to respond to the UHB's requirements and ministerial priorities within defined timescales</p>	<p>Need to develop a more robust SLA and contract monitoring and management process for critical suppliers. Timeframes – 1 Year. The Health Board is in a planned programme of work with the relevant critical suppliers to ensure delivery against key objectives in year 1)</p>	<p>Improved working relationships with critical suppliers Improvement in timescales for delivery of functionality</p>	<p>Improved system availability Increased productivity</p>
<p>12.Capacity within current team to deliver digital transformation agenda</p>	<p>Work with other NHS Wales partners, industry, academia and third sector organisations to improve our current digital competencies across the Health Board and our communities. Adoption of self service for basic Business Intelligence</p> <p>Recruitment to vacant posts. Resources required for CTMUHB to have the skills and expertise to use data and digital tools effectively- capacity and capability gaps exists when compared to other HBs and DHCW</p> <p>Timeframe: Timeframe: Q2 24/25 – The majority of the recruitment for the ePMA project is now complete. The project has now started, and the recruitment has enabled us to bring in a wide range of skills which will enable to develop the digital transformation agenda.</p>	<p>Increased capacity facilitated through various Digital programme</p>	<p>Working with ChangeHub to broaden understanding of transformation that is enabled via Digital.</p> <p>Successful delivered transformation through the implementation of digital solutions.</p>
<p>13.Delayed delivery of the digital patient notes programme</p>	<p>Resourcing required to increase activity and accelerate completion of the programme</p> <p>Timeframe: 2-3-year programme of work.</p>	<p>Large volumes of paper are still required to be stored. Historical records are not being scanned and there for will still require accessible storage areas</p>	<p>Remains a key element for our digital journey / alongside reduction and removal of paper from day to day clinical use</p>
<p>14.No resourced function within CTMUHB focussing on benefits realisation</p>	<p>There are no dedicated benefits realisation resource however the function is part of the wider Digital Transformation team as part of business analysis and business change roles.</p>	<p>Invest in enhancing benefits realisation capability within the Digital function – working with ChangeHub to ensure standardised approach across the wider Health Board</p>	<p>Improved ability to articulate, track, monitor and realise benefits of digital transformation programme</p>
<p>15.Limited progress to reduce/remove paper processes and move to a fully integrated digital patient record</p>	<p>Scoping of a business case to implement an integrated health record complemented by a digitally enabled patient centred contact programme is now the focus for the Digital and Data team. The July 2024 Board approved the recommendation to proceed with the preparation of relevant documentation to procure a strategic partner to support and deliver a modular electronic patient record. National data resource programme has delivered University Health Board's clinical data resource, which supports capture and transfer of clinical information in line with</p>	<p>Reduction paper-based processes – undertaking process re-engineering replacing process with automated clinical workflow. Reusable digital data to enhance decision making</p>	<p>Improved productivity Reduction in errors associated with paper-based records and processes</p>

	<p>common language, terminologies and standards.</p> <p>Proposal being made to the Digital Services for Patients &amp; the Public which will enable the use of the NHS Wales patient portal and secure, authenticated digital communications between patients and clinicians in line with technical, information and clinical safety standards.</p> <p>Timeframe: 2-3-year programme of work.</p>		
16. Recruitment challenges due to short term funding allocations leading to an increased use of 3 <sup>rd</sup> party contractors and fixed term contract arrangements.	<p>Work completed to understand substantive baseline. Need to prioritise recruitment of new roles aligned to Health Board Integrated Medium-Term Plan (IMTP).</p> <p>Timeframe: Additional resources are being added to the team this year however recurrent funding is still a challenge for some of the National Programmes.</p>	Adequate resourcing pool within Digital and Data	Reduction in contingent staff costs
17. CTMUHB lack the Digital and Data assets and capabilities to enable the move of clinical services to the community and closer to home, which underpin ACSP.	<p>Business case for the Mental Health EHR has been approved and funded.</p> <p>Options appraisals need to be undertaken for digitising the community services, running virtual care service, seamless integration of data and enabling more seamless care.</p>	Transformational shift to integrated health and care services between the UHB and the and enhanced community care capacity across the system.	<p>Reduction in ambulance transfer</p> <p>Reduction in length of stay</p> <p>Admission avoidance</p> <p>Improved patient experience and flow</p>

#### Linked National Priority Measures

##### Digital and Technology

National Clinical Framework (WHC 2021/03) Welsh Government, March 2021),  
Quality and Safety Framework: Learning and Improving (WHC 2021/022 September 2021)  
Value Based Health and Care  
Coding standards

#### Current Performance Highlights

##### Clinical Systems:

Work continues with 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. There has been a Merger of 63 clinical systems within Bridgend to date. 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. Good working relationships and collaboration has also been demonstrated between DHCW and National teams on LIMS and RISP.

##### Cyber:

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**. This has included the recent procurement of cyber tooling that will provide a better understanding of our digital assets (Armis) and improve our ability to manage security patching (ManageEngine).

##### Digital Transformation:

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

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. CTM are working collaboratively with BCU Health board and Powys NHS Trust on procuring a digital solution. Furthermore, the Health Board will also implement a solution to support our **Maternity** Services in alignment with key priorities set by Welsh Government, activity has begun on procuring a digital maternity system. Work has also commenced for the replacement of the outpatients patient self-check in to a superior product.

#### Digital Delivery

Wi-Fi Surveys of our three main DGHs have been completed, giving us a better understanding of our Wi-Fi service.

An additional £4.03m has been received from WG via the All Wales Capital Programme. This has enabled us to purchase a range of digital hardware including laptops, desktops, servers, networking equipment. The introduction of a new leadership role for **Datacentres and Cloud** to support our transition to Cloud and development of our wider Health Board infrastructure.

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

Critical incidents under NIS-D:						
Strategic risk assessment	Holding information securely and confidentially	Effective governance, leadership and accountability	Obtaining information fairly and efficiently	Recording information accurately and reliably	Using information effectively and ethically	Sharing information appropriately and lawfully
Impact	5	4	4	3	3	3
Likelihood	4	2	2	4	4	5
<b>Risk</b>	<b>20</b>	<b>8</b>	<b>8</b>	<b>12</b>	<b>12</b>	<b>15</b>

#### Associated Risks escalated to the Organisational Risk Register

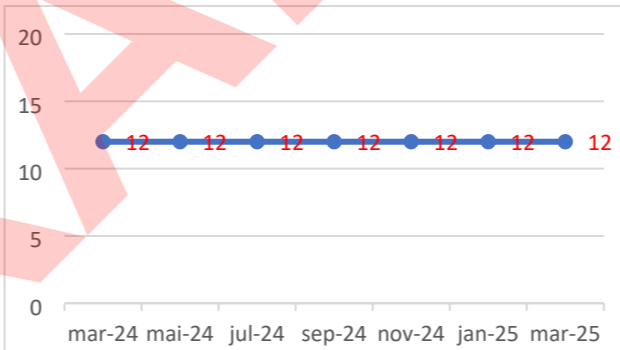
5276	Failure to deliver replacement Laboratory Information Management System, LIMS Programme, by summer 2025.	<b>20</b>
4664	Ransomware attack resulting in loss of critical services and possible extortion	<b>20</b>
6102	Patient pathways - working in two WPAS instances – Escalated to the Organisational Risk Register March 2025.	<b>20</b>
5226	Risk of damage to records and equipment due to leaking roof in the Williamstown Records Hub. Escalated to the Organisational Risk Register March 2025.	<b>20</b>
6053	Failure to secure an alternative Clinical System for GP practices on Vision. Escalated to the Organisational Risk Register March 2025.	<b>20</b>
4337	Integrated Patient Records across the Health Board	<b>16</b>
4671	NHS Computer Network Infrastructure unable to meet demand	<b>16</b>
2795	EUC: Unsupported Windows 10 Desktop Operating Systems. New risk escalated March 2025 due to increase in risk score.	<b>16</b>
6039	Increased cost of VMWare Licensing, New risk escalated March 2025.	<b>16</b>
5669	Increased cost of Citrix Subscription. This risk has been re-escalated to the Organisational Risk Register as the risk score increased from a 12 to a 16.	<b>16</b>
3337	Use of Welsh Community Care Information System (WCCIS) in Mental Health Services	<b>15</b>
4672	Absence of coded structured data & inability to improve our delivery of the national clinical coding targets and standards	<b>15</b>

 <b>Strategic Goal: Inspiring People</b> <ul style="list-style-type: none"> <li>• Viable and inspiring leadership.</li> <li>• Promoting diversity and inclusion.</li> <li>• Embedding our values and behaviours.</li> <li>• Encouraging local employment</li> </ul>	<b>Risk score</b> <b>12</b>
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**Strategic Risk: Culture, Values and Behaviours – (Risk No.7)**

<b>If</b> the Health Board fails to put the values of the organisation into practice	<b>Then</b> we will not have a culture that embraces inclusion, openness, innovation and teamwork	<b>Resulting in</b> poor experience for staff and patients alike, diminishing the trust and confidence of our population
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<b>Risk Lead</b>	Executive Director for People	<b>Assurance committee</b>	Strategic Development Committee
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	Consequence	Likelihood	Score	
Initial	4	5	20	<b>Risk Score Trend this Period:</b> No change to risk score.  <b>Risk Score Trajectory</b> 
<b>Current</b>	<b>4</b>	<b>3</b>	<b>12</b>	
Target	4	2	8	
Risk Appetite	<b>Cautious</b> (quality and safety; trust and confidence; legal and regulatory)			

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

The score remains unchanged although progress continues to be made as the Health Board’s work on Culture, including values and behaviours becomes more defined with a focus on how we are working to address inequalities within CTMUHB. Changes in People Leadership function has paused broader work in this area, post holders in place from December 2024, with strategic engagement on this risk planned.

**Risk Treatment Assessment**  
*i.e. Treat, Tolerate, Transfer etc.*

This risk will be treated and managed through the expansion of programmes of work that supports culture change – this is following a Culture Current State Analysis which was undertaken during the Summer 23 and a framework for a draft Culture Plan developed. Strategic Equality Plan (SEP) consultation now closed and action plan has been signed off by the Board in March 2024 and subsequently published. The SEP underpins the health board’s strategic goals and aims to create an inclusive environment that welcomes diversity and helps to build a workforce that better represents our communities.

**Current Control Measures**

**Policies and Frameworks**

- Workforce Policies, e.g. Respect and Resolution, Standards of Behaviour.
- Values and Behaviours Framework – co-produced with staff.
- Emerging Culture Plan, developed in 2023/24, assessment of work to date planned with forward strategy development, for example People Plan development, Inspiring People Board activity.

- Equality, Diversity and Inclusion Working Group chaired by Linda Prosser (Exec Director for Strategy and Transformation)
- Restorative Just and Learning Working Group, Chaired by Lauren Edwards (Exec Director of Therapies).
- Strategic Equality Plan including alignment to Welsh Language Plan
- Raising Concerns Procedure.
- All-Wales work to promote speaking up safely, led by the Director of Corporate Governance / Board Secretary. Speaking up Safely program aligned with Restorative, Just and Learning WG – June 2024.

**Communication and Engagement re: values & culture**

- Stakeholder Analysis was undertaken in Autumn 23 to support emerging culture
- Soft launch of Restorative, Just and Learning principles with Speak Up Safely Launch in October 2023 undertaken.
- Developed Inclusion Communication Plan with monthly topic focus, which is currently being rolled out.

**Putting Values into Practice**

- Values Based Recruitment has been picked up by the Attraction and Resourcing Lead.
- Suite of values-based resources and activities for managers and staff on SharePoint – further review of behaviours to ensure alignment to emerging culture work
- Review of behaviours undertaken to ensure alignment to emerging culture work; this will link to the leadership competency model. Newly adapted behaviour statements to be socialised with wider stakeholders for feedback.
- Delivered x7 Cultural competency workshops over 5 areas: Executive Team, Strategy & Transformation, People Directorate, Mental Health & Learning Disability, ICTM
- Deliver Cultural Competency Workshops to 3 further areas identified – (Legal & Complaints; Patient Safety; Patient Experience) and an additional 3 areas (yet to be confirmed in discussion with Heads of People and Care Groups) –completed by March '24
- Dedicated support allocated for the completion of the Cultural Competency workbooks for all 11 areas by Dec '24. Seeking Silver accreditation from Diverse Cymru in 2025.
- Developing internal Cultural Competency programme by Q1 24/25and deliver internal programme from Q2 24/25.
- Delivery commenced on the Educational offer to support emerging culture work responding to WG NHS Anti-Racist Wales Action Plan; LGBTQ+ Action Plan, Gender Equality & Disability Action Plans.
- Developed framework to support Staff Networks and attended key events to support under-represented groups to raise awareness and deliver education. Developed Joint Chair Network; and supporting infrastructure of network
- Developed workshop on Inclusive Thinking and Practice as a Leader to be delivered-as well as an Introduction to Restorative, Just & Learning Principles.
- Developed and delivered pre-employment workshops for our minority ethnic community; engaging with community partners to support with recruitment and entry into the Health Board in collaboration with L&D.
- Completion of the Affina OD training programme providing team effectiveness, diagnostics through newly qualified cohort of 8 practitioners. Separate Affina qualification for 12 further practitioners due to be completed by Sept 2024
- Deployment of diagnostic tool underway.

**Sources of Assurance (Internal and External)**

- National Staff Survey was conducted in autumn 2023 with results published in spring 2024. **26.7% response rate to NHS Wales 2024 Staff Survey with results expected Q4 2025**Annual Wellbeing Survey (Follow Up survey timing to be confirmed).
- Values and Behaviours Update.
- Equality Annual Report.
- Gender Pay Gap Report.
- Workforce Race Equality Standards.
- Strategic Equality Plan.
- Welsh Language Standards Annual Report
- Living Wage Accreditation awarded in February 2023.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Themes from culture current analysis shows further work in role-modelling and embedding values and behaviours is required	Developed a Values & Behaviours work plan that looks at: review of current behaviours framework; update current resources and tools; update current education and support offer; looking at impact and sharing good practice; linking and aligning to emerging Culture Plan	Ensuring that everyone, from leadership to individual contributors, understands and embraces our core values. Building trust between leadership and staff through modelling values consistently	Increased understanding of our values (measured through employee surveys and feedback). Observable behaviour that reflects these values in day-to-day interactions. Levels of employee engagement.

	Staff briefing planned for March 2025 to re-socialise our values in response to heightened climate against inclusion work. Bespoke staff and team development sessions available to explore shared commitments.		
2. Empowering staff to feed back on, or challenge behaviour which is inconsistent with the organisation's values	<ul style="list-style-type: none"> <li>Further work ongoing in collaboration with Staff Network Groups.</li> <li>Speak up Safely Campaign launched in Oct 2023 and further alignment to the Restorative Just and Learning Approach.</li> <li>Restorative; Just &amp; learning approach launch (soft) in Oct 2023.</li> <li>Targeted work on Staff survey for 2023 to support developing a baseline for Culture Plan. High level priorities identified with associated action plans in development.</li> <li>Dedicated education and leadership offering around managing behaviours and conflict; restorative conversations and providing feedback through the emerging Culture programme.</li> </ul>	<p>Fostering a positive culture, to improve communication, manage behaviours and conflict effectively, and support learning and restorative practices. These initiatives focus on creating a safe, supportive environment where employees feel empowered, heard, and valued.</p> <p>Promote an environment where employees feel safe and confident to speak up about concerns, issues, or suggestions without fear of retaliation.</p>	<p>Increased participation and engagement. Initially increased BHD cases then reduced. Increased number of employees reporting concerns or providing feedback through the "Speak Up Safely" platform Work In Confidence.</p> <p>Reduction in instances of conflict or unresolved issues, indicating proactive problem-solving</p>
1. Cultural Health Check diagnostic tool now been superseded by the Affina OD diagnostic model	<ul style="list-style-type: none"> <li>National Staff Survey complete and results made available from March 2024 staff engagement sessions available for booking to explore organisation results and develop our People Plan 2025-2030</li> </ul>	Establish a clear baseline of the organisation's current culture, identifying strengths and areas for improvement	<p>High participation rates in the staff survey, indicating employee engagement and trust in the process.</p> <p>Clear, actionable insights from the survey data that inform the development of the Culture Plan.</p> <p>Development of specific action plans that address the identified high-level priorities.</p>

### Linked National Priority Measures

#### Culture, Values and Behaviours

- 24. Overall staff engagement score
- 28. Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)

### Current Performance Highlights

- RJL and SUS: Exploration and engagement with programme leads and members in late 2024 surmised that both the Restorative, Just and Learning (RJL) and Speaking Up Safely (SUS) programmes had slowed or stalled in recent months, but acknowledged that, whilst not published or released as yet, there has been significant work undertaken to develop products in support of both. Having explored programme structures, plans and outputs, a workshop was held in late January 2025 to which all members of both working groups were invited. The workshop was attended by around 20 colleagues, each sharing their views on what, across each programme, should: Start, Stop, Continue & Change. All comments reviewed and four key themes emerged: 1. Vision and positioning, 2. Comms and Engagement, 3. Programme and Activity, 4. Deployment.
- Team Development: Further bespoke team development sessions held across CTM with the OD team working to explore team challenges, foster better working relationships and meaningful work contributions.
- Our People Plan & Staff Survey Results: Work underway to develop our People Plan 2025-30 with a focus on roadshows during March and April 2025 which are available for staff to book onto. The roadshow will explore our NHS Staff Survey results and how we create and lead an environment in which everyone can thrive, ensure we have the right people, with the right skills, in the right place both now and our future and Attract, grow and retain great people – a CTM people want to work in.
- Annual Equality Report: Publishing an Annual Equality Report (AER) is crucial not only to meet statutory obligations but also from an ethical standpoint. It demonstrates our commitment to transparency and accountability, ensuring that organisations like Cwm Taf Morgannwg University Health Board (CTM UHB) are actively working towards eliminating discrimination and promoting equality. CTM's AER has been developed for 2023/24 with performance highlights in this period.

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

None identified for inclusion in the BAF.

**Associated Risks escalated to the Organisational Risk Register**

Nil

DRAFT



**Strategic Goals: Sustaining our Future**

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

Risk score  
**16**

**Strategic Risk: Fulfilling our Environmental and Social Duties and ambitions (Risk No.8)**

**If** the Health Board's decisions fail to reflect our values or consider the long-term environmental or social impact **Then** we will not fulfil our Socio-economic duty, our Wellbeing of Future Generations objectives and our value-based healthcare principles **Resulting in** negative environmental and social impacts, and loss of trust and confidence among stakeholders

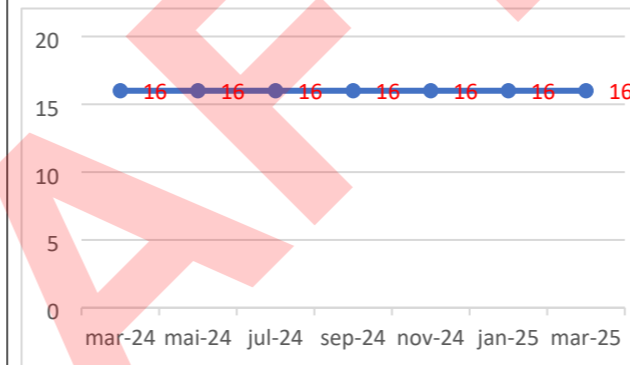
Risk Lead: Executive Director of Strategy and Transformation | Assurance committee | Strategic Development Committee

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

**Risk Score Trend this Period:**

No change to risk score this period.

**Risk Score Trajectory**



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

It is anticipated that the risk score may remain quite stagnant as the pace of improvement is constrained by workforce and financial capacity constraints, which limits the available investment into the environmental infrastructure.

**Risk Treatment Assessment**  
i.e. Treat, Tolerate, Transfer etc.

It is recognised that there is an element of tolerating this risk in terms of the pace in being able to mitigate it. There are, however, ongoing risk treatment activity outlined in the mitigating actions section particularly around the Climate Adaption Plan.

**Current Control Measures**

**Wellbeing and Socio-economic duties**

- Integrated Medium Term Planning Process aligned to the seven Welsh wellbeing goals and five ways of working.
- 'CTM 2030' delivery focusses on community developments, employment and local procurement where possible.
- CTM becoming established as an Anchor Organisation.

**Environmental Sustainability – Net Zero**

- Decarbonisation Strategy
- Established a CTM Environmental Sustainability Group as part of transformation agenda.
- 'CTM 2030' seeks to ensure that services take account of the impact on the environment
- All-Wales approach to sustainable procurement
- Green CTM Staff Forum

- Fleet emissions reduction programme and trial of electric vehicles
- Tree planting initiatives
- Waste management – elimination of landfill for foodstuffs
- Use of less environmentally impactful anaesthetic gases
- Sustainable Health Care delivered a workshop to Board Members in March 2023.
- Decarbonisation Action Plan in place.
- Appointed a full-time permanent Sustainability Manager

### Sources of Assurance (Internal and External)

#### Wellbeing and socio-economic duties

- Wellbeing Statement accompanying Annual Plan
- Progress reports against the Annual Plan
- Case studies of projects contributing to wellbeing and equality, e.g. Connected Communities, Healthy Schools, Social Prescribing, Sustainable Procurement

#### Environmental Sustainability – Net Zero

- Environmental Sustainability Annual Report
- ISO 14001 (Certified Environmental Management System) accreditation

Commenced reporting to Board / committees regarding Net Zero.

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

#### Independent Assurance

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

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Climate Adaptation Plan (moving away from mitigation). Plan to be produced in line with national deadline of April 2026.	Climate/Environmental Adaptation Plan proposal went to Executive Leadership Group in July 2023 who accepted recommendations that the Health Board develop a Climate/Environmental Adaption Plan. Environmental Sustainability Group established a sub group to undertake this work and this has now commenced. This work aligns with PSB Climate Change Risk Assessment in the region	The intended impact of this mitigation is to better enable the future sustainability of the services provided by CTMUHB in response to the current and expected impacts of climate change.	Long term success indicators due to the nature of the risk.
2. Dedicated resource to manage and deliver Net Zero programme across the whole Health Board. Completed – Resource now in place.	Ensure resourcing to manage Net Zero work programme across the Health Board, taking into account potential savings in energy costs. The delivery of the Health Board's decarbonisation plan 2030 is dependent on capital. Timeframe: Ongoing subject to capital availability. The Health Board recognises that that there is a risk that the pace of change may slow in light of the current financial environment and challenges faced. Team restructure. Propose to delete this completely given that this is no longer a gap	This action has been completed as Sustainability Manager now in post.	
3. Procurement framework to reduce carbon footprint of goods and services purchased from outside the organisation.	Procurement team part of Environmental Sustainability Group and wider decarbonisation networks. Ongoing. Pace of progress likely to be slowed as financial considerations become more dominant.	Procurement processes always consider the carbon impact as part of the decision-making process.	Reduction in carbon footprint associated with procurement processes over the medium to long term.

4. Mapping against 'More Equal Wales' guidance for Socio-economic Duty which came into effect in April 2021.	To include as discussion point as part of Building Healthier Communities work moving forward, including public health involvement. Ongoing.	Tackling inequality is a focus of decision making.	Long term success indicators due to the nature of the risk.
5. Global energy crisis will impact on service delivery for our communities and staff; this is being closely monitored, as it will impact upon health and wellbeing.	CTMUHB Financial Care Wellbeing Pathway launched to support the workforce recognising the impact of the cost of living increase impacting our workforce and population. Working alongside community partners to access identify and access opportunities for community support. Ongoing.	Impact of cost of living rises are reduced where possible.	Long term success indicators due to the nature of the risk.
6. Access to capital opportunities needed to deliver decarbonisation plan is limited	Decarb action plan currently being costed. Access to alternative funding streams utilised when appropriate	Capital works set out within the decarbonisation action plan are completed when funding is secured.	Long term success indicators due to the nature of the risk.

### Linked National Priority Measures

#### Economy and Environment

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

#### Wellbeing of Future Generations Act

### Current Performance Highlights

Quarter 2 reporting completed and submitted October 2024. 4 Next submission due April 2025

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

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

### Associated Risks escalated to the Organisational Risk Register

5374	Fulfilling our environmental and social duties. New risk escalated March 2023.	16
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<b>Strategic Goal: Creating Health</b> <ul style="list-style-type: none"> <li>Reducing health inequalities</li> <li>Equal focus on mental and physical health</li> <li>Supporting our communities</li> <li>Being a healthy organisation</li> </ul>	<b>Risk score</b> <b>20</b>
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Strategic Risk: There will be a decrease in Healthy Life Expectancy (HLE) and an increase in the gap between the most and least deprived and an unsustainable health service. **(Risk No.9)**

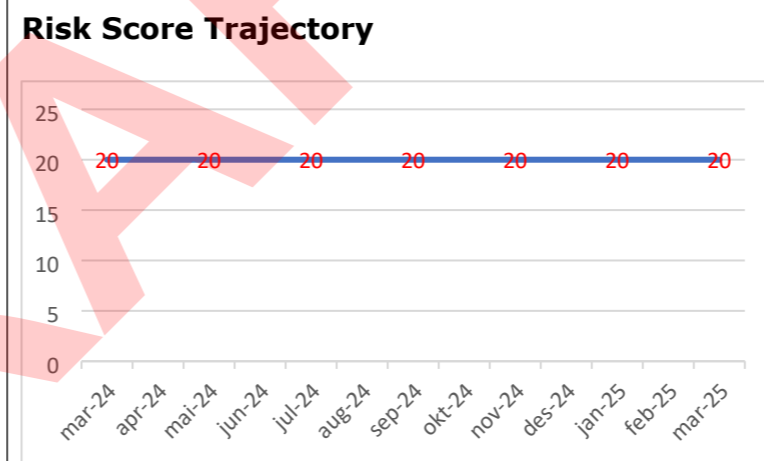
<b>If</b> the Health Board does not effectively shift its services to prevention and early intervention and engage the population to improve their health	<b>Then</b> we will fail to improve healthy life expectancy and reduce inequalities in healthy life expectancy	<b>Resulting in</b> poorer health outcomes, greater inequalities and an unsustainable health service.
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Risk Lead	Executive Director of Public Health	Assurance committee	Strategic Development Committee
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	Consequence	Likelihood	Score
Initial	5	4	20
<b>Current</b>	<b>5</b>	<b>4</b>	<b>20</b>
Target	4*	2	8

Risk Appetite  
**Cautious** (quality and safety; trust and confidence; legal and regulatory)

**Risk Score Trend this Period:**  
**No change to risk score this period.**  
 \*The consequence score has reduced for the target score assessment, as there will be an element of both mitigation and adaptation. The Health Board aims to reduce the behaviour and health risks (primary, secondary, tertiary prevention), however, the organisation will still need to adapt as appropriate.



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

Whilst not inevitable, the current trajectory indicates increasing health risks reduced healthy life expectancy and widening inequalities. Capacity to support a prevention and population health approach continues to be a challenge linked to short term funding and competing priorities for existing resources across the health board.

**Risk Treatment Assessment**  
 i.e. Treat, Tolerate, Transfer etc.

This risk will be treated and managed through programmes of primary, secondary and tertiary prevention across the health board, as well as in partnership with system partners to influence the wider determinants of health.

**Current Control Measures**

- Strategies & Plans
- Welsh Government strategies/ plans: "Healthier Wales", "Healthy Weight Healthy Wales", "Smoke Free Wales".
  - CTM 2030 Strategy – 'Our Health Our Future'
  - Work programme set out in 'Becoming a Population Health Organisation: a discussion and options paper for Board', May 2021, updated November 2022.
  - Public Service Board – Well Being Plans.
  - Creating Health delivery plan approved.

- CTM Health Protection Strategy drafted and approved.
- Development of Acute Clinical Service Plan (ACSP).

#### Engagement Forums

- CTM Creating Health Portfolio Board
- Regional Partnership Board
- Public Service Board
- Area Partnership Board
- CTM2030 Leaders Groups
- Strategy Groups: Born Well, Growing Well, Living Well, Ageing Well and Dying Well
- Engagement with community groups by Lead Independent Members
- meetings with the three local authorities
- Accelerated Cluster Development Programme Board – engagement across Primary Care
- Health and Social Care Integration Board
- Forum with local authority Chief Executives to address health inequalities.
- CTM Health Protection Board
- Welsh Government Health protection Operational and Resilience Group

#### Needs Assessment & Consultation Processes

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

#### Organisational Structures

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

#### Services:

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

### Sources of Assurance (Internal and External)

#### Wellbeing and socio-economic duties

- Wellbeing Statement accompanying Annual Plan
- Progress reports against the Annual Plan

#### Reports to Board

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

#### Reports to Population Health & Partnerships Committee

- Population Health Management Programme
- Health Protection Programme
- Vaccination Programme Reports

- Regional Partnership Board Annual Report
- Transformation Fund and Leadership Board Updates
- Mental Health Strategic Update
- ACSP updates provided to the Committee.

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Delay in developing health protection / immunisation capacity	<p>Recurrent funding for 24/25 onwards now secured. <b>Increase in allocation of £1.06ms, however, total allocation remains below the Welsh "Fair Shares value".</b> All Hazards Health Protection plan signed off for implementation. Development of a HP strategy and associated priorities. Scoping exercise to follow to identify any continuing gaps in HP provision against the budget allocated for 2025-2026.</p>	<p>The funding for Health Protection would be sufficient to deliver all key priorities in the Health Protection strategic plan.</p>	<p>Priority areas allocated identified and fully funded</p> <p>Any residual gaps in funding the strategic plan identified</p> <p>An uplift in funding to a sufficient level to enable full delivery of the Health Protection strategic plan.</p>
2. Strategic Focus on prevention/ inequalities	<p>CTM2030 strategy; Creating Health Portfolio board Creating Health Delivery Plan drafted in Q4 2023/24. Health Protection Strategy. <b>Vaccine equity strategy</b></p>	<p>Decreased variation in access and outcomes across the population of CTM.</p> <p>Increased prevention activities will avoid harm and reduce the financial burden of chronic disease.</p>	<p>Delivery of the outcomes associated with the Health Protection strategic plan</p> <p>Delivery of the milestones in the Creating Health Delivery Plan</p> <p>Measurable improvement in the difference in outcomes between least and most deprived as measured in the creating health dashboard</p> <p>Measurable increase in investment in prevention activities/programmes across the Health Board.</p>
3. Capacity for population health management	<p>Population health management programme maturing alongside primary care clusters; implementation within health board Review of resource options underway, consideration for external short-term capacity Work underway to consolidate a shared clinical record.</p>	<p>The use of Population Health Management (PHM) data to inform strategic planning and operational delivery maximised.</p>	<p>PHM priorities defined as part of the Local Public Health Team portfolio.</p> <p>A clearly defined strategic plan for the delivery of PHM in CTM.</p> <p>A robustly resourced PHM function in CTM.</p>
4. Impactful action to address health inequalities	<ul style="list-style-type: none"> <li>• Whole system approach to Healthy weight</li> <li>• Help me quit/ hospital programme</li> <li>• WISE</li> <li>• Cancer inequalities group</li> <li>• Implementation of Stroke equity Audit recommendations.</li> <li>• HP intervention plan for vulnerable groups to be developed once HP posts recruited e.g. Prison health, vulnerable communities' events</li> <li>• Vaccination equity strategic plan in place</li> </ul>	<p>Decreased variation in access and outcomes across the population of CTM</p> <p>Increased focus and alignment of resources to meet the needs of vulnerable groups</p>	<p>Measurable improvements in outcomes for vulnerable groups.</p> <p>Less variation in access and outcomes across the CTM population.</p> <p>Improvement in outcomes associated with the Vaccine Equity Plan. Delivery of outcomes associated with vulnerable groups highlighted in the HP Strategic plan.</p>

			Measurable improvement in the difference in outcomes between least and most deprived as measured in the creating health dashboard.
5. Coherent prevention (1,2,3) for high burden diseases	Partnership work underway with PHW to address diabetes, with links to CVD, MSK etc.	<p>Consistency and alignment with national programmes of work focussed on prevention and the burden of chronic disease.</p> <p>Clearly defined primary, secondary and tertiary CTM prevention programmes where appropriate.</p>	<p>CTM representation at all relevant partnership boards and programmes of work.</p> <p>Chronic Disease Risk Reduction as a programme of work in the Local Public Health Team portfolio</p> <p>Improvement in outcomes for patients with chronic disease</p>
6. Ability to influence wider system partners/determinants of health	Engagement in partnership fora (RPB, PSB, Leaders groups)	Improved collaboration and partnerships to adopt a whole system approach to impact wider determinants of health for the CTM population.	<p>CTM representation at all relevant for a.</p> <p>Collaborative projects delivered in partnership influence wider determinants.</p>

### Linked National Priority Measures

#### Population Health – Ministers Measures Phase One

- Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway
- Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway
- Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally.
- Percentage of adult smokers who make a quit attempt via smoking cessation services
- Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates

#### NHS Performance Framework Quadruple aim one:

- Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)
- Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15
- Percentage uptake of the influenza vaccination amongst adults aged 65 years and over
- Percentage uptake of the COVID-19 vaccination for those eligible
- Percentage of adult smokers who make a quit attempt via smoking cessation services
- Percentage of adult smokers who make a quit attempt via smoking cessation services who are co-validated as quit at 4 weeks
- Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)
- Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment
- Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks
- Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life

### Current Performance Highlights

Please refer to Integrated Performance Dashboard - Quadruple Aim 1.

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

No

#### Associated Risks escalated to the Organisational Risk Register

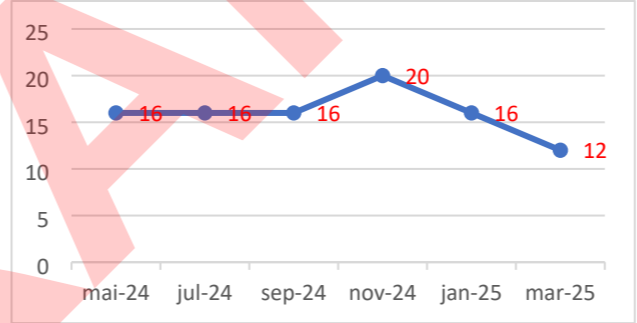
5462	<del>Adult weight management service – Insufficient capacity to meet demand</del> <del>De-escalated from the organisational risk register in March 2025.</del>	<b>20</b>
5579	Rising childhood obesity rates resulting in an increase in obesity related conditions and poorer health outcomes.	<b>16</b>
5726	Public Health Funding for Microbiology Testing	<b>15</b>
5820	Potential inability to deliver all elements of the Health Protection Strategic priorities as a result of reduced allocation of funding.	<b>12</b>

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<b>Strategic Goals: Sustaining our Future</b> <ul style="list-style-type: none"> <li>Becoming a green organisation</li> <li>Ensuring our Services financial sustainability Embedding value based healthcare</li> <li>Ensuring our estate is fit for the future</li> </ul>	<b>Risk score</b> <b>12</b>
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<b>Strategic Risk: Failure to plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG) – (Risk 10)</b>		
<b>If</b> the Health Board fails to plan and manage its revenue resources within the Revenue Resource limits set by WG.	<b>Then</b> we may fail to fulfil our two statutory financial duties (i.e. Approved IMTP and break even over 3 year period) and also the planned break-even position for 2024-25.	<b>Resulting in</b> inability to fund planned improvements and new services, and increased regulatory scrutiny and enforcement.

Risk Lead	Executive Director of Finance	Assurance committee	Operational Delivery Committee
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	Consequence	Likelihood	Score	Risk Score Trend this Period:
Initial	4	4	16	
<b>Current</b>	<b>4</b>	<b>3 (4)</b>	<b>12 (16)</b>	Risk score reduced from a 16 to a 12 in March 25. Target score met proposed for closure.
Target	4	3	12	
Risk Appetite	<b>Cautious</b> (quality and safety; trust and confidence; legal and regulatory)			<b>Risk Score Trajectory</b> 

<b>Rationale for assessment of risk score:</b> <i>Including where risk score remains unchanged and for any changes</i>	<p>The Health Board has submitted a balanced financial plan for 24/25 but this plan includes significant risks, including the delivery of £26.3m of efficiency savings.</p> <p>The M10 Year To Date (YTD) position is now a £0.2m deficit (M9: £0.2m). This includes a £10.3m shortfall in savings delivery offset by other favourable variances of £(10.1)m. During M10, a number of material anticipated allocations have been confirmed resulting in a reduction in the risks to the forecast breakeven position which is why the risk score has decreased from a 16 to a 12 this period.</p>
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<b>Risk Treatment Assessment</b> <i>i.e. Treat, Tolerate, Transfer etc.</i>	The financial plan highlights a number of significant risks for 24/25. This risk will therefore be <b>treated</b> until there is confidence that the Health Board can achieve the planned break even position.
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<b>Current Control Measures</b>
<b>Financial Management</b> <ul style="list-style-type: none"> <li>Financial Accountability letters issued by CEO.</li> <li>Budget setting process and Budgetary control</li> <li>Standing Financial Instructions</li> <li>Scheme of Reservation &amp; Delegation</li> </ul>

- Local Counter-Fraud Service
- Monthly financial performance reviews for Care Groups and corporate directorates

### Sources of Assurance (Internal and External)

#### Financial Management

- Annual Report and Accounts
- Monthly Finance Reports
- Monitoring Returns to Welsh Government
- Internal Audit Programme
- External Audit Programme
- Losses and Special Payments Report to Audit & Risk Committee

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)
1. Understanding of budgetary control and procurement processes in some services	<ul style="list-style-type: none"> <li>• Deliver budget holder training within Care Groups/Directorates – <i>Ongoing throughout 2024-2025.</i></li> <li>• Deliver procurement training to departments where compliance with procurement processes is low - <i>Ongoing throughout 2024-2025.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Improving the review and monitoring of actual expenditure.</li> <li>• Improve identification of errors or duplication.</li> <li>• Increased compliance of contract and tendering processes.</li> <li>• Reduce incorrect payments to suppliers</li> <li>• Reduce the number of and ensure timely correction of erroneous payments of salary</li> <li>• Ensuring the correct implementation of the P2P process including raising of requisitions and receipting in a timely manner.</li> <li>• Increase understanding and application of procurement rules in line with Standing Finance Instructions and Scheme of Delegation.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved forecasting</li> <li>• Reduction in volume of correction of coding</li> <li>• Improved prompt payment compliance</li> <li>• Fewer over/under payment of salary</li> <li>• Increase in catalogue requisitions</li> <li>• Reduction in confirmation orders</li> <li>• Improved Pricing</li> <li>• Increased market competition of suppliers</li> <li>• Reduction in number of retrospective orders</li> <li>• Reduction in number of invoices on hold</li> <li>• Increase in PSPP target % achieved.</li> </ul>
2. A recognised risk of shortfalls in savings delivery	<ul style="list-style-type: none"> <li>• Develop a more project and programmatic approach to planning and delivery of efficiency savings schemes, with a focus on pipeline schemes for 25/26 as well as schemes in delivery for 24/25.</li> <li>• Disseminate the learning from the Health Board's Value Based Healthcare projects to drive service planning and improvement going forward.</li> <li>• Developing the Value &amp; Efficiency Programme with a focus on 'Enabling schemes' to support savings identification and delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• More structured direction to organisational objectives.</li> <li>• Improved confidence of delivery timeline.</li> <li>• Better awareness of key milestones and enablers for achievement.</li> <li>• Identification of bottlenecks or stalled projects needing attention</li> <li>• Improved compliance of QIA</li> <li>• Greater accountability for delivery</li> <li>• Greater awareness of broader value beyond opportunistic efficiency.</li> <li>• More efficient adoption of good practice.</li> <li>• Holistic approach to the patient pathway</li> <li>• Improved delivery of identified opportunities.</li> <li>• Concentration of efforts on schemes that can deliver greatest gains.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved forecasting</li> <li>• Fewer schemes but higher value</li> <li>• Greater achievement of opportunities identified.</li> <li>• Higher compliance of schemes with completed Quality Impact Assessments.</li> <li>• Improved performance management of programmes.</li> </ul>

### Linked National Priority Measures

1. YTD position
2. Savings plan position

### Current Performance Highlights

- The M10 YTD position is now a £0.2m deficit with a forecast of breakeven.
- The main driver for the £0.2m YTD deficit is a £10.3m shortfall in savings delivery, offset by £ (10.1)m of other favourable variances.

- As a result of the £7.5m additional financial support from WG in M8, the Health Board was able to maintain a forecast break-even position.
- A number of significant anticipated allocations have been confirmed in M10 which has resulted in the reduction of the net risks to the forecast breakeven position.

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

Not an incident but a significant event this period was confirmation of anticipated allocations for Pay awards (£53.8m) and Real Living Wage (£3.4m).

**Associated Risks escalated to the Organisational Risk Register**

5932	Roof covering replacement works to resolve identified roof integrity issue and consequent risk of tiles falling internally and externally from weakened roof at POWH Phase 1.	20
5961	Remedial roof works to resolve the water ingress at POWH.	20
5764	Failure to achieve the planned break-even position in 24/25	16
5765	Failure to reduce the £19.4m recurrent deficit at the start of 24/25 down to the planned £2.1m recurrent surplus at the end of 24/25.	20

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## Strategic Development Committee

### Starting Well and Growing Well Strategy Group Update

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	03/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Elle McNeil, Head of Planning and Commissioning; Heather Smith, Neurodevelopmental Programme Manager; Lucy Smothers, Clinical Lead for Starting Well and Growing Well; Michelle Lloyd, Planning Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Elle McNeil, Head of Planning and Commissioning
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Linda Prosser, Executive Director of Strategy & Transformation
<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting

<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
Children and Families Operational Board	07/05/2024	Baby & Toddler Voice Statements - <i>supported</i>
Executive Leadership Group		<i>Noted</i>
Creating Health Board	19/04/2024	Community-based, integrated weight management service for children, young people and their families - <i>supported</i>



<b>Acronyms / Glossary of Terms</b>	
CTMUHB	Cwm Taff Morgannwg University Health Board
NDIP	Neurodevelopmental Improvement Programme
PIR	Parent-Infant Relationship
RIF	Regional Integrated Fund
T2DM	Type 2 diabetes mellitus
WG	Welsh Government
WTE	Whole Time Equivalent

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## 1. Situation / Background

- 1.1 Based on a public health 'life course' approach, four Systems Groups were established in 2021 as part of the CTMUHB operating model to build a system wide approach to wellbeing; improving outcomes that matter to the communities we serve by co-producing health and care pathways:
1. Pre-conception to First 1000 days (*Starting Well*);
  2. Children and Young People up to 25yrs (*Growing Well*);
  3. Adulthood (*Living Well*); and
  4. Older Years, Frailty and Multi-morbidity (*Ageing Well and Dying Well*).
- 1.2 The Starting Well and Growing Well portfolios of work were combined in April 2024 with staffing establishment of 4.2 whole time equivalent (WTE) including a dedicated role delivering the Welsh Government's (WG) Neurodevelopmental Improvement Programme (NDIP).
- 1.3 The overview information provided within this report and the slides for the Strategic Development Committee reflect work during 2024/25 financial year, highlighting strategy group work in relation to:
- Regional partnership working with the Children's Programme Board and across the early-years system;
  - Healthy weight;
  - CTMUHB Children's Rights and the Baby & Toddler Voice Statements;
  - Neurodevelopmental Improvement Programme (NDIP) delivery; and
  - Diabetes

## 2. Specific Matters for Consideration

- 2.1 **Regional partnership working with the Children's Programme Board** is integral to taking a whole-systems view of babies, toddler's children and young people's health. By working closely with the Heads of Children's services within the three County Borough Councils, the regional commissioning unit and wider partners, the strategy group aim to deliver improvement to the determinants of health as well as specific physical, emotional and psychological health care outcomes.
- 2.2 Regional work is ongoing to shape a long-term vision and high-level priorities for the Children's Programme Board to inform the integration agenda and in readiness for potential funding opportunities available across partners. This work is shaping internal developments of a vision for children and young people at a health board level being initiated within the Children's and Families Care Group, supported by the strategy group.
- 2.3 CTMUHB commissioned on behalf of the region, a viability study to consider the short-break/ respite needs of children with complex physical healthcare needs. Work is ongoing with the 3 Local Authorities disabled children's teams and the appointed provider to scope the demand and capacity across



- the system as well as understand what would make a good short-break/respite service from the perspective of children, young people's, their families and carers. A strategic outline case is anticipated in June 2025 for consideration by the Children's Programme Board. Separate scoping work for a capital development to meet the needs of children and young people with complex needs has commenced led by the regional commissioning unit.
- 2.4 Work commenced and funded under WG's Early Years Transformation Board to develop a regional parent-infant relationship (PIR) service in response to the [Securing Healthy Lives](#) report in 2022, is continuing after WG ended funding in March 2024. A Regional Integrated Fund (RIF) application was successful via the Children's Programme Board to progress a regional integrated health and social care model of specialist support for families and carers experiencing difficulties with their PIR. Work is ongoing to move from the current model supporting staff (via training, development and consultation) to direct work with families during 2025-2027. Wider work in the early years space includes supporting the former partnership board to meet, share information and learning, identify areas for joint-working and to develop regional responses or funding applications as appropriate.
- 2.5 **Developing a healthy weight road map for CTMUHB.** Working with colleagues from within our local public health team and the national teams, the strategy group have:
- Supported the development of the community-based, integrated weight management service for children, young people and their families. The service model proposed within the business case included within 2025/26 IMTP was shaped by healthcare professionals engaged throughout the process from 2023 onwards. The final shaping workshop in October 2024 ensured contribution from colleagues across Children's and Families and DTPS Care Group, supported by finance, public health and planning.
  - Established both a children and young people's, and an adult's healthy weight steering group to ensure work across departments effectively delivers evidence-based practice that address the causes and consequences of unhealthy weight within our population.
  - Supported the development, launch and implementation planning of CTMUHB's [Infant Feeding Strategy](#).
- 2.6 **CTMUHB Children's Rights** work is ongoing to embed our [Children's Charter and 10 statements](#) into practice throughout the health board. The Children's Rights Operational Group has a work plan to: improve co-production and engagement; develop 'children's rights activists' across all relevant services; and to develop tools that enable staff to take a rights based approach when working with children and young people.
- 2.7 Parents and over 120 staff working across early year's services in Bridgend, Rhondda Cynon Taf and Merthyr were [involved in developing the Baby and Toddler statements](#) (see appendix A), formally adopted and launched by CTMUHB 17<sup>th</sup> March 2025. Written through the 'voice of the baby', they aim

to bring to light the importance of secure nurturing relationships, and seeing babies and toddlers as little people in their own right, with thoughts, feelings and emotions.

- 2.8 **Neurodevelopmental Improvement Programme (NDIP) delivery** is a Regional Partnership programme, with funding held by CTMUHB on behalf of the Regional Partnership (Board) to deliver whole-system improvements for neurodivergent children, young people and adults. Reporting to WG and the regional Children's and Adults Partnership Boards, the programme board is chaired by Julie Denley, Director of Primary, Community and Mental Health and includes members from across the regions statutory and voluntary services, as well as parent- carer representation. NDIP has delivered targeted improvements to the CTMUHB diagnostic waiting list across paediatric services, reducing from 3 years to 18-22 months overall by end March 2025.
- 2.9 Programme funding has been confirmed by WG for 2025-2027 with further guidance expected on funding priorities. The programme board have agreed to extend Programme Manager for the duration of the 2025-27 funding window to provide support to and monitoring of the NDIP on behalf of the region.
- 2.10 **A Diabetes Programme Board** has been established, chaired by Paul Mears, CEO in order to take a whole-system approach to diabetes, to improve condition management and prevention. This will be reporting in its own right to the Strategic Development Committee in due-course, therefore only a brief overview is included, highlighting:
- The development of a 5yr diabetes plan for CTMUHB that will ensure resources are targeted at: preventing, or delaying the onset of type 2 diabetes; preventing poor outcomes through effective evidence-based diabetes care; and ensuring equity of services provision within all aspects of the diabetes pathway.
  - Work to support the development of a 5yr implementation plan for hybrid-close loop systems for type 1 diabetics, in line with NICE technical guidance TA943.
  - The development of a Value-based Health Care (VBHC) funding application for a type 2 diabetes (T2DM) remission service, via a dietetic led total dietary replacement approach.
  - Working with our paediatric diabetes service to develop an improvement plan informed by co-production with the children, young people and families that they support.

### 3. Key Risks / Matters for Escalation

- 3.1 Failure to secure investment for the community-based integrated children, young people's and family healthy weight service model will continue to exacerbate health inequalities within CTMUHB footprint. Healthy weight is strongly linked to deprivation. Children in our poorest communities are 50% more likely to be living with obesity than children in our most affluent areas'. The association between deprivation and obesity continues into adulthood



and compounds social inequalities through poorer education outcomes and job prospects.

- 3.2 In CTMUHB, many 4-5 yr old children start their school journey living with obesity, with 1 in 8 obese, and 1 in 4 overweight<sup>ii</sup>. This is the highest rate of child obesity in Wales. Around 55% of children living with obesity go on to be obese in adolescence, around 80% of adolescents with obesity will still be living with obesity in adulthood. Adult levels of overweight and obesity in Cwm Taf Morgannwg (CTM) are the highest in Wales (appendix 2). Around 2 in 3 adults in CTM are living with overweight and obesity, and around 1 in 3 are living with obesity.
- 3.3 The service will help to reduce the future burden of obesity and associated diseases to CTMUHB, particularly among people living with severe obesity who are more likely to incur high healthcare costs. This will support our wider work to reduce the prevalence of T2DM through tackling childhood overweight and obesity.
- 3.4 Failure to secure investment for a T2DM remission service will continue the increased prevalence rates seen within CTMUHB, and their associated poor health outcomes and high healthcare costs. Delivering a remission service is in-line with [WG Quality Statement for Diabetes](#) and offers cross-service support and learning to the adult weight management service, in-line with the Chairs target to increase delivery for our local population.
- 3.5 NDIP activities and waiting list initiatives across paediatric services have substantially reduced the waiting lists, amending processes in partnership the 3 Local Authorities key stakeholders (education and social services). The adult Integrated Autism Service is nearly fully staffed (March 2025, 8c Clinical Psychologist vacancy remains) with improvement plans in place for delivery for 2025-2027.
- 3.6 The increased diagnosis rate of Attention Deficit Hyperactivity Disorder and prescribing to treat this within children and young people is increasing financial pressures on medicines budgets within Children & Families Care Group.



#### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below: Creating Health, Sustaining our Future
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Starting Well
	If more than one applies please list below: Growing Well
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Person Centred
	If more than one applies please list below: Safe, Effective
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Yes - Reduce
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / <b>Quality</b> Have you undertaken a Quality Impact Assessment Screening?	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome: Assessments undertaken per area of work as required	If no, please include rationale below:
<b>Cydraddoldeb a'r Gymraeg</b> Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / <b>Equality and Welsh Language</b>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE	If no, please include rationale below:



<i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Outcome for Welsh Language (delete as appropriate): NEUTRAL	
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below) Varied, dependent on project specifics, e.g. there is reputational risk should CTMUHB fail to secure investment for a children and young people’s healthy weight service, linked to failure to achieve all-Wales pathway requirements and the Chairs target.	
<b>Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)</b>	Yes (Include further detail below) Varied, dependent on projects with resource implications for the roll-out of projects including revenue, workforce and capital elements. These are managed within the individual projects.	

**5. Recommendation**

5.1 To **NOTE** and **DISCUSS** the content of the report and slide deck presented by the Head of Planning for the Starting Well and Growing Well strategy groups.

**6. Next Steps**

6.1 The Starting Well and Growing Well strategy group will continue to develop, implement and report to the Strategic Development Committee on projects supported and enabled by the team. Further detail, implementation plans, business cases etc. will be provided as guided by the committee.



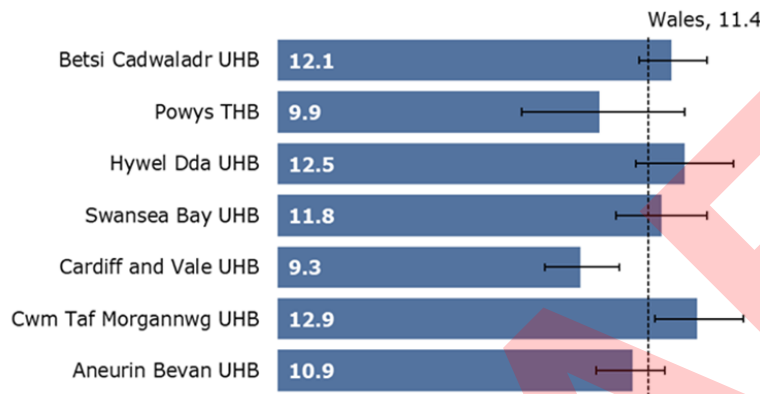
## Appendices

### Appendix 1: CTM Baby & Toddler Voice Statements

### Appendix 2: Child Measurement Programme (CMP), Wales and Health Boards 2022/23, Percentage of children aged 4-5 years with obesity

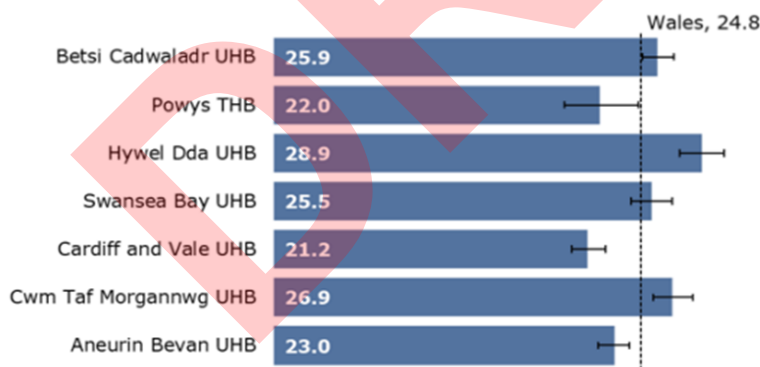
Produced by Public Health Wales, using CMP data (DHCW)

95% confidence interval



### Percentage of children aged 4-5 years with overweight or obesity, Child Measurement Programme (CMP), Wales and Health Boards 2022/23

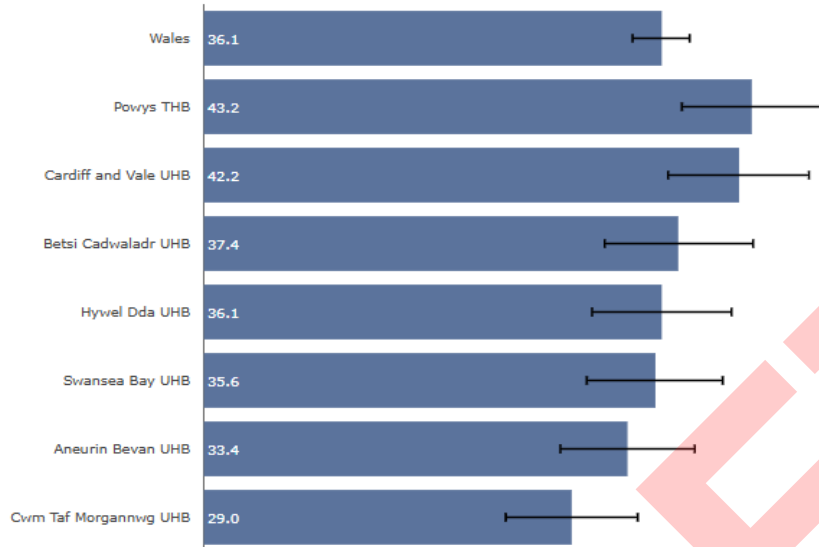
95% confidence interval





## Adult overweight and obesity by health boards and Wales

Produced by Public Health Wales using NSfW (WG)



<sup>i</sup> C Measurement Programme Wales 2022/23 rates by deprivation 5ths

<sup>ii</sup> Child Measurement Programme Wales 2022/23



5.2.1 Appendix 1	3 April 2025	Strategic Development Committee	Starting Well and Growing Well Strategy Group Update
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Report Details:		Impact Assessment:	
FOI Status:	Please select: Open	Indicate the Quality / Safety / Patient Experience Implications:	Person Centred
If closed please indicate reason:	Not applicable	Related Health and Care Standard	Safety and effectiveness
Prepared By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Head of Planning and Commissioning; Neurodevelopmental Programme Manager; Clinical Lead for Starting Well and Growing Well; Planning Manager	<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Varied, dependent on work-stream, please see slides and cover report for details
Presented By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Head of Planning and Commissioning: Starting Well and Growing Well	Are there any Legal Implications /Impact.	No
Approving Executive Sponsor:	Executive Director of Strategy & Transformation	Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes. Varied, dependent on work-stream with resource implications for the roll-out of projects including revenue, workforce and capital elements. These are managed within the individual work-streams
Report Purpose	Please Select: • For Discussion	Link to Strategic Goals	Sustaining Our Future Improving Care Creating Health
Engagement undertaken to date:	Varied, dependent on work-stream, please see slides and cover report for details		





# Regional Partnership



## Children's Programme Board

- Regional work is ongoing to develop an agreed strategy, high-level priorities and the underpinning values for the Children's Programme Board.
  - Internal work with colleagues from across baby, toddler, children and young people services to ensure appropriate representation, commitment and freeing-up of capacity to shape and further regional work.
  - Developing our approach to coproduction with children, young people and their families and embedding the NYHT/ NEST framework into core business applying 'No wrong door' principle.
- Early conversations on integrating health and social care services – understanding partner priorities, drivers and concerns.
  - Developing a Regional Integrated Fund (RIF) partnership bid to: deliver a pilot integrated service model for parent-infant attachment; enable workforce development through upskilling the early years workforce on attachment and supporting practitioners via specialist consultation offer.
- Capital planning group established to develop a regional health and social care residential offer to meet the needs of children and young people with complex needs.
  - Feasibility study commissioned to scope the regional demand, capacity and families need for specialist physical healthcare respite provision.



# Starting Well & Growing Well: Progress Highlights



STARTING  
WELL



GROWING  
WELL

## Healthy Weights

- Infant Feeding Strategy launched in February 2025 has been developed to support an increase in breast feeding across our communities and to make informed choices about feeding their baby.
- Babies, Children and Young Peoples (BCYP) Healthy Weight Steering Group relaunched with plan of work for 2025/26 aligned with CTMUHB's developing 10-year road map for healthy weight.
- CYP healthy weight business case finalised and included within IMTP as a top priority to ensure investment from 2025/26.
- Adult Weight Management Steering Group relaunched and agreed the CTM waiting list approach/ waiting well options. Exploration of the implications of NICE guidance on weight management drugs ongoing.

## Children's Rights and the Baby & Toddler Voice Statements

- Baby & Toddler Voice Statements developed in partnership with families and early years workforce from across the region launched within CTMUHB. Launch March 2025
- Children's Rights Operational Group GAP analysis against children's charter completed; Right Way matrix mapping ongoing. Task & Finish groups progressing: co-production and engagement; developing the role of 'children's rights activists'; developing tools to support staff to take a rights based approach. Working to raise the profile of the voice of babies & CYP at all levels



# Starting Well & Growing Well: Progress Highlights



STARTING  
WELL



GROWING  
WELL

## Neurodevelopmental Improvement Programme (NDIP) Board

- Despite continued increase in demand, waiting times will decrease from 3 years (2023) to 18-22 months overall by the end of March 2025. Backlog of 450 cases awaiting panel discussion/ decision cleared.
- CTM-wide ND referral paperwork for school-aged children has been redesigned in collaboration with schools and families, including myth-busting and signposting links. [Comprehensive webpage](#) created with resources.
- Third Sector commissioned to provide support to families including 1:1 support, on-line and in-person workshops and information sessions.
- WG announced that NDIP funding extended for 2 years (expected to be similar to 2024/25 ~£750k); awaiting further information and priorities for spend.

## Diabetes

Strategic Programme Board established to take a whole system approach to diabetes, improving condition management and prevention, addressing increasing prevalence and costs. Focused year 1 activity will be on:

- Implementing a T2DM pathway between secondary and primary and community care
- Improving the 8 care processes uptake, completion and recording



Work Programmes/ Activity	RAG
EYTB: • Regional PIR Development • Baby & Toddler Voice	
Healthy Weight: • Infant Feeding Strategy • WSA • CTM approach	
Children's Rights Charter	
<b>Overall Delivery Confidence</b>	
<b>Reporting Period</b>	Q2 2024/25

**Early Years Transformation Programme (EYTP)**

- **PIR (Parent and Infant Relationship) regional service model** is being revised to test and evaluate direct intervention for 2025-27 trialling integrated health and social care delivery while continuing to embed attachment based theory and evidence-based practice across early years.
- **Coproduction** with families on how best to engage them in conversations about their parent-infant relationship bond
- **Baby & Toddler Voice Statements** launched within CTMUHB in March, show-cased at Royal College of Paediatrics and Child Health, and Public Health Wales Network. Proposed impact at community, workforce and organisational level. Work ongoing to develop performance indicator linked with wider Children's Rights work.
- **Vulnerability Profiling Tool** now used and embedded within RCT CBC early years planning

**CYP Website:** Development and re-structure of website to provide information on services and signposting to health information and resources. Planned launch April.

**Healthy Weight:** work ongoing with public health to develop a road map to healthy weight across all ages for CTMUHB with focused activity in the children and young people's space.

- **BCYP Steering group** identified key work streams: First 1000 days including review of bump start by PH colleagues; CYP weight management service proposal to be a family led approach with pan level 1 offering and level 3 specialist service offer over 3 year period; Evaluation and expansion of PIPYN; Transition and seamless care; healthy Weight in educational settings.
- **Adult Healthy Weight Steering Group:** agreed to continue to offer level 2/3 in-line with national pathway and resulting waiting list; remit, ToR and initial scope of work for year 1 completed; expansion of psychology delivery planned for 2025/26 to meet Chairs target from 2024/25; scoping of longer-term plan and service expansion ongoing

**Priorities**

- PIR regional service model agreed with LAs
- CYP healthy weight service
- Developing CTM coproduction approach with children, young people and their families

**Issues**

- Time-limited funding for PIR regional service model development
- Limited capacity due to long-term sickness absence

**Escalations – NA**



Work Programmes/ Activity	RAG
Neurodevelopment Improvement Board: • WG reporting • Work-streams	
Children's Programme Board: • Emotional health & Wellbeing sub-group • Complex healthcare sub-group	
Diabetes: • Programme Board development • Models of Care: T1DM • 5yr HCL Implementation Plan • Prevention: Remission T2DM service; AWDPP • Specialist services: Podiatry • Primary & Community Care	

<b>Overall Delivery Confidence</b>	
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<b>Reporting Period</b>	Q3 2024/25
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**Neurodevelopmental improvement programme (NDIP)**

The NDIP is part of the Regional Partnership and therefore reports directly to the Regional Children Services and Adult Services Partnership Boards.

- The ND service waiting list will reduce from 3 years (2023) to 18-22 months overall by the end of March 2025.
- The introduction of a desktop review for conclusion of ASD assessments enabled the service to clear 450 case backlog awaiting panel discussion/ decision on diagnosis.
- Work is ongoing to review and revise the assessment and diagnostic processes for CYP. The ND Service and Education colleagues are collaboratively reviewing the introduction of a profiling tool similar to the Portsmouth ND Profile.
- NDIP funding now confirmed for 2025-27 with Programme Manager post to continue to coordinate, support and lead regional developments across all ages.

**Children's Programme Board** ongoing work to develop regional priorities and statement of intent for the babies, children and young people.

- Task & Finish considering a regional residential unit (capital) development for CYP with complex needs to be delivered via integrated health and social care model.

**Diabetes Programme Board** created with high-level 5yr plan objectives agreed at inaugural board:

1. Prevent or delay the onset of type 2 diabetes in those with modifiable risk factors
2. Preventing poor outcomes through effective diabetes care
3. Ensure equitable provision of all aspects of the diabetes pathway in CTM

Ongoing diabetes work included: developing 'CTM pathway for Acutely Infected Diabetic Foot (pulse present)' to improve care management and health outcomes for patients with diabetic foot complications; VBHC funding application for remission service for T2DM diagnosed since 2020; working with paediatric diabetes services.

**Priorities**

- Neurodevelopmental Improvement Programme, setting priorities for 2025-27
- Diabetes Programme Board and 5yr plan

**Issues**

- Limited capacity due to long-term sickness absence within the team.

**Escalations** None



STARTING WELL



GROWING WELL

# Children's Rights: Baby & Toddler Voice



## Cwm Taf Morgannwg Baby and Toddler Voice

The period before I am born until I am aged two, is important for my development. My experiences, environment and, particularly, the connections I have with people who care for me will influence my future relationships, behaviour, learning and emotional well-being across my lifetime.<sup>1</sup>

It is important that you see me as my own person with feelings, rights and preferences. I rely on you to consider my views and interpret what I am trying to tell you, so I am central to each decision that affects me and keeps me safe and secure.<sup>2</sup>

To help me be happy, healthy and safe, it is important that everyone is aware of their responsibilities to consider my rights, as well as the rights of all children in decisions that affect them. Parents and over 120 staff working with little ones like me, considered my rights as set out in the UNCRC<sup>3</sup> and used my voice to draft these expectations at several Task and Finish Groups orchestrated by the Cwm Taf Morgannwg Early Years Transformation Programme, Children in Wales and Parent Infant Foundation.

### I need...

- I need to be kept clean, warm and have healthy food and shelter to grow and thrive.  
*UNCRC Articles which support statement 6 and 27*
- I need you to understand that I depend on you to keep me close (physically and in mind); to see me, respond to me and take time to get to know me.  
*UNCRC Articles which support statement 3*
- I need you to understand how I communicate, learn my cues and to consistently respond in a warm and loving way.  
*UNCRC Articles which support statement 12*
- I need you to understand that my experiences now will impact my future.  
*UNCRC Articles which support statements 3 and 6*
- I need you to remember that I'm my own person: allow me to be me and consider me in all the decisions you make.  
*UNCRC Articles which support statement 3, 8 and 29*
- I need a safe place to play and learn, to have fun and to feel happy; help me feel safe and protected from things I find scary.  
*UNCRC Articles which support statements 19, 29 and 31*
- I need opportunities to interact with others and learn from new experiences.  
*UNCRC Articles which support statement 2*
- I need you to help me develop connections with (other babies) friends, family and my community.  
*UNCRC Articles which support statements 6, 8 and 15*

### I need my trusted grown-up...

- I need my trusted grown-up to understand the importance of safe and caring relationships now, as well as in the future.
- I need my trusted grown-up to look after my, and their health before, during and after my arrival, and to reach out for help if things are not right.
- I need my trusted grown-up to understand and respond to my unique needs.
- I need my trusted grown-up to have help and information in the right way, at the right time, and in the right place so they can make the best choices for me.

### We need...

- We need access to good and affordable public transport so I can be taken to interesting places and to get the help and support we need.  
*UNCRC Articles which support statement 2*
- We need safe pathways and routes to access clean and green public spaces.  
*UNCRC Articles which support statements 19 and 24*
- We need important people to understand how vital my early years are for me to reach my full potential, and reflect this in all documents related to me and little ones.  
*UNCRC Articles which support statements 6 and 24*

<sup>1</sup> Parent Infant Foundation (2024) The First 1001 Days Evidence Brief Series: <https://parentinfantfoundation.org.uk/1001-days/resources/evidence-briefs/>

<sup>2</sup> Infant Pledge. Voice of the Infant: best practice guidelines and infant pledge - gov.scot ([www.gov.scot](http://www.gov.scot))

<sup>3</sup> United Nations Convention on the Rights of the Child (UNCRC); UN Convention on the Rights of the Child - UNICEF UK

<sup>\*\*</sup>We acknowledge that the baby's main caregiver may not be their biological parent but for the purposes of this resource we will use the term 'trusted grown-up'.

## Parent & Infant Conferences

Oct 2023 conference developed the initial draft Baby & Toddler Voice Statements then further co-produced with families, regional partners, Parent-Infant Foundation and Children in Wales



Oct 2024 conference reflected on progress in the region, sharing learning from across the system

Baby & Toddler Voice statements presented at events in 2025





STARTING WELL



GROWING WELL

# Children's Rights

- HB working with regional partners to co-produce a babies children & young people regional vision. Co-production and the voice of BCYP at the heart with a variety of co-production events planned regionally.
- Regional high level NYTH/ NEST self assessment completed and engaging in a number of co-production projects; workforce training and education, Neonatal outreach service accessed co-production grant to embed co-production into the planning and delivery of services.
- Children's Rights Operational Group re-established. Childrens Charter GAP analysis and working groups formed; Co-production & engagement, developing the role of 'Activists' & strategy re-refresh with interactive toolkit to support staff embed a rights based approach
- Communication Board project – SLT to support fair and equal services to children with complex needs
- Links with local Youth councils – supporting events led by CYP – Young People Say Training.

## Enhancing Communication

The Implementation of communication Boards in CTM.

### OBJECTIVE

In collaboration with Speech & Language Therapist Marie Light and Paediatric Consultant Emily Payne, this project aims to provide fair and equal services to children with complex needs through the implementation of communication boards in hospital settings. Communication boards, which utilise visual aids and symbols, help organise thoughts and enhance understanding of language (Plante & Ghostine, 2021), leading to more successful interactions and expressions (McGram & Bollard, 2018). To ensure the success and effectiveness of this initiative, Marie sought guidance from Lisa Harrison, a specialist in Augmentative and Alternative Communication (AAC) in CTM, who had previous experience implementing communication boards in Swansea Bay UHB. Together, the team hopes to improve the care of children and young people within Cwm Taf Morgannwg UHB in line with the Children's Rights Charter's goal.

### SOLUTION

The solution involved utilising the *SimplyDo Ideas* platform, recommended by the innovation team within iCTM, to implement a project to address the communication difficulties of our patients. By implementing the boards within Cwm Taf Morgannwg, will have a significant impact on our ability to include children and young people with communication difficulties. They offer alternative means of communication for children and young people attending our hospitals and wards, as well as improving communication between staff and patients. By utilising the support of the *SimplyDo Ideas* platform, the team was able to answer any questions and provide the necessary support throughout the duration of the project.

### BENEFITS



"Through the adoption of communication boards within CTM, we are breaking down barriers and promoting genuine inclusion for children with communication challenges. These boards serve as a powerful tool for alternative communication and also facilitate stronger understanding and connection between staff and children within CTM, allowing their voices to be heard and respected."

Marie Light  
Speech and Language Therapist

Lauren.Ware@Wales.nhs.uk

## Young People Say Training Session

This training is aimed at those working with children and young people who want to increase their knowledge and understanding of young people's participation.



- What will be covered?
- United Nations Convention on the Rights of the Child (UNCRC)
  - Understand the different methods of participation
  - What participation means to young people
  - How to engage children and young people more effectively in
    - the work that you do
    - the decision-making process

Thursday 10th April 2025, 5:30pm - 7:00pm

Voluntary Action Centre Merthyr Tydfil

Light refreshments will be provided.

To book your place please contact Emma ([eb@smmt.org.uk](mailto:eb@smmt.org.uk)) by Monday 24th March 2025.



# CTM Regional Neurodevelopment Improvement Programme (NDIP) Update – 25/02/2025

Programme Manager: Heather Smith

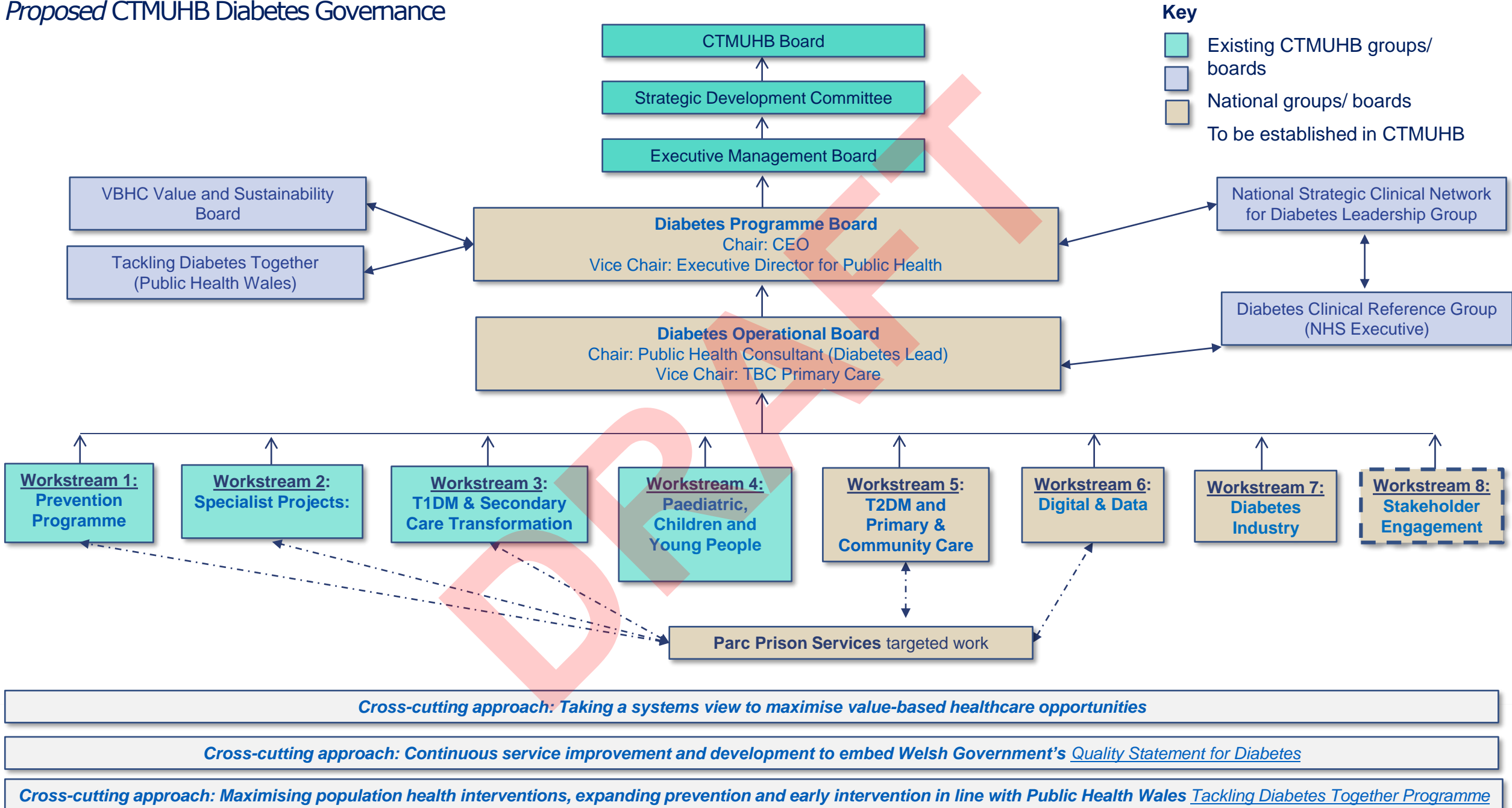
**PURPOSE:** The Improvement Programme is a collaborative mechanism aimed at driving continuous improvement for all neurodevelopmental services across the Cwm Taf Morgannwg region to enable neurodivergent people to lead fulfilling lives. WG provided £725,000 funding for 2024/25 which is monitored through the NDIP.

**OVERALL RAG**



Work-stream Status Update		NDIP Funding Update	
1. Early Years Identification and pre-diagnosis support	<ul style="list-style-type: none"> <li>Resource document developed – to be used nationally</li> <li>New ND website now available</li> <li>Revised letter for families accepted onto the waiting list</li> <li>New referral paperwork agreed with families and education now in use – also available to be completed electronically</li> </ul>	Programme Manager	In post 09/09/2024 to support, monitor and report on NDIP
2. Assessment and Diagnosis pathways	<ul style="list-style-type: none"> <li>Staff in the Adult Eating Disorder Service completed ADOS training to undertake Autism assessments in conjunction with the IAS for those referred to their service</li> <li>Work ongoing nationally to consider assessment and diagnosis models</li> <li>NDIP funding provided to undertake additional assessments to reduce waiting list and waiting time for assessment</li> </ul>	Learning Development Videos	Webinars for families, education and Local Authority
3. Multi-disciplinary Management	<ul style="list-style-type: none"> <li>Work ongoing to develop a shared care protocol for prescribing of ADHD medication in Primary Care</li> <li>Priorities agreed as needs-led approach, shared/enhanced care arrangements for all ages and review of the MD Team to determine which professional groups should be included in the work moving forward – T&amp;F groups being established for each of the priorities.</li> </ul>	ND Assessments	ND Service: providing additional sessions through overtime and recruitment of PT SLT IAS: unable to recruit to proposed posts. Providing some additional sessions through overtime. Adult ADHD: Band 7 post funded until end March 2025
4. Community Based Support (CYP)	<ul style="list-style-type: none"> <li>Workshop held to develop a set of guiding principles across all organisations. This will be translated into a commissioning tool / framework for CYP ND provision (including feedback from hackathon).</li> </ul>	Psychoeducational training for ADHD Adults	6-week programmes being provided by Valleys Steps
5. Access, Inclusion and Support (Adults)	<ul style="list-style-type: none"> <li>Areas of focus for the work-stream agreed and T&amp;F Groups established (1. IAS Support, 2. Employment, 3. Housing, 4. Mental Health, emotional well-being and staying safe, 5. Criminal Justice System and Substance Misuse and 6. Leisure and Community-Based Activities)</li> </ul>	Neuro-affirming job resource	Resource to be developed by end of March 2025
6. Workforce Development	<ul style="list-style-type: none"> <li>Work-stream being established to take forward the reports recommendations. Active engagement across CTM partners and WLGA.</li> </ul>	Adult Peer Support Groups	Work ongoing to establish adult peer support groups across CTM
7. Criminal Justice System	<ul style="list-style-type: none"> <li>Discussions ongoing on supporting those in the prison system (Parc prison).</li> <li>T&amp;F Group being established which will feed directly into work-stream 2 and will link to work-streams 3, 5 and 6.</li> </ul>	Pre- and post-diagnostic support for adults including waiting well	Work ongoing to determine requirements and services available to provide relevant support.
		Complex case clinic	Clinics established
		Community Connectors	Provision of 1:1 support together with in-person and online training sessions for families of ND CYP
		Research into adult ND housing and mental health service provision	Revised to include housing provision only. Work to be completed and report produced by end of March 2025 to further inform work programme for 2025/26.
		Regional ND principles and tender assessment criteria	Workshop held in November 2024. Tender assessment criteria to be developed by end of March 2025
		Staying Safe electronic resource	Resource to be developed by end of March 2025

Proposed CTMUHB Diabetes Governance



**Specific Matters for Consideration:**

- Delivering a community-based integrated children, young people and family healthy weight service from 2025 requires secure revenue funding; failure to secure funding for delivery will continue to increase long-term system wide pressures as a consequence of the cost of obesity and obesity related healthcare conditions within our population.
- Increasing diagnosis of CYP and adults with ADHD via NDIP improvement activities and waiting list initiatives is increasing its associated medication spend, not covered within the WG NDIP funding.
- CTMUHB's developing approach to embedding co-production across services for babies, toddlers, children and young people.

**Key Risks / Matters for Escalation:**

- Funding has not been secured to date for projects supported by the Starting Well and Growing Well strategy group, namely:
  - The community-based integrated children, young people and families weight management service – awaiting Welsh Government agreement to its inclusion within IMTP planned overspend.
  - T2DM remission service – awaiting CTM VBHC outcome decision.
- The increase in the number of children and young people assessed for and diagnosed with ADHD is having an impact on medication costs for CTMUHB (£05m unfunded cost pressure currently) - WG have confirmed that funding through the NDIP should not be used to cover drug costs.



## Recommendation

The Committee are asked to note and discuss the content of the slides and accompanying report, including the identified risks to future service delivery and spend

## Next Steps

The Starting Well and Growing Well strategy groups will continue to work in partnership with internal and external colleagues to:

- Work with regional partners to develop integrated health and social care services to support babies, toddlers, children, young people and their families
- Embed co-production across CTMUHB services for babies, toddlers, children, young people and their families, taking a rights based approach to service design, delivery and evaluation
- Deliver a healthy weight road-map for the region, taking a whole-systems approach to tackle the causes and consequences of overweight and obesity
- Deliver the Diabetes Programme, implementing a whole-system approach to diabetes to improve the health outcomes for people living with diabetes and to reduce or flat-line the prevalence rate of T2DM in CTMUHB
- Achieve a whole-system regional approach to diagnosis and support for neurodivergent children, young people, adults and their families.
- Work with WG to ensure that CTMUHB medication prescribing for ADHD and ASD diagnosis is appropriate for our communities.

# Cwm Taf Morgannwg Baby and Toddler Voice

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<sup>i</sup> Parent Infant Foundation (2024) The First 1001 Days Evidence Brief Series:  
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# Llais Babanod a Phlant Cwm Taf Morgannwg

Mae'r cyfnod cyn i mi gael fy ngeni tan fy mod yn ddwy oed, yn bwysig ar gyfer fy natblygiad. Bydd fy mhrofiadau, fy amgylchedd ac, yn arbennig, y cysylltiadau sydd gen i â phobl sy'n gofalu amdana i yn dylanwadu ar fy mherthynas, ymddygiad, dysgu a lles emosiynol yn y dyfodol ar hyd fy oes.<sup>i</sup>

Mae'n bwysig eich bod chi'n fy ngweld fel fy mherson fy hun gyda theimladau, hawliau a dewsiadau. Rwy'n dibynnu arnoch chi i ystyried fy marn a dehongli beth rydw i'n ceisio ei ddweud wrthy, felly rwy'n ganolog i bob penderfyniad sy'n effeithio arna i ac sy'n fy nghadw'n ddiogel.<sup>ii</sup>

Er mwyn fy helpu i fod yn hapus, yn iach ac yn ddiogel, mae'n bwysig bod pawb yn ymwybodol o'u cyfrifoldebau i ystyried fy hawliau, yn ogystal â hawliau pob plentyn mewn penderfyniadau sy'n effeithio arny'n nhw. Roedd rhieni a dros 120 o staff sy'n gweithio gyda rhai bach fel fi, yn ystyried fy hawliau fel sy'n cael ei nodi yn CCUHP<sup>iii</sup> Roedd rhieni a dros 120 o staff sy'n gweithio gyda rhai bach fel fi, yn ystyried fy hawliau fel sy'n cael ei nodi yn CCUHP a defnyddio fy llais i ddrafftio'r disgwyliadau hyn mewn nifer o Grwpiau Gorchwyl a Gorffen a drefnwyd gan Raglen Trawsnewid Blynnyddoedd Cynnar Cwm Taf Morgannwg, Plant yng Nghymru a Parent-Infant Foundation.

## Mae angen arna i...

- **Mae angen i** mi gael fy nghadw'n lân, yn gynnes a chael bwyd iach a lloches i dyfu a ffynnu.  
Erthyglau CCUHP sy'n cefnogi datganiad 6 a 27
- **Mae angen i** chi ddeall fy mod i'n dibynnu arnoch chi i'm cadw'n agos (yn gorfforol ac mewn meddwl); i fy ngweld, ymateb i mi a chymryd amser i ddod i adnabod fi.  
Erthyglau CCUHP sy'n cefnogi datganiad 3
- **Mae angen i** chi ddeall sut rydw i'n cyfathrebu, dysgu fy nghiwiau ac ymateb yn gyson mewn ffordd gynnes a chariadus.  
Erthyglau CCUHP sy'n cefnogi datganiad 12
- **Mae angen i** chi ddeall y bydd fy mhrofiadau nawr yn effeithio ar fy nyfodol.  
Erthyglau CCUHP sy'n cefnogi datganiad 3 a 6
- **Mae angen i** chi gofio mai fi yw fy mherson fy hun: gadewch i mi fod yn fi ac ystyriwch fi ym mhob penderfyniad rydych chi'n ei gwneud.  
Erthyglau CCUHP sy'n cefnogi datganiad 3, 8 a 29
- **Mae angen i** lle diogel arna i i chwarae a dysgu, i gael hwyl ac i deimlo'n hapus; helpa fi i deimlo'n ddiogel a'm hamddiffyn rhag pethau rwy'n eu cael yn ofnus.  
Erthyglau CCUHP sy'n cefnogi datganiad 19, 29 a 31
- **Mae angen i** cyfleoedd arna i i ryngweithio ag eraill a dysgu o brofiadau newydd.  
Erthyglau CCUHP sy'n cefnogi datganiad 2
- **Mae angen i** chi fy helpu i ddatblygu cysylltiadau gyda (babanod eraill) ffrindiau, teulu a fy nghymuned.  
Erthyglau CCUHP sy'n cefnogi datganiad 6, 8 a 15

## Mae angen i fy oedolyn dibynadwy...

- **Mae angen i'm hoedolyn dibynadwy** i ddeall pwysigrwydd perthnasoedd diogel a gofalgwr nawr, yn ogystal ag yn y dyfodol.
- **Mae angen i'm hoedolyn dibynadwy** i ofalu am fy iechyd, a'i hiechyd cyn, yn ystod ac ar ôl i mi gyrraedd, ac i estyn allan am help os nad yw pethau'n iawn.
- **Mae angen i'm hoedolyn dibynadwy** i ddeall ac ymateb i fy anghenion unigryw.
- **Mae angen i'm hoedolyn dibynadwy** i gael help a gwybodaeth yn y ffordd iawn, ar yr amser iawn, ac yn y lle iawn er mwyn iddo allu gwneud y dewsiadau gorau i mi.

## Mae arnom ni angen...

- **Mae angen** mynediad arnom ni at drafnidiaeth gyhoeddus dda a fforddiadwy fel y gellir mynd â mi i lefydd diddorol ac i gael y cymorth a'r gefnogaeth sydd eu hangen arnom.  
Erthyglau CCUHP sy'n cefnogi datganiad 2
- **Mae angen** palmentydd a llwybrau diogel arnom ni i gael mynediad at fannau cyhoeddus glân a gwyrrdd.  
Erthyglau CCUHP sy'n cefnogi datganiad 19 a 24
- **Mae angen** pobl bwysig arnom ni i ddeall pa mor hanfodol yw fy mlynnyddoedd cynnar i mi gyrraedd fy mhotensial llawn, ac adlewyrchu hyn ym mhob dogfen sy'n ymwneud â mi a rhai bach.  
Erthyglau CCUHP sy'n cefnogi datganiad 6 a 24

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## Strategic Development Committee

### Building Healthier Communities – Spotlight on 3 Communities

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	03/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Beth Underwood Health Housing Innovation Programme Manager
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Linda Prosser Executive Director of Strategy and Transformation
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Linda Prosser, Executive Director of Strategy & Transformation

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
Building Healthier Communities Steering Group	09/01/2025	

<b>Acronyms / Glossary of Terms</b>	
ABCD	Asset Based Community Development
AI	Appreciative Inquiry
CIC	Community Interest Company
HDRC	Health Determinants Research Unit
RCTCBC	Rhondda Cynon Taf County Borough Council



## 1. Situation /Background

- 1.1 The paper describes the work conducted in the '3 communities' - chosen as testbeds to experiment with how we change CTMUHB's relationship with local people.
- 1.2 The '3 communities' project forms part of the 'CTM Offer' where we have started to listen differently to CTM communities and to learn from and with them.
- 1.3 The work is premised on taking an assets based approach – aiming to understand what matters to people and to magnify community strengths. The alternative is to risk continuing to make decisions for people without understanding their lives and aspirations.

## 2. Specific Matters for Consideration

- 2.1 Partnering with RSL's – RSL partners are actively engaged in the work. It aligns to their strategic aims to develop relational services and grow resilience in their communities using frameworks such as Asset Based Community Development. [Asset Based Community Development \(ABCD\) - Nurture Development](#) RSL's are deeply embedded within their communities and are able to work at a hyper-local level. They stepped forward as the vehicle to undertake the work.
- 2.2 Scope - 3 communities and relevant Housing Associations :-  
Trelewis, Merthyr Tydfil – Merthyr Valleys Homes  
Penrhys, RCT – Trivallis  
Blackmill, Bridgend – Valleys 2 Coast
- 2.3 Evidence based decision – the 3 Communities were chosen based on WIMD data; Building Communities Trust Asset Mapping data; qualitative feedback from RSL leaders. We worked with an appreciation that each community is different but with four key alignments – geo-isolation; significant levels of disadvantage; lack of community assets; level of disengagement from the RSL.
- 2.4 Applying Appreciative Inquiry Methodology – AI is a strengths based narrative tool that can support shared understanding by using questions that encourage people to talk about their own experiences. It encourages openness and looks at what is working well from a participants' perspective. It's talking to and listening to people.
- 2.5 Practicing AI - Supported by experienced AI practitioners from the CTM Healthy Weights Team, 20 housing practitioners received training in AI (August 2024). In the first round 60+ stories were gathered. Reflective sessions helped to sense-make the narratives and identify both obvious and under-lying themes.



- 2.6 Learning obtained and relationships developed
- 2.7 **Trelewis** – The community Centre used to thrive, now no one uses it. Raft of practical and valuable suggestions from local people about what they would like to it to be used for.  
**Outcome to date:** Events and groups developing within Trelewis Community Centre (Book Nook, after school clubs, men’s group)
- 2.8 **Penrhys** – Rich in informal leaders. Universally people think it’s a great place to live. Want opportunities for the community to participate in and contribute to the estates’ regeneration through training and employment.  
**Outcome to date:** AI has been incorporated into the co-design process for regenerating Penrhys. Partnering with local bootcamp provider to support training/skills opportunities for local young people.
- 2.9 **Blackmill** – practitioners assumptions challenged – strong community where people connect with and value the natural environment  
**Outcome to date:** Identified a project for older and younger residents who want to work together on planting and bio-diversity of local green spaces.
- 2.10 Each RSL continues to practice and embed AI. They have embraced experimenting with local people using their insights. There are continuing ripples in opportunities for community building.
- 2.11 Monitoring & measurement - The 3 communities work seeks to use shared methods and frameworks including :-
- Appreciative inquiry
  - Asset-based community development
  - Co-production
- which aim to explore, learn and adapt alongside local people to enable community resilience and create conditions for self-organisation and thriving.
- 2.12 CTMUHB and the RSLs are conscious about capturing and showing the impact of this work. This will be done in numerous ways:
- RSL’s will record their AI work and related learning and actions weekly/monthly
  - Quarterly joint CTM/RSL learning and reflective workshops to understand progress
  - Conduct quarterly Ripple Effect Mapping to gauge proliferation of connection and association in each community [Understanding impact and value – ripple effect mapping in practice | Sport England](#)
  - Use of the Most Significant Change method – qualitative interviews with local people, practitioners & leaders on perception of significant change [Most significant change | Better Evaluation](#)
- 2.13 Testbeds for a Community Well-being Worker - The intention is to dovetail the work with exploration around a CWW model in CTM, working across

partners and local people to design and test in the 3 communities an intervention built on four principles –

- **Universal** – all household members, not just patient or condition
- **Comprehensive** – whole person, wider determinants
- **Hyperlocal** – serves 150-200 households in a locality, visiting on a rolling basis (approx. every 6 weeks)
- **Integrated** – linked into a wide variety of services

2.14 The CWW will introduce a relationship with households based on connection into services; self-management of conditions; early-intervention and prevention, serving both health and social domains.

2.15 There has been early engagement, including a first workshop with a range of regional stakeholders (RSL's, Local Authorities, 3rd sector) which helped to define the 'why' as well a clear statement of purpose around objectives for a proposed model.

### 3. Key Risks / Matters for Escalation

3.1 Capacity of RSL housing practitioners to continue to apply, monitor and embed the AI/ABCD work.

3.2 Capacity for broader stakeholders to engage in the Community Well-being Worker model development

### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Creating Health
	If more than one applies please list below: Sustaining our future
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Growing Well
	If more than one applies please list below: Starting well Living Well Ageing Well
	A Resilient Wales
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	A Wales of Cohesive Communities
	A prosperous Wales
	A more equal Wales
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Learning, Improvement & Research
	If more than one applies please list below: Whole Systems Perspective



<b>Dolen i Feysydd Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Domains of Quality</b> ( <i>Duty of Quality Statutory Guidance (gov.wales)</i> )	Person Centred
	If more than one applies please list below: Effective Efficient Equitable
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Yes - Reduce
	If more than one applies please list below:

Impact Assessment	
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Outcome: If no, please include rationale below: Not to date but will be incorporated into the work plan
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): NEUTRAL Outcome for Welsh Language (delete as appropriate): NEUTRAL If no, please include rationale below: No to date but will be incorporated into future work plan
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Enw da / Reputational</b>	Yes (Include further detail below) There are potential reputational impacts on the health board if specific elements of this work are not achieved
<b>Effaith Adnoddau</b> ( <i>Pobl /Ariannol</i> ) / <b>Resource Impact</b> ( <i>People / Financial</i> )	There is no direct impact on resources as a result of the activity outlined in this report.

#### 4. Recommendation

4.1 The Committee is asked to **NOTE** the update and progress to date.

#### 5. Next Steps

5.1 The next steps for the project include:

5.2 Creative Engagement CIC commissioned to provide the 'Talking Shop on Tour' in each of the 3 Communities.



- 5.3 RCTCBC HDRC invited to learn about work at Penrhys and attend 'Talking Shop on Tour'
- 5.4 Map where partner organisations are already working alongside RSL's in the 3 Communities; where there are gaps and how to grow networks
- 5.5 Application of monitoring and evaluation methods
- 5.6 Community Well-being Worker project - involve stakeholders in considering how the model can be developed within a CTM context. This will include looking at multiple pilot projects across the UK to inform the work. [Community Health and Wellbeing Workers \(CHWWs\) - National Association of Primary Care](#)

DRAFT



**Agenda Item**

6.3

**Strategic Development Committee**

**Public Service Board Update**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	03/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Helen Hamond (CTM PSB)
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Philip Daniels, Executive Director of Public Health
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Philip Daniels, Executive Director of Public Health

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	
CTM PSB	Cwm Taf Morgannwg Public Services Board



## 1. Situation /Background

1.1 The Cwm Taf Morgannwg Public Services Board brings together key local partners in the Merthyr Tydfil, Bridgend and Rhondda Cynon Taf local authority areas. Our purpose is to improve the economic, social, environmental and cultural well-being in our area by strengthening joint working.

It [published an assessment of well-being in 2022](#) that is available along with a series of summary reports and [published the Well-being Plan for 2023-2028](#).

1.2 The previous Cwm Taf and Bridgend Public Services Boards came together in May 2023 to form the Cwm Taf Morgannwg Public Services Board.

## 2. Specific Matters for Consideration

2.1 The PSB appointed a new chair, Paul Mee, Chief Executive of Rhondda Cynon Taf County Borough Council in December 2024.

2.2 The highlight report for February 2025 (appendix 1) details current activities against its wellbeing plan.

## 3. Key Risks / Matters for Escalation

3.1 None

## 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>	Creating Health
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas</b>	Not Applicable
	Starting, growing, living, aging, dying well
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	Choose an item.
	The work of the PSB relates to all goals of the WBFGA
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd</b>	Not Applicable



<b>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Yes - Reuse
	Refine, reduce, recycle, repurpose

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required- external update
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below: Not required- external update
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

## 5. Recommendation

5.1 The Committee are asked to **NOTE** the update.

## 6. Next Steps

6.1 Continued engagement with the CTM PSB.

**SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES**

Focus on leadership for climate adaption at the next PSB. Ongoing work to embed the findings from the review in terms of engagement with strategic partnerships and formalising structures of our workstreams.

**OVERALL RAG**



**STATUS UPDATE/ ACTIONS TAKEN by Workstream:**

Workstream	Update March 2025	RAG
Climate Change Risk Assessment	The PSB has signed off the risk assessment for use within partner organisations. The PSB will commit their March meeting to working on their next steps for an adaptation plan. The risk assessment task group are working on a communications plan to share appropriately the messages from the risk assessment to different stakeholders, including work on a webinar for third sector organisations led by RCT Climate Action Network.	Green
Workforce Well-being Sub-board	The sub board is preparing information to connect staff with volunteering opportunities in green spaces. The first information will be shared in April. The Neurodivergence task group have prepared an advice sheet for managers to be shared in time for neurodivergence week in March.	Green
Active Travel Charter	Individual organisations are getting the charter signed off through their internal mechanisms prior to a launch at the PSB in June.	Green
Young Voices Project	The first meeting for the engagement sub group has been set for April. The project will link with the Bridgend College Young Leaders Programme and refresh the recruitment of young people for reverse mentoring.	Yellow
PSB Development	Paul Mee, Chief Executive, RCTCBC was appointed as the new PSB Chair in January.  SE Wales PSB Network have extended their membership to include the Cardiff Capital Region team to maintain a link on shared areas of work such as active travel, transportation and Poverty. Their future programme includes Community Safety Partnerships, Shaping Places for Well-being and Well-being Assessment.	Green
Data Dashboard and Website	The final set of indicators for the data dashboard have been agreed and Data Cymru have started to build the dashboard which will be provided to the three PSBs before the end of March. The data task group will meet again to see the new dashboard. The website is being prepared to hold the background information from the Climate change risk assessment and the data dashboard and an updated page to inform on the PSB workstreams.	Green
Bridgend Food partnership	Proposals for a sub board bringing together working across CTM and with Healthy Weight programme are being prepared for discussion at the PSB in June.	Green

**KEY METRICS:**

A range of metrics will be aligned to each individual work programme building on the data dashboard work.

Risks/Issues	Description & Mitigation	RAG
Recruit young people to the reverse mentoring offer	Meeting with the three colleges in March to secure commitment to the scheme.	Yellow
Secure leaders commitment to a climate adaptation action plan	The PSB meeting in March will focus on leadership in climate action and seek to agree next steps.	Green
Make better use of links through PSB members to other partnerships and network	A template to map members involvement in partnerships and networks is being sent to all PSB members.	Yellow
More formal terms of reference and action plans	Work continues to finalise the terms of reference and action plans for all sub boards and commit to having these in place for all new sub boards and task groups.	Yellow

**DECISIONS/ ESCALATIONS TO BOARD:**

To use PSB members networks to share and influence.



**Agenda Item**

6.4

**Strategic Development Committee**

**Area Planning Board Update**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	03/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Philip Daniels, Executive Director of Public Health
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Philip Daniels, Executive Director of Public Health

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A	Click or tap to enter a date.	

<b>Acronyms / Glossary of Terms</b>	
CTM APB	Cwm Taf Morgannwg Area Partnership Board
DRDs	Drug Related Deaths
THN	Take Home Naloxone
ARBD	Alcohol Related Brain Damage
YPDAS	Young People's Drug and Alcohol Service
CDAT	Community Drug and Alcohol Team



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

HOS

Housing Outreach Service

DRAFT



## 1. Situation / Background

1.1 The Cwm Taf Morgannwg Area Partnership Board brings together key local partners in the Merthyr Tydfil, Bridgend and Rhondda Cynon Taf local authority areas. Area Planning Boards (APBs) were established in 2010 as part of the new arrangements to deliver the Welsh Government Substance Misuse Strategy 'Working Together to Reduce Harm'.

## 2. Specific Matters for Consideration

2.1 The CTM APB is Chaired by Philip Daniels (Director of Public Health, CTM UHB). It is required to recommission its services by April 2026

## 3. Key Risks / Matters for Escalation

3.1 None

## 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Creating Health
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Not Applicable
	Starting, growing, living, aging, dying well
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	Choose an item.
	The work of the APB relates to all goals of the WBFGA
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Whole-systems Perspective
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</b>	Not Applicable
	If more than one applies please list below:



<i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Yes - Reuse
	Refine, reduce, recycle, repurpose

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Not required- external update
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Cydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE  Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:  Not required- external update
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

## 5. Recommendation

5.1 That the committee notes the update

## 6. Next Steps

6.1 Continued engagement with the CTM APB

**SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES**

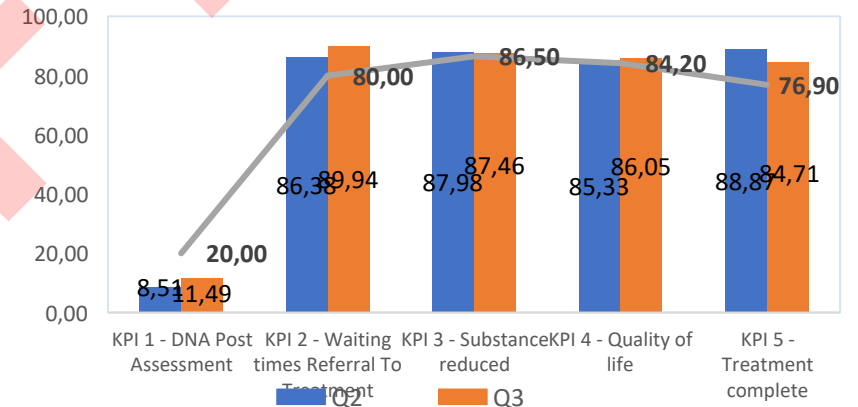
**OVERALL RAG**



**STATUS UPDATE/ ACTIONS TAKEN by Workstream:**

Workstream	Status Update	RAG
Drug Related Deaths	Poly drug use appears to be the main contributor to deaths particularly in regard to 'mixed' CNS depressant substances such as opiates and opioids, benzodiazepines and gabapentinoids. Nitazenes were found in 12 separate toxicology reports but there has been no reporting of these substances since September 2024. The recently published Drug Related Mortality report from the PHW Substance Misuse Team, this is available on their website. This report also looks at THN supply across Wales, it is concerning that during 2023, the reporting period, CTM supply data was poor. Concerned that Bridgend CDAT signpost to Barod for THN and have no/low figures reported for supply/re-issue of THN given these risks and the cohort of service users they see who would be deemed high risk for DRDs.	Yellow
Buvidal	Allocation of future funding in line with number in treatment and that every year there has been a steady increase for referrals remains a concern. CTM UHB have been discussing this with service users in Bridgend CDAT who have reported this has created anxiety for service users due to the funding concern even though a suggestion to consider was capping the number of people prescribed buvidal was discussed in the APB meeting in quarter 2, if the funding issue is not resolved, this has not been agreed so unsure why service users have been made of aware of this.	Red

**KEY METRICS: Qtr 3 - KPI Performance compared to the previous Qtr**



**RISKS/ ISSUES:**

Risk Issue	Description & Mitigation	RAG
Current delivery of Merthyr & Cynon SM Barod Services	Current premises in Oldway House Merthyr not fit for purpose. Engine House also experiencing issues. Reduced Hours in place 11-3pm due to heating/electrical issues. Capital funding required if new site can be acquired for Merthyr. Barod purchased a	Red
CDAT	Several CDATs are struggling to meet the KPIs for various reasons, mainly data entry issues, staff and admin capacity, high caseloads reported in some teams. (80 per person)	Red

**ESCALATIONS/ DECISIONS TO BOARD:**

**SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES**

**OVERALL RAG**



**STATUS UPDATE/ ACTIONS TAKEN by Workstream:**

Data issues CDAT	Bridgend has had significant issues with data and this was progressing, however due to the change in Admin Structure in Bridgend, no quarter 3 data was submitted. The operational practice make it difficult to unpick the work undertaken in each team given that the Social Work Team information is contained in this. Data Analyst developed a separate spreadsheet for the Social Work Team to record their data which is being utilised to capture their data separately to CDAT's .	
Operational Practices	Differences across localities e.g. transfers from Dyfodol in Bridgend, referring to Barod for MI work due to non-engagement. CDAT Social Work in Bridgend not consistent with Cwm Taf Social Work Team and appears to be supporting with medical interventions as per their Service Specification: <ul style="list-style-type: none"> <li>• <b>Monitoring and Evaluation of client progress and further discussion with medical, clinical leads and with the team and nurse colleagues</b></li> <li>• <b>Monitoring of specific medications such as baclofen, Disulfiram and Campral.</b></li> <li>• <b>Monitoring of titration scripts of methadone and baclofen and reporting and liaising back to Doctor and Multi-Disciplinary Team.</b></li> </ul>	

**RISKS/ ISSUES:**

Bridgend Tier 3/ Social Work Data	No compatible system for collating data and providing the extract to DHCW. Taken forward Nationally. *Admin resource reallocated which has meant <u>No inhouse data</u> available for Qtr3, to be recified by next quarter	
SW CAMHS	Staff capacity has been highlighted. 10 week waiting list in Cwm Taf and 4 weeks in Bridgend. Raised internally with health management. Senior Nurse leaving the service, date unknown.	
PCDAS Care	It has been reported that CDAT cannot transfer out of core services as there is a lack of PCDAS surgeries available and lack of interest of GPs to take on the service, which is having an impact on caseloads. 2 staff vacancies in PCDAS.	

**SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES**

**OVERALL RAG**



**STATUS UPDATE/ ACTIONS TAKEN by Workstream:**

Lack of outreach work within CDAT	This is happening within Taf Ely and Cynon CDAT localities, but not other areas), this is due to caseloads being too high for outreach work is cited as reason in reports. Bridgend CDAT using letters as main form of contact to send assessment appointment letters.	Green
ADHD	Training for HOS staff, but can't support with this due to issues HOS raised in Mental Health Services (responsibility of prescribing, costs etc)	Green
PCDAS	It has been reported that CDAT cannot transfer out of core services as there is a lack of PCDAS surgeries available and lack of interest of GPs to take on the service, which is having an impact on caseloads. 2 staff vacancies in PCDAS.	Green
ARBD	Some initial progress, pathway drafted, however unclear who has responsibility. Lack of input from Bridgend, and differences in Social Work Teams who support individuals with ARBD in BCBC and Cwm Taf. APB continue to lead on the ARBD working group which meets monthly. Following feedback in this group an Unmet Need T&F Group was established, led by CTM UHB, met twice and then closed with no unmet need identified. No funding for specialist placements, so local authorities currently funding these, and Health continuing to hold people in hospital.	Yellow
Co-occurring sub-group	The Co-occurring subgroup has not met for a considerable period of time. (2 years). Despite each quarter this is raised and the timeline for progress is pushed forward without any updates.	Red
YPDAS	The capacity issue raised at the APB F&C meetings in November & February, and it was suggested this is discussed internally. Rob Richards/Lehane Ryland to raise this with Brahms/Greg Robinson about this issue and suggestion of sharing resources. No further progress with this reported to the commissioning team.  No progress – 10 week waiting list in place in Cwm Taf and 4 weeks in Bridgend (as of 4.2.25). Senior Nurse is also leaving the Service, plan to replace her is unknown.	Red

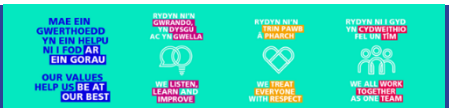
Community Alcohol Care Team.	Lack of progress since funding awarded in 2022, change of directorate agreed in 2024 from Mental Health to Planned Care. Progress has been made since change in directorate, CTM UHB plan to recruit in quarter 4.	Green
Harm Reduction Nurse	Although there was a successful secondment in December, the CTMUHB need to re advertise to extend the contract till March 2026 Despite advice from another Health Department to confirm the secondment could just be extended.	Yellow
Tier 4 – Residential Rehab	We have an unprecedented demand in referrals coupled with rising costs of placements. This will become more of an issue in 2025/6 when there will be limited slippage available to cover any additional costs. Additional projects are already identifying more people who are suitable for placements.	Yellow



<b>Agenda Item 7.1</b>	<b>03.04.25</b>	<b>Strategic Development Committee</b>	<b>Staff Survey Results 2024 and People Plan</b>
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Report Details:	
FOI Status:	Open (Public)
Prepared By:	Hayleigh Jones, Deputy Director for People
Presented By:	Hywel Daniel, Executive Director for People
Approving Executive Sponsor:	Hywel Daniel, Executive Director for People
Report Purpose	For Discussion
Engagement undertaken to date:	Executive Management Board, Staff Q&A, Leadership forum, LPF, LNC, Inspire, EDI working group, Care Group SLTs, Staff roadshows, CAG, Senior Nurse Forum

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	N/a
Related Health and Care Standard	Governance, Leadership & Accountability
<b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No
Link to Strategic Goals	Inspiring People, Improving Care



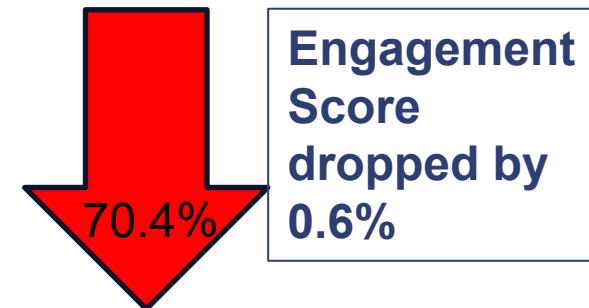
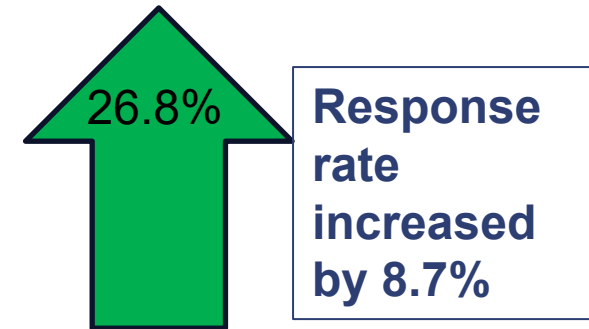
# Staff Survey 2024: Headlines

The NHS Wales Staff Survey closed in December, with headline results released in February 2025.

CTM response rate increased from **18.1%** to **26.8%** this year, representing a staggering **3,560 staff voices**. Our staff engagement score has **dropped by 0.6%** from **71%** in 2023 to **70.4%**. This is a similar theme across other similar sized Health Boards and Trusts in Wales, with CTM having the smallest drop. However, CTM has the lowest engagement score for similar sized Health Boards and Trusts.

Further analysis of the sub-themes and free-text comments will follow as the data is made available. For now, we need to **share our headline results** transparently and promptly, respond to staff feedback **swiftly** and **keep the conversation alive**.

Responsibility for **improving engagement sits with us**, as a leadership team. Our intent is to implement a Directorate led approach that enables more consistent and **locally owned action planning**. This will be supported via a **refresh of our People Plan** priorities, to address cross-cutting themes that cannot be resolved locally.



# Staff Survey 2024: The 10 Themes

The Staff Survey consists of 10 themes. Overall, our **scores have increased on 9 out of 10** themes, as shown below. The only theme that has decreased is Staff Engagement. It is important to recognise these improvements but note that we still have a long way to go. CTM remains the **lowest performing Health Board in 7 out of the 10** themes.

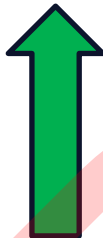
**NB: This is based on high level data. Further analysis of sub-themes, raw comments and negative scores is required.**

## 1. We champion flexible working



Overall improvement of **3.4%** which may be due to the development of a new Lateral Moves Policy and improvements in the Flexible Working Policy.

## 2. We nurture healthy working environments



Overall improvement of **2.1%**. However, this theme is one of our three lowest scoring areas.

## 3. Patient safety



There has been an overall improvement of **5.3%** in 2024. However, this is also one of our three lowest scoring areas.

## 4. Morale



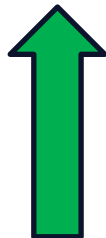
Overall improvement of **1.4%**. However, this theme is one of our three lowest scoring areas.

## 5. We are continuously learning & improving



Overall improvement of **1.8%**.

## 6. We are all able to speak up



Overall improvement of **1.2%**.

## 7. We recognise everyone's contribution



Overall improvement of **1%**.

## 8. We are stronger together



Overall improvement of **0.9%**.

## 9. We are compassionate & inclusive



Overall improvement of **0.3%**.

## 10. Staff Engagement



Overall decline of **0.2%**.

# Staff Survey 2024: A Closer Look

Overall decline of 0.2%.



**Staff Engagement Theme:** The staff engagement theme is the only theme where our results decreased. However, this theme determines our overall staff engagement score. The staff engagement theme consists of the following 7 questions. The table shows the positivity score in 2023 versus 2024. There are three questions where our positivity score has decreased since last year, highlighted in red. It is worth remembering that at the time the staff survey was live, we were dealing with the critical incident at PoW, which may have impacted results.

Question	2023 positivity score	2024 positivity score	Annual Trend
I look forward to going to work	46.5%	48.2%	Increased
I am enthusiastic about my job	64.8%	62.5%	Decreased
I am happy to go the extra mile at work when required	80.4%	75.7%	Decreased
I am able to make improvements in my area of work	55.3%	59.1%	Increased
I would recommend my organisation as a place to work	50.5%	53.7%	Increased
I am proud to tell people I work for my organisation	51.4%	56.0%	Increased
I am involved in deciding on changes introduced that affect my work/area/team/department	50.8%	45.6%	Decreased
<b>OVERALL STAFF ENGAGEMENT THEME SCORE</b>	<b>57.1%</b>	<b>56.9%</b>	<b>Decreased</b>

**Please note -** Despite only scoring less on **three** areas, these three areas have seen a larger drop in percentage which is why our overall Staff Engagement has dropped slightly.

# Staff Survey 2024: Areas of Focus

The three themes within the Staff Survey with the lowest positivity results were **Morale**, **Nurturing Healthy Working Environments** and **Patient Safety**. These all increased since 2023, but remain our lowest scoring areas. These will require a dedicated organisational focus. We will be engaging with people further about next steps via a series of roadshows. This activity will supplement (not replace) Directorate level discussions and action plans to address local Staff Survey results.



## MORALE

- a. Stressors
- b. Work Pressures
- c. Thinking about leaving



## WE NURTURE HEALTHY WORKING ENVIRONMENTS

- a. Negative experiences at work.
- b. Burnout
- c. Health & Safety Climate



## PATIENT SAFETY - FEELING SAFE IN WORK

The culture of reporting and dealing with near misses, errors or incidents safely and fairly, and feeling safe to speak up

Further analysis and comparison will be undertaken as the data becomes available, to identify additional hot-spots and areas of focus within sub-themes.

# Staff Survey 2024: Care Group Lens

Care Group	Response Rate (%)	Engagement Index (%)	Lowest three scoring themes (positivity scale)			Highest scoring theme (positivity score)
DTPS	45.6	71.4	Morale 53.8	We nurture healthy working environments 57.3	We champion flexible working 58.2	We are compassionate and inclusive 72
Planned Care	18.5	68.4	We champion flexible working 50.2	Patient Safety 51	Morale 51.4	We are compassionate and inclusive 66
MHLD	26.3	70.1	Patient safety 51.8	Morale 54.6	We nurture healthy working environments 55.3	We are stronger together 70.4
Children & Families	20	69.7	Morale 47.8	We champion flexible working 51	We recognise everyone's contribution 52.3	We are compassionate and inclusive 65.6
Primary & Communities	26.1	71.1	Morale 54	We champion flexible working 56.8	Staff Engagement 58.9	We are compassionate and inclusive 70
Unscheduled Care	16.3	65.4	Morale 44.9	We champion flexible working 45	We nurture healthy working environments 47.9	We are continuously learning and improving 60.7
Facilities	15	67.6	Morale 50.6	Staff Engagement 51.9	We champion flexible working 54.5%	We are compassionate and inclusive 62.1
Corporate	44.8	74.6	Patient Safety 56.8	Morale 61.4	We nurture healthy working environments 66.4	We champion flexible working 76.3

- All areas have Morale within the lowest scoring themes
- Flexible working is the lowest for all areas except for Corporate, where this is the highest scoring theme
- The highest scoring theme for the majority of Care Groups is 'we are compassionate and inclusive'
- Individual hotspots are being discussed and addressed with Care Group SLTs

# Staff Survey: Progress since 2023

Staff Survey 2023: Key Areas for improvement	Improvement / Decline when compared to 2024 results
<p>Work-life balance</p> <p>Stressors and work pressures</p>	<p>Overall improvement of up to 6.5% on these areas, however further work is required as still only around half of respondents answer in a positive light.</p> <p><b>Why?</b> The implementation of the new Flexible Working Policy and Lateral Moves policy may have had a positive impact in this area.</p>
<p>Negative experiences at work including work related stress and attending work despite being unwell</p> <p>Burnout</p>	<p>Overall improvement of up to 10% in these areas since 2023, but the results remain low.</p> <p><b>Why?</b> During the 2023 staff survey, many people were involved in OCP which is likely to have impacted negatively on results. In response to the 2023 results, support was shared around self-care and basic needs, presenteeism and how teams can promote a wellness culture.</p>
<p>Experience of bullying, harassment and discrimination (BH&amp;D)</p> <p>Reporting BH&amp;D</p>	<p>Instances of BH&amp;D relating to patients/carers/etc have increased. This is concerning, but may be due in part to the increased response rate from clinical areas in 2024.</p> <p>Slight improvement in figures relating to Manager/colleague, however anything over zero is unacceptable.</p>

Progress has been made since 2023 but further improvement is required, in particular around BH&D, which links to one of the 2024 priority themes around Patient Safety and Speaking Up.

# Staff Survey 2024: Free text comments

893 individual comments were submitted as part of the Staff Survey, covering a multitude of areas.

**Staffing, Management and Wellbeing** came out as the strongest themes.

Further analysis is underway and the free-text comments will be shared with Care Groups, to provide further insights and inform action plans.



Theme	Staffing	Management	Wellbeing	Training and Development	Work- Life Balance	Comms	Work environment	Pay and Benefits	BH&D
No. of mentions	456	301	204	89	84	60	59	37	33

# Staff Survey 2024: Next steps

- This year we have much earlier access to the CTM results, plus results broken down by Care Group and by Directorate. Results are shared on the intranet for full visibility, and have been discussed at SLTs.
- Free-text comments have also been released by HEIW. Further analysis is required but raw comments will be shared with Care Groups via HoP during March, to provide qualitative insights.
- We are sharing all of the data we have as transparently and promptly as possible, so we can respond quickly to any initial feedback or questions staff have, and complete 'you said, we did' activity.
- This year, each Directorate / Care Group is responsible for developing and sharing a meaningful action plan, in response to their own survey results. To date, the Employee Experience Lead has attended 7 of the Care Groups to discuss their results and initiate local action planning. Action plans will be shared at May's Operational Management Board.
- The Executive Director for People will further embed this accountability by writing to Care Groups to request sight of action plans and progress updates.
- In addition to local action plans, the CTM People Plan will be refreshed to address some of the cross-cutting themes within the Staff Survey that cannot be resolved locally. We will be holding engagement sessions to seek staff input into our revised People Plan during March and April 2025.
- Work is also underway at an All-Wales level to understand cross-cutting themes that could be addressed on a more national level.

# Staff Survey 2024- Refreshing our People Plan

Based on insights to date, we are proposing to streamline the current 10 people priorities into 3 broad People Plan themes:

- **Leadership and Culture**

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

- **Becoming an Employer of Choice; a CTM people want to work in**

A workplace to feel proud of, and where your contribution is valued. We have a reputation as a great place to work, train and grow via fulfilling and exciting career pathways.

- **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, introducing new skills for new models of care.

Throughout March/ April we are holding a variety of engagement sessions with staff to discuss the Staff Survey results and gather their views about how we can address these via our People Plan. We will **test, develop and refine** the core themes above.

These engagement sessions will **supplement (not replace)** Directorate engagement and local action planning. A full communications and engagement plan is attached.



## Recommendation

The Committee is asked to:

1. Note the 2024 Staff Survey results
2. Note the People Plan Comms and Engagement Plan
2. Endorse the intended next steps, including
  - prompt and transparent sharing of the results
  - embedding leadership accountability for local action planning
  - co-development of a refreshed CTM People Plan by June 2025, to address cross-cutting themes with tangible actions

## Next Steps

- Results shared across organisation in February
- Further analysis and raw comments to be shared with SLTs in March
- Local action plans to be developed by Care Groups and shared at May OMB
- Staff engagement events underway throughout March and April to discuss Staff Survey headlines and seek input into tangible People Plan priorities
- Draft People Plan to be shared at May Board, with a view to publication in June 2025

# Consulting staff on CTM’s draft People Plan 2025 - 2030

## Communication and Engagement Plan - February 2025

### Contents

<b>BACKGROUND</b> .....	1
<b>AIMS AND OBJECTIVES</b> .....	2
<b>AUDIENCE</b> .....	3
<b>KEY MESSAGES</b> .....	8
<b>COMMUNICATION CHANNELS</b> .....	9
<b>PRODUCTS</b> .....	15
<b>POTENTIAL RISKS AND MITIGATIONS</b> .....	15
<b>EVALUATION</b> .....	17

## BACKGROUND

### What is a People Plan?

A People Plan is a strategic framework that summarises how an organisation intends to manage its workforce to achieve its goals and objectives. A People Plan is aligned with the organisation’s overall business strategy to ensure the right people are in the right place to drive success, and the workforce is equipped to meet challenges and opportunities as they arise. It outlines how an organisation will attract, develop, retain and engage its people to create a high-performing culture.



## CTM's People Plan

CTM is in the process of revising and simplifying our People Plan for 2025-2030, to ensure it aligns with CTM2030 and supports the achievement of our strategic goals. To achieve our goals, we know we need to focus on building healthier communities, integrated community services and our acute clinical services plan. In short, health needs are changing and we need to change too. We know we will need more people working differently in a fair and inclusive culture.

Our People Plan activity of late has been stop-start. CTM currently has 10 people priorities, but limited definitive action plans, prioritised deliverables or success measures underneath these. The 10 priorities are valid and reasoned, but would benefit from being streamlined to focus efforts, recognising that if everything is a priority then nothing is.

Now is an opportune moment to refresh our People Plan, in response to our recent 2024 Staff Survey results which captured the views of 3,560 staff. Based on an evidence review, alongside initial 1-1 consultations, and insights from the Staff Survey, three core themes have been proposed, which could frame our revised People Plan. These are:

- Leadership and Culture
- Becoming and Employer of Choice
- Right size and shape, now and for the future

Throughout the coming months, we will be seeking broad staff input and feedback into our People Plan. We will combine this engagement activity with discussions around the Staff Survey results, to provide a golden thread. We want to understand what really matters to people, plus what is currently missing and whether the language resonates. We will test, develop and refine the core themes for our People Plan, and the delivery plans that will sit underneath these.

## AIMS AND OBJECTIVES

Engaging staff in the development of our People Plan not only ensures the plan is tailored to their needs, it also strengthens the relationship between staff and leadership. We received our Staff Survey results in February 2025 and want to ensure we maximise this opportunity, by taking swift action on the back of the Survey feedback and translating this feedback into People Plan deliverables. **This activity does not negate or replace the need for local engagement activity and action planning, in response to Care Group staff survey results.** However, by engaging staff in the development of our organisation wide People Plan, we will be able to:

- **Inform:** our staff will know what a People Plan is, and how this fits in with the feedback they provided in the Staff Survey. They will understand how CTM's People Plan - and its deliverables - have progressed since its previous iteration.
- **Align:** connecting the new People Plan to CTM strategies, change programmes and improvement activity, such as how we will be responding to the Staff Survey 2024 results, and how this links with CTM 2030, IMTP, Acute Clinical Service Plan and Care Group Plans on a Page.
- **Increase buy-in and ownership:** when staff are involved in the creation of a People Plan, they feel a sense of ownership and commitment to it. They are more likely to understand the 'why' behind any changes and actively contribute to making the plan a success.



- **Improve relevance:** Our people know their own needs, challenges, and experiences better than anyone else. Involving them will ensure our new plan addresses real issues and is aligned with what people actually want from the workplace
- **Benefit from diverse perspectives:** People at different levels and from various departments and backgrounds bring different perspectives to the table. These diverse insights can help us identify gaps or opportunities that we – the People Directorate alone - may not have considered.
- **Encourage innovation:** Staff may come up with creative and innovative ideas that we might not have thought of. This could lead to fresh approaches to delivering our core priorities.
- **Enhance engagement:** Involving people in the process shows that we value their input and that we are invested in their well-being and career growth. This can increase overall engagement, as people feel they have a say in decisions that affect them directly.
- **Foster trust and transparency:** Co-creating a plan with staff builds trust between leadership and teams. It shows that we are transparent about our intentions and we are open to feedback and collaboration. It also demonstrates that we are living by our values- that ‘we listen, learn and improve’.

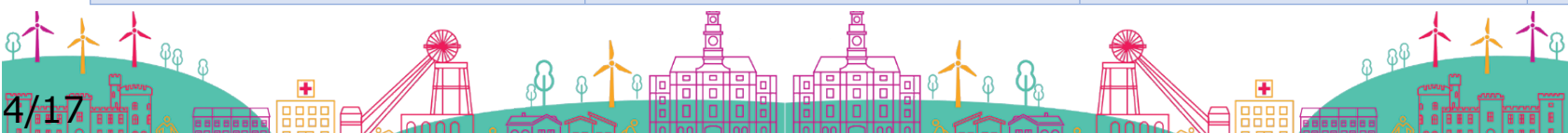
## AUDIENCE

This table outlines the key stakeholders we need to ensure are targeted through our Communication and Engagement plan. The points outlined within each column (Think, Feel and Do) can be utilised in targeted messaging to these groups, alongside the broader messaging (see ‘Key messages’ below) where needed.

Stakeholder	Think	Feel	Do (your call to action)
<p><b>Executive / Senior Leadership Team / Board</b></p> <p>We want our ELT / SLT and Board to see the engagement process as a valuable, forward-thinking move that leads to better outcomes for CTM and a more engaged, empowered workforce.</p> <p>We need to secure early and ongoing buy-in and require our Leaders to promote and support team members’ attendance at the engagement sessions, and to individually sponsor activities within the People Plan.</p>	<p><i>Empowered by collaboration</i> - involving staff is a strategic move that taps into the collective intelligence of CTM, leading to more innovative and effective solutions.</p> <p><i>Positive organisational impact</i> - the process itself will contribute to improved engagement, retention, and performance, which directly impacts CTM’s success.</p>	<p><i>Confidence in the input from our staff</i> - that staff perspectives and feedback are valuable and can provide actionable insights that leadership might not always see from the top down.</p> <p><i>Pride in living up to our values</i> - CTM is fostering a culture of openness and trust, which will strengthen relationships between leadership and staff. We are demonstrating that we living by our value that ‘we listen, learn and improve.’</p>	<p><i>Support and champion the process</i> - actively back the process and show commitment to involving staff. Make sure resources are allocated to support the engagement efforts.</p> <p><i>Model behaviour</i> - demonstrate active listening and openness to feedback, in line with our values.</p> <p><i>Hold yourself accountable</i> - help ensure the final plan aligns with the insights gathered from staff. Be willing to individually sponsor engagement sessions and sponsor elements within the plan itself- People Directorate cannot deliver this alone.</p>



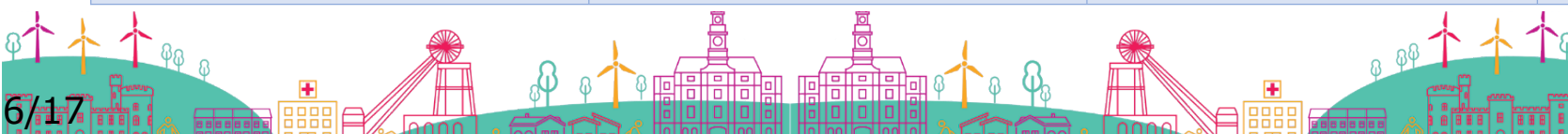
Stakeholder	Think	Feel	Do (your call to action)
<p><b>Managers</b></p> <p>Our people managers are key in translating strategy into action. We want our managers to feel that they're not just passive recipients of a top-down strategy but active contributors who can influence how the People Plan will shape the culture and success of their teams. Their support and involvement will be key in making sure the plan is effective and sustainable.</p>	<p><i>Positive impact on their teams</i> - involving staff in the development of the People Plan will result in initiatives that directly improve their team's engagement, productivity, and overall satisfaction.</p> <p><i>Clarity in expectations</i> - the process of engaging staff will lead to a clearer, more realistic, and actionable plan, helping them manage and develop their people more effectively.</p> <p><i>Support from leadership</i> - that leadership truly values their role in the process and is committed to creating a plan that is not only top-down but also reflects the needs of those on the ground.</p>	<p><i>Empowered and supported</i> - they have the opportunity to contribute to shaping a people strategy that directly impacts their teams, and that leadership is listening to their insights and feedback.</p> <p><i>Confidence in the process</i> - the development of the People Plan will support positive outcomes, both for CTM and for the people they manage. They should feel that it's a process they can trust and support.</p> <p><i>Hopeful for positive change</i> - we need to signal hope and excitement at a time of radical, and constant, change. The collaboration sessions will signal that change is coming, whilst also helping to generate ideas for positive changes in ways of working that improve engagement, retention and overall well-being.</p>	<p><i>Actively engage</i> - be proactive in gathering feedback from teams and ensuring teams are participating in the development of the plan. Share your own insights and concerns based on frontline experience.</p> <p><i>Facilitate communication</i> - act as a bridge between leadership and teams, ensuring information flows both ways. Communicate the purpose and importance of the engagement process to teams in a way that motivates participation.</p> <p><i>Be open to feedback</i> - encourage and model a culture of openness where staff feel safe to provide honest feedback.</p>
<p><b>People Directorate / Heads of People</b></p> <p>The People Directorate are central to the process of developing - and implementing - the People Plan.</p> <p>The People Directorate must have the resources, time, and tools to support management of the engagement process and translate feedback into actionable</p>	<p><i>A strategic opportunity</i> - this is a chance to align People initiatives with the real needs of our people and CTM's long-term goals. It's a way to create a more inclusive, and people-focused strategy that will have a direct impact on retention, satisfaction, and organisational performance.</p>	<p><i>Empowered and informed</i> - by engaging a wide cross-section of staffgroups, the People Directorate is better equipped to build a People Plan that is grounded in real feedback, and are empowered to create initiatives that have a lasting impact.</p>	<p><i>Drive the process</i> - take an active role in facilitating the engagement process, ensuring that it is well-structured and that the right channels are in place to gather valuable insights from staff. The Heads of People should help lead and cascade focus groups, surveys etc</p> <p><i>Analyse and interpret data</i> - once feedback is collected, the Heads of</p>



Stakeholder	Think	Feel	Do (your call to action)
<p>plans.</p>	<p><i>Value in staff feedback</i> - the feedback and insights gathered from staff will provide critical data for shaping policies, processes, and development programs. This is a valuable opportunity to address gaps and areas of improvement we may not have seen before.</p> <p><i>Support for organisational change</i> - involving people in this process is key to driving meaningful change. The People Plan will be better received by the workforce if we are able to incorporate their voices into it, leading to smoother implementation.</p> <p><i>Clarity in expectations</i> – the plan will be simplified and prioritised. This will help drive targeted activity within the People Directorate, to ensure we are focussing our collective efforts on the areas of maximum benefit.</p>	<p><i>Pride in building a positive culture</i> - this process is a significant step toward building a workplace culture where people feel valued and heard, which is core to the People Directorate’s mission of fostering staff engagement and well-being.</p> <p><i>Confidence in collaboration</i> – the People Directorate should feel confident that this collaborative approach with staff, leadership, and line managers will strengthen relationships across the organisation.</p>	<p>People should take ownership of helping to analyse the data, identifying trends, and translating those insights into actionable recommendations for the People Plan.</p> <p><i>Collaborate with leadership</i> - work closely with the Executive Leadership Team to ensure that the feedback aligns with organisational goals and values. The Heads of People play an important role in shaping the People Plan while making sure it reflects the real needs of the workforce.</p> <p><i>Support Line Managers</i> – The Heads of People should partner with line managers to ensure tools and resources line managers need to foster staff engagement are in place</p>
<p><b>Trade Union partners</b></p> <p>We want our Trade Union colleagues to feel like genuine partners in the process, with their role seen as integral to ensuring the People Plan is both fair and aligned with the needs of the workforce. Their buy-in and support will help ensure smooth implementation, particularly when it comes to gaining trust and</p>	<p><i>A transparent, collaborative approach</i> - involving individuals in shaping the People Plan is a sign of good faith and transparency from management, demonstrating a willingness to listen to and incorporate staff concerns and feedback.</p> <p><i>Mutual benefits</i> - the process will result in a People Plan that benefits both</p>	<p><i>Confident in the process</i> - they are being heard and respected as key partners in shaping the future of our workplace, and that the process will be fair and inclusive.</p> <p><i>Secure in representation</i> - by being engaged in the process, the Trade Unions can ensure the People Plan takes into account worker’s rights,</p>	<p><i>Actively participate</i> - engage constructively in discussions about the People Plan, offering insights on behalf of members and providing valuable feedback from a worker’s perspective.</p> <p><i>Encourage engagement</i> - help facilitate participation by encouraging members to share their feedback and ideas.</p>



Stakeholder	Think	Feel	Do (your call to action)
<p>participation.</p> <p>Engaging our Trade Unions in the development of the People Plan is an important piece of the puzzle, as they represent staff interests.</p>	<p>individuals and CTM —fostering a more productive, satisfied, and engaged workforce, which also helps the organisation succeed.</p> <p><i>A respectful dialogue</i> - their input and the input of the workforce will be valued, and that the process is genuinely about creating a fair and balanced plan that addresses staff needs without neglecting CTM’s broader goals. This does not mean that we can achieve everything for everyone however. We will need to focus efforts on areas of biggest impact and be transparent about our delivery plans and success measures.</p>	<p>well-being, and interests, contributing to a fair and balanced environment.</p> <p><i>Hopeful for positive change</i> - the collaboration will lead to positive changes that improve working conditions, professional development opportunities, and overall well-being, aligning with the core interests of the unions.</p>	<p><i>Provide constructive feedback</i> - offer thoughtful, actionable recommendations to help shape the People Plan, ensuring that it addresses key concerns around fair treatment, job security, career development, compensation, and well-being.</p> <p><i>Collaborate with the Heads of People and leadership</i> - ensure the People Plan reflects a balance of both organisational needs and employee/worker rights, and that any negotiated and prioritised outcomes are included in the final plan.</p>
<p><b>Staff EDI and Wellbeing Networks</b></p> <p>Engaging our Staff Networks is crucial for ensuring that our People Plan is truly inclusive and representative of a diverse workforce.</p> <p>Staff Networks can act as trusted ambassadors who ensure the voices of their members are heard and valued.</p>	<p><i>An inclusive, thoughtful approach</i> - engaging staff, including diverse groups, is a positive step toward creating an equitable and inclusive workplace. They should see this as an opportunity to address any gaps or challenges that specific groups may face and ensure these needs are woven into the People Plan.</p> <p><i>Genuine commitment to diversity and inclusion</i> - leadership is committed to making real, tangible improvements in the workplace for all groups, and that their voice is not just welcomed but actively sought after in shaping the</p>	<p><i>Valued and respected</i> - their perspectives, as representatives of different communities, are essential to the process and their contributions are helping to create a plan that supports all staff, not just the majority group.</p> <p><i>Proud of the process</i> - this process is fostering a truly inclusive culture and that their input will have a direct, meaningful impact on CTM’s approach to things like recruitment, development, well-being, and culture.</p>	<p><i>Actively contribute</i> - share insights from respective networks, ensuring that the needs, concerns, and priorities of the community are included in the People Plan. Be proactive in offering ideas for how CTM can better support these groups.</p> <p><i>Engage communities</i> - help spread the word about the engagement process within their networks, encouraging people to share their feedback and participate.</p> <p><i>Collaborate with Leadership and the People Directorate</i> - work closely with leadership and the Heads of People to</p>



Stakeholder	Think	Feel	Do (your call to action)
	<p>People Plan.</p> <p><i>Empowered by the opportunity</i> - their feedback and perspectives are being taken seriously in the planning process and that this is a chance to create positive, lasting change for their members and the wider organisation.</p>	<p><i>Excited about the possibilities</i> - they're optimistic about the potential for positive change, feeling like they're playing a critical role in creating a workplace that's better for everyone, with a People Plan that reflects diversity and supports all staff equitably.</p>	<p>ensure that the People Plan truly reflects the diverse needs of CTM and that inclusion is embedded in every aspect of the plan. Help identify any blind spots or areas where the plan could be improved.</p>
<p><b>Our people</b></p> <p>Engaging a broad cross-section of staff from different locations, professional backgrounds and with different tenures is vital to ensure our People Plan is truly inclusive and representative of a diverse workforce.</p>	<p><i>Empowered</i> - staff feedback and perspectives are being taken seriously. This is a chance to co-develop our People Plan and create positive, lasting change for CTM.</p> <p><i>2 way feedback loop</i>- this is an opportunity to understand more detail about the Staff Survey results, build upon those, and turn them into tangible actions.</p>	<p><i>Nothing about us, without us</i>- our people know they have a voice and that their feedback is valued by CTM. This is our People Plan, created by us, for us.</p> <p><i>Excited about the possibilities</i> – appreciative of the scale of change ahead, but optimistic about the future.</p> <p><i>Walking the talk</i>- our people can see that we are living by our values; ‘we listen, learn and improve.’</p>	<p><i>Participate</i>- actively contribute and share your views and constructive feedback about how we can combine efforts and work together to make CTM a great place to work.</p> <p><i>Be ambitious, yet realistic</i>- we cannot deliver everything, for everyone. We are working within financial, legislative and resource constraints, so we should strive to innovate, but need to be realistic about what is achievable.</p>
<p><b>Strategic Development Committee (SDC)</b></p> <p>The SDC will act as the governance board for the People Plan, approving the final products and holding us to account for delivery.</p> <p>We want SDC to see the engagement process as a valuable, forward-thinking move that leads to better outcomes for</p>	<p><i>Empowered by collaboration</i> - involving staff is a strategic move, aligned with our values, that taps into the collective intelligence of CTM, leading to more innovative and effective solutions.</p> <p><i>Positive organisational impact</i> - the process will contribute a more rounded People Plan and the engagement activity itself will contribute to improved</p>	<p><i>Confidence</i> – the end products are reflective of valuable staff perspectives, which may otherwise have acted as blind-spots.</p> <p><i>Pride in our values</i> - CTM is fostering a culture of openness and trust, which will strengthen relationships between leadership and staff. We are demonstrating that we are living by</p>	<p><i>Support and champion the process</i> - actively back the process and show commitment to involving staff.</p> <p><i>Model behaviour</i> - demonstrate active listening and openness to any feedback, in line with our values.</p>



Stakeholder	Think	Feel	Do (your call to action)
CTM and a more engaged, empowered workforce.	engagement, retention, and performance, which directly impacts CTM's success.	our value that 'we listen, learn and improve'	<i>Hold ourselves accountable</i> - help ensure the final plan aligns with the insights gathered from staff.

## KEY MESSAGES

It is important to communicate our key messages clearly and effectively so people understand both the purpose and the value of their involvement. These key messages need to be communicated regularly throughout the engagement process—before, during, and after -so that people understand what has been learned and how feedback is being used. If certain areas of feedback cannot be addressed, we should explain the reasoning. People need to see not just the “why” but also the “how” and “what next” to feel fully invested. This key messaging can be used alongside the points outlined within each Think, Feel, Do stakeholder column (see ‘Audience’ above) to support delivery of targeted messaging to the identified groups.

Theme	Message(s)
We value your input. This is about you—your development, your well-being, your workplace	<p><i>"Your voice matters. We want to hear from you to ensure the People Plan truly reflects your needs, priorities, and experiences."</i></p> <p><i>"The People Plan is about creating a work environment where you can thrive. Your feedback will help us focus on what truly matters to you, from development opportunities to work-life balance and beyond."</i></p> <p><i>"We've had an incredible response rate to the Staff Survey this year— 3,560 people shared their views. Now we want to take that to the next level to ensure the priorities within our People Plan truly reflect your feedback, and that the actions we take will have a real impact."</i></p>
This is a collaborative effort. We are in this together	<p><i>"This is not just an HR initiative; this is about all of us. Together, we can create a workplace that reflects our values and supports every one of us."</i></p> <p><i>"We're building this plan together, with your help. This isn't just something coming from the top down, or that HR can deliver alone—it's a shared effort to create a better workplace for everyone."</i></p>



Theme	Message(s)
We are committed to positive change	<p><i>"We're serious about making meaningful changes to improve our workplace culture, support your growth, and ensure everyone feels valued. Your input will help guide the direction of this change."</i></p> <p><i>"We know that there is a lot of change on the horizon. This presents us with both challenges and opportunities from both a workforce and individual perspective. We want to be on the front-foot and are committed to making positive and innovative changes; your feedback will help shape this."</i></p>
We're listening, we're acting	<p><i>"We're committed to not just listening to your feedback, but also acting on it. We've listened to the Staff Survey feedback and now we want to translate that into actions within our People Plan. Your insights will directly shape the decisions we make, and we will keep you informed about how your input is making a difference."</i></p>
Your diversity of perspectives is crucial	<p><i>"We value the diversity of experiences, backgrounds, and perspectives in our workforce. By involving everyone, we can create a People Plan that works for everyone, no matter who you are or what role you play."</i></p>
This is an opportunity to shape the future. We are focused on the long-term	<p><i>"Now is your chance to have a direct impact on the future of our workplace. By sharing your thoughts and ideas, you're helping to create a better environment for everyone."</i></p> <p><i>"This is about building something sustainable that supports both your immediate needs and the long-term goals of CTM. Your feedback will help create a plan that lasts and evolves with us."</i></p>
This does not replace the need for local discussions and action planning.	<p><i>"The staff survey data sits with our teams – therefore once the data has been shared it is your team's responsibility to ensure that you understand your results and agree and embed local action plans- this is what will make a real difference. The People Plan will sit above the local action plans, and capture some of our longer term, CTM wide themes and focus areas."</i></p> <p><i>"We all have a responsibility in listening to the views of the staff through numerous ways, not only via the Staff Survey. These sessions are another way to hear your views and seek your input- this will be an ongoing conversation."</i></p>

## COMMUNICATION CHANNELS

When engaging staff in the development of our new People Plan, a variety of channels is crucial to ensure accessibility, reach, and engagement across different groups, including staff who self-select and volunteer their participation as well as staff who are not traditionally as forthcoming.

The channels and products listed below can also be used to simultaneously engage staff in the dissemination of our Staff Survey 2024 results, along with agreeing targeted actions and next steps via the development of our People Plan. The People Plan will encapsulate the overarching activities we are taking to respond to our Survey results.



We will also be considering the following areas when communicating Staff Survey results

- Celebration of areas with highest response overall
- Most improved Care Group response rate and sharing of local areas of best practice
- Identify and respond to lowest performing/ most declined/ lowest against national average/ lowest against peers
- Celebration of highest performing/ most improved/ highest above national average/ highest amongst peers
- You said, we did

Channel	Target audience	Detail	Date	Mode/ Location	Owner
<b>Intranet article</b>	All staff	To summarise the Staff Survey results and explain that we want to use this to inform the development of our People Plan; call to action inviting staff to get involved and sign up to engagement sessions.	Various points as needed.  <b>w/c 17 Feb</b> (tbc) - Launch article with link to CTM staff survey results, supported by video update from Exec.	Digital- SharePoint site	Comms to publish final articles.
<b>Staff update</b>	All staff	Includes a short summary and link through to news articles that have already been published on the intranet.	Every other Thursday  <b>20 Feb</b> - all staff email with CTM staff survey results attached.	Digital- PDF newsletter circulated by email to all staff and published on the intranet	Comms to publish final articles.
<b>Staff Facebook group</b>	All staff	Includes a short summary and link through to news articles that have already been published on the intranet.	Various points as required to signal headlines	Digital- Facebook	Submitted posts approved by the Comms Team
<b>Email distro lists</b>	All line managers	To provide lines-to-take and call to action for line managers, and encourage release at engagement events	Various points as needed	Digital- Email	L&D team have an all-manager mailing list.
<b>Staff Q and A</b>	All staff	30-minute call. Recording is shared on the intranet following each call	Monthly	Digital- Teams	Comms team finalise the agenda and circulate the diary marker



		Update staff on what they can expect, engage staff and encourage participation.	<b>12 Feb-</b> initial high level staff survey results shared and details of next steps		
<b>Roadshows (teams)</b>	All staff (by sign up)	Share key themes from staff survey results. Socialise and test proposed themes within the People Plan, followed by a Q&A / feedback session. The chat bar and / or a live poll could be used to gather instant feedback.	Dates tbc- multiple sessions during <b>March/ April</b>	Teams	
<b>Roadshows (in person)</b>	Frontline staff (by sign up and via site walkarounds)	Share key themes from staff survey results. Socialise and test proposed themes within the People Plan, followed by a Q&A / feedback session.	Dates tbc- multiple sessions during <b>March/ April.</b>	In person- Key CTM locations eg  RGH PoW PCH KH	OD/ L&D team to design events.  Exec sponsor to open each event.  Comms team to support sign-up process.
<b>Staff Survey focus group</b>	Staff survey leads	To support with the alignment of the People Plan and dissemination of the staff survey results	Monthly  <b>20 March</b>	Teams	Employee Experience Lead
<b>Staff Networks</b>  <b>EDI Networks:</b>  • Race Equality Network (REN)	Network members	To reach diverse voices and engage networks with the dissemination of the staff survey results and alignment of the People Plan and	Monthly Joint Chairs Meeting, led by EDI lead - <b>24 Feb, 26 Mar</b>  WEN have a Teams channel for posting		EDI Lead  Staff Network Chairs  Wellbeing Team



<ul style="list-style-type: none"> <li>• Women's Equality Network (WEN)</li> <li>• ACCESS Disability</li> <li>• LGBTQ</li> </ul> <p><b>Support / wellbeing networks:</b></p> <ul style="list-style-type: none"> <li>• Men's Health</li> <li>• Veterans</li> <li>• Carers</li> </ul> <p>Wellbeing activists / Menopause Champions</p>			<p>messages and meet monthly (mixture of face to face and Teams)</p> <p>REN have a WhatsApp group for posting messages to members</p> <p>Wellbeing activist development session – 5 May</p>		
<p><b>Care Group Senior Leaders Meeting(s)</b></p>	<p>Care Group SLT</p>	<p>Paginated staff survey reports shared with Care Group SLTs</p> <p>Subsequent SLT discussion to discuss outcomes and feedback generated.</p>	<p>Care Group reports shared <b>w/c 10 Feb</b></p> <p>February/ March- Rebecca Watkins to attend Care Group SLT meetings to discuss individual staff survey results and next steps.</p> <p>March- share raw comments, via Heads of People</p> <p>April – follow up session at Care Group SLT to share outcomes from wider staff engagement sessions and update on the proposed people plan.</p>	<p>Teams/ Hybrid</p>	<p>Heads of People/ Employee Experience Lead/ DD People</p>



<b>Leadership Group</b>	All leaders	1 hour call	Next meeting(s) – <b>26 Feb, 26 Mar</b>	Teams	Comms team finalise the agenda and circulate the diary marker
<b>Inspire</b>	Cohort of senior leaders	Whole day development session	<b>6 March</b>	In person	AD leadership and culture
<b>OMB</b>	Operational Management Board	Brief an overview of the comms and engagement plan and the proposed 3 core themes. Request OMB support to release staff to attend engagement sessions.	Next meeting – <b>19 March 16 April</b>	Teams/ Hybrid	COO
<b>Professional forums eg Ward Manager forum HoN</b>	Professional groups	Presentation of the People Plan and goals of the engagement process, followed by a Q&A / feedback session.	CAG 18 March Senior Nurse Forum 30 April	In-person or Teams	Various
<b>Board consultation</b>	Independent Members (IMs)	1-1s with IMs  Jonathan Morgan Kath Palmer Rachel Rowlands Dilys Jouvenat18 Hayley Proctor	End March	Teams	DD People
<b>ELG/ EMB</b>	Exec members	Present comms and engagement plan for sign off	Weekly- Mondays <b>10 and 17 Feb.</b>  Subsequent updates as required	Yr Hyb	ED People
<b>TU Monthly Meeting</b>	Trade Unions (AfC)		Next meeting(s) –	Teams	DD People



			<b>26 Feb</b> <b>26 March</b>		
<b>Local Negotiating Committee</b>	Invited list of People Directorate Senior Leaders and Trade Union partners (M&D)	1 hour teams/ in person meeting	Next meeting – <b>11 Mar</b> - Hayleigh Jones to attend to cover Staff Survey and People Plan engagement	Teams/ Hybrid (PoW)	Medical ED
<b>Local Partnership Forum</b>	Invited list of People Directorate Senior Leaders and Trade Union partners (AFC)	Half day in-person meeting	Next meeting – <b>18 March</b> – Rebecca Watkins to attend to cover Staff Survey and People Plan engagement	Yr Hyb	ED People/ Chair TUS
<b>Strategic Development Committee</b>	Invited list of Senior Leaders and IMs	Present the comms and engagement plan and an overview of the findings generated from engagement to date.	Next meeting- <b>3 April</b>	Teams	DD People
<b>Staff check-ins</b>	All staff	Further staff listening opportunities/ check-ins at 6/12/18 months	Launch People Plan- June Check-in opportunity- December	Teams	

These engagement events will inform and shape the development of our People Plan and associated products. Analysis and insights from the Staff Survey free-text comments will be incorporated once these have been made available (date tbc). The revised People Plan will be brought to **Executive Management Board for sign off on 26 May**, with a view to publishing in June 2025.



## PRODUCTS AND TOOLS

This table outlines the products and support tools that are under development, in order to deliver the key messaging:

Product	Use	Owner
<b>Paginated Staff Survey Reports</b>	Paginated reports will be available for all areas of the hierarchy within the Staff Survey. These reports will be available on the intranet for all to view	Employee Experience Lead
<b>Staff Survey- Manager's Guide</b>	Briefing on the importance of staff engagement and taking action on the results	Employee Experience Lead
<b>Staff Survey- Manager Script</b>	We have developed a script for managers so that they are all sharing the same information and all staff hear the same messages	Employee Experience Lead
<b>Staff survey- Team workshop guide</b>	Tools for managers to have discussions with the teams on the results for their area/ what works well and what improvements are required	Employee Experience Lead
<b>Online survey / feedback form eg Microsoft form</b>	To be shared as part of digital comms for staff who would like to provide their own feedback directly. Interactive version eg Teams polling, can also be used for live polling during online sessions	Head of EE and involvement
Microsoft booking form(s)	To track sign-ups to roadshows, webinars or focus groups. To be shared as part of any digital comms for staff who would like to attend	Head of EE and involvement
FAQs	To be attached to the digital comms to provide more detailed information about the Staff Survey and emerging People Plan. Can be updated as needed and shared with the infographic (below)	People Directorate
Infographic(s)	To cover what the People Plan is, how it fits with Staff Survey/CTM2030/IMTP/Values/4 goals etc. Can be shared with the FAQs as additional information (above)	Comms team to design
Video	Short video which can be shared as part of the digital communications and / or used to introduce face to face meetings	CEO and/ or ED People to record a short video. Filmed by the Comms team
Graphic(s)	To be used on the SharePoint carousel (directing to the intranet article) and FB post	Comms team to design
Slide Deck	Generic explainer and call to action that can be used during roadshows	People Directorate
Poster/flyer	Generic explainer and call to action for targeting frontline staff at roadshows etc. Can also be sent with a request for teams to print and display locally	Comms team to design. Can be printed out locally (as per the staff survey flyers)
Banner	For display at any roadshow or other in person events	Comms team to design and arrange printing. Budget TBC

## POTENTIAL RISKS AND MITIGATIONS



Risks	Mitigations
Staff may not participate or provide meaningful feedback.	Ensure the process is engaging and accessible by using multiple feedback channels. The benefits of participation should be clearly communicated and emphasise how their input will influence the outcome.
The feedback from staff could be overwhelming, diverse, or conflicting, making it difficult to consolidate and prioritise actions.	Use structured methods to analyse feedback (categorizing responses, identifying key themes etc). Have clear criteria for prioritising feedback based on impact and feasibility.
Staff may be sceptical or resistant to the People Plan, particularly if they feel that leadership has not been transparent or accountable in the past.	Ensure the process is transparent from the start—communicate why it’s happening, how input will be used, and what the intended outcomes are. Provide updates regularly and follow through on commitments to build trust.
We promise more than we can realistically deliver, leading to disappointment and loss of trust.	Set realistic expectations from the outset. Be clear about what can be achieved and the timeline. Where feedback can’t be acted on immediately, explain why and provide a roadmap for future action.
Certain staff groups (e.g. part-time workers, remote teams, or those in frontline roles) may be underrepresented in the engagement process.	Actively ensure diverse representation by reaching out to all staffgroups, using accessible feedback methods, and promoting inclusive participation. Use data and staff networks to identify underrepresented groups.
Staff may feel overwhelmed or fatigued by too many engagement activities, and the previous ‘stop-start’ activity on the People Plan, leading to disengagement or low-quality feedback.	Keep the feedback process concise, focused, and meaningful. Ensure that engagement activities are well-spaced out and clearly communicate the purpose behind each step. Allow individuals to provide feedback in ways that fit their schedule and preferences.
Departments or senior leaders may have different priorities or perspectives on what should be included in the People Plan, leading to internal conflict or delays.	Foster alignment through discussions and planning sessions between leadership, Heads of People, and key stakeholders. Establish clear decision-making processes and criteria to resolve conflicts constructively



Measurement	Success criteria
<b>Response rate</b>	How many individuals engaged with the process (e.g., completed surveys, attended focus groups, participated in meetings)?
<b>Diversity of participants</b>	Did we reach a broad, diverse cross-section of people (in terms of departments, roles, tenure, seniority, and demographic factors such as gender, race, disability, etc.)?
<b>Engagement quality</b>	Did participants provide thoughtful, constructive feedback? Or were responses generally superficial?
<b>Actionability</b>	Was the feedback gathered actionable? How much of the feedback was incorporated into the final People Plan?

DRAFT



## Contents of report

This report contains information on the results of the 2024 NHS Wales Staff Survey for Cwm Taf Morgannwg University Health Board, including:

1. Survey response rate
2. Staff Engagement Index score
3. Summary of responses by theme and sub-theme
4. Summary of responses by question
5. Equality, diversity and inclusion (EDI) information on respondents

## For information

The 2024 NHS Wales Staff survey was open to all employees in NHS Wales for the 2 month period of between 1st October 2024 and 29th November 2024. The questions in the survey are organised by 10 themes and 20 sub-themes.

### Data source

The data presented in this report has been provided by IQVIA Inc., the organisation responsible for delivering the 2024 and 2023 NHS Wales Staff Surveys. The data is stored, and has been collected from, the Health Education and Improvement Wales (HEIW) data warehouse.

### Methodology

To ensure the anonymity of survey respondents, the data in section 5 of this report has been suppressed for instances of less than 10 responses. For example, where less than 10 people with a particular characteristic completed a survey, the number and % of people completing a survey with this particular characteristic is not shown. Any blank responses to questions have also been excluded from the analysis.

Positivity scores have been calculated for each theme and sub-theme, and are based on the percentage of people that responded positively to each question included in each theme and sub-theme. To calculate the Staff Engagement Index score, responses to the 7 relevant questions were weighted based on their scale position from 1 to 5 (on a scale of strongly disagree to strongly agree, or Never to Always). The index score was then calculated as the average of: (i) the weighted percentage score for questions 22a, 22b, and 22c, (ii) the weighted percentage score for questions 23a and 23d, and (iii) the weighted percentage score for questions 23b and 23c. The higher the staff engagement index score, the higher the proportion of people that responded positively to the questions.

For the purpose of benchmarking, organisations have been grouped and a separate NHS Wales organisational average has been calculated for 'Health Board' organisations and 'Trust/Authority' organisations. The NHS Wales organisational average reported in this document therefore relates to Health Board organisations. The organisations included in this benchmark group are: Aneurin Bevan UHB, Betsi Cadwaladr UHB, Cardiff and Vale UHB, Cwm Taf Morgannwg UHB, Hywel Dda UHB, Powys Teaching HB, and Swansea Bay UHB.

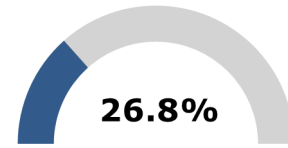
**Contact details:** This report has been developed by the Data and Analytics Team at Health Education and Improvement Wales (HEIW). Please contact HEIW.ATeam@wales.nhs.uk with any queries or feedback.



GIG  
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WALES | Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

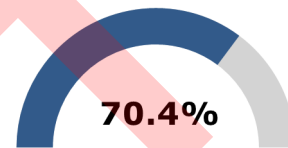
## 1. Survey response rate

**3560 people** employed at Cwm Taf Morgannwg University Health Board completed the survey in 2024. This equates to a response rate of **26.8%**. This is compared with the 21.9% overall NHS Wales response rate for 2024.



## 2. Staff Engagement Index score

Cwm Taf Morgannwg University Health Board achieved a **Staff Engagement Index score of 70.4%** in 2024. This is compared with the 72% average NHS Wales Staff Engagement Index score.



**Table 1:** Responses to Staff Engagement Index questions in the 2024 survey for Cwm Taf Morgannwg University Health Board, with questions asking "On a scale of 1 to 5 (from strongly disagree to strongly agree), to what extent do you agree with the following statements?"

Sub-theme and statement	% agreed or strongly agreed	NHS Wales average
<b>Ability to contribute towards improvements at work</b>		
23a) I am able to make improvements in my area of work.	59.1%	60.6%
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	45.6%	47.9%
<b>Intrinsic psychological engagement</b>		
22a) I look forward to going to work.	48.2%	51.2%
22b) I am enthusiastic about my job.	62.5%	65.7%
22c) I am happy to go the extra mile at work when required.	75.7%	78.7%
<b>Staff advocacy and recommendation</b>		
23b) I would recommend my organisation as a place to work.	53.7%	56.4%
23c) I am proud to tell people I work for my organisation.	56.0%	60.0%

### About the Staff Engagement Index

The Staff Engagement Index score is calculated by weighting the responses to the seven questions based on their position on a 5-point scale (with 1 representing the least positive response, and 5 the most positive response). The Staff Engagement Index score therefore increases as the proportion of people responding positively to these questions increases. More information on how the Staff Engagement Index score is calculated is available on page 1 of this report.

### 3. Summary of responses by theme and sub-theme

**Table 2:** Positivity scores by theme in 2024 for Cwm Taf Morgannwg University Health Board (with bars highlighted green and pink to indicate rates higher and lower than the NHS Wales organisational average for Health Board organisations)

Theme	Positivity score	NHS Wales average
Morale	52.9%	54.8%
Patient safety	57.0%	58.7%
Staff engagement	56.9%	59.6%
We are all able to speak up	64.9%	66.3%
We are compassionate and inclusive	68.0%	70.1%
We are continuously learning and improving	63.6%	64.5%
We are stronger together	66.9%	69.4%
We champion flexible working	57.5%	61.8%
We nurture healthy working environments	56.8%	58.0%
We recognise everyone's contribution	59.8%	62.4%

**Table 3:** Positivity scores by theme in 2024 and 2023 for Cwm Taf Morgannwg University Health Board (with rates highlighted green and pink to indicate rates higher and lower than the NHS Wales organisational average for Health Board organisations)

Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
Morale	2023	51.4%		54.0%	-2.5%
	2024	52.9%	1.4% ▲	54.8%	-2.0%
Patient safety	2023	51.7%		53.1%	-1.4%
	2024	57.0%	5.3% ▲	58.7%	-1.7%
Staff engagement	2023	57.1%		60.3%	-3.2%
	2024	56.9%	-0.2% ▼	59.6%	-2.7%
We are all able to speak up	2023	63.7%		65.7%	-2.0%
	2024	64.9%	1.2% ▲	66.3%	-1.4%
We are compassionate and inclusive	2023	67.6%		69.7%	-2.0%
	2024	68.0%	0.3% ▲	70.1%	-2.1%
We are continuously learning and improving	2023	61.8%		64.0%	-2.2%
	2024	63.6%	1.8% ▲	64.5%	-0.9%
We are stronger together	2023	66.0%		68.4%	-2.4%
	2024	66.9%	0.9% ▲	69.4%	-2.5%
We champion flexible working	2023	54.1%		57.9%	-3.8%
	2024	57.5%	3.4% ▲	61.8%	-4.2%
We nurture healthy working environments	2023	54.7%		56.3%	-1.6%
	2024	56.8%	2.1% ▲	58.0%	-1.1%
We recognise everyone's contribution	2023	58.8%		61.6%	-2.8%
	2024	59.8%	1.0% ▲	62.4%	-2.6%

**Table 4:** Positivity scores by theme and sub-theme for Cwm Taf Morgannwg University Health Board (with rates highlighted green and pink to indicate rates higher and lower than the NHS Wales organisational average for Health Board organisations)

Theme	Sub-theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
Morale	Stressors	2023	55.4%		57.4%	-2.1%
		2024	55.9%	0.5% ▲	57.8%	-1.9%
	Thinking about leaving	2023	52.0%		54.3%	-2.3%
		2024	54.2%	2.2% ▲	56.1%	-2.0%
	Work pressure	2023	42.9%		46.6%	-3.7%
		2024	45.1%	2.3% ▲	47.2%	-2.0%
Patient safety	No related sub-theme	2023	51.7%		53.1%	-1.4%
		2024	57.0%	5.3% ▲	58.7%	-1.7%
Staff engagement	Ability to contribute towards improvement at work (Involvement)	2023	53.1%		56.0%	-2.9%
		2024	51.6%	-1.5% ▼	53.9%	-2.3%
	Intrinsic psychological engagement (Motivation)	2023	63.9%		65.6%	-1.8%
		2024	62.1%	-1.8% ▼	64.9%	-2.7%
	Staff Advocacy and recommendation (Advocacy)	2023	50.9%		56.4%	-5.5%
		2024	54.3%	3.4% ▲	57.5%	-3.2%
We are all able to speak up	Autonomy and control	2023	71.1%		72.3%	-1.3%
		2024	70.5%	-0.6% ▼	71.9%	-1.5%
	Raising concerns	2023	56.4%		59.0%	-2.7%
		2024	59.4%	3.0% ▲	60.7%	-1.3%
We are compassionate and inclusive	Compassionate culture	2023	68.6%		70.4%	-1.8%
		2024	68.8%	0.2% ▲	70.6%	-1.8%
	Compassionate Leadership	2023	63.7%		66.5%	-2.8%
		2024	65.1%	1.4% ▲	69.0%	-3.9%
	Diversity and Equality	2023	58.9%		62.4%	-3.5%
		2024	61.9%	3.0% ▲	64.3%	-2.3%
	Inclusion	2023	71.7%		73.2%	-1.4%
		2024	70.4%	-1.4% ▼	71.6%	-1.2%
We are continuously learning and improving	Development	2023	58.4%		60.3%	-1.9%
		2024	59.9%	1.5% ▲	60.8%	-0.9%
	PDR/Appraisal	2023	69.5%		71.8%	-2.2%
		2024	71.8%	2.3% ▲	72.0%	-0.1%
We are stronger together	Line management	2023	62.4%		65.8%	-3.3%
		2024	64.6%	2.1% ▲	68.4%	-3.9%
	Team working	2023	68.9%		70.5%	-1.6%
		2024	68.7%	-0.2% ▼	70.1%	-1.4%
We champion flexible working	Support for work-life balance	2023	54.1%		57.9%	-3.8%
		2024	57.5%	3.4% ▲	61.8%	-4.2%

Theme	Sub-theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
We nurture healthy working environments	Burnout	2023	24.5%		27.0%	-2.5%
		2024	29.7%	5.3% ▲	30.9%	-1.1%
	Health and safety climate	2023	39.6%		42.5%	-2.9%
		2024	42.5%	2.9% ▲	43.7%	-1.1%
	Negative experiences	2023	86.6%		86.9%	-0.2%
		2024	86.0%	-0.7% ▼	87.1%	-1.1%
We recognise everyone's contribution	No related sub-theme	2023	58.8%		61.6%	-2.8%
		2024	59.8%	1.0% ▲	62.4%	-2.6%

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#### 4. Summary of responses by question

**Table 5:** Percentage of people that responded positively and negatively to likert scale questions included in the 2024 survey for Cwm Taf Morgannwg University Health Board, with questions organised by theme

Question	Year	Positive responses (%)	Positive responses (%) - NHS Wales average	Negative responses (%)
<b>Morale</b>				
02a) I have unrealistic time pressures.	2023	26.2%	27.6%	34.4%
	2024	30.1%	28.9%	29.8%
02b) I am able to meet all the conflicting demands on my time at work.	2023	48.9%	51.2%	16.4%
	2024	51.1%	51.5%	15.1%
02c) I have adequate supplies, materials and equipment to do my work.	2023	55.2%	59.2%	15.5%
	2024	54.5%	58.1%	17.3%
02d) There are enough staff at this organisation for me to do my job properly.	2023	26.9%	31.3%	42.7%
	2024	31.6%	34.2%	36.5%
04a) My immediate manager (line manager) encourages me at work.	2023	66.1%	69.6%	16.2%
	2024	68.0%	71.7%	14.9%
14a) I always know what my work responsibilities are.	2023	82.2%	81.2%	9.8%
	2024	80.4%	81.6%	9.6%
14d) I have a choice in deciding how to do my work.	2023	64.3%	67.2%	16.0%
	2024	69.2%	71.8%	13.9%
15f) Relationships at work are strained.	2023	46.2%	47.3%	28.9%
	2024	45.2%	47.3%	28.5%
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	51.5%	54.2%	26.3%
	2024	45.6%	47.9%	28.6%
24a) I am satisfied in my current role and intend to remain in it for the foreseeable future.	2023	55.2%	56.5%	19.0%
	2024	55.7%	57.1%	20.0%
24b) I often think about leaving this organisation.	2023	45.6%	47.0%	32.2%
	2024	47.3%	48.4%	28.9%
24c) I will probably look for a job at a new organisation in the next 12 months.	2023	51.0%	53.0%	22.5%
	2024	53.9%	56.0%	21.2%
24d) As soon as I can find another job, I will leave this organisation.	2023	57.8%	61.1%	16.1%
	2024	61.0%	63.9%	15.9%
<b>Patient safety</b>				
13b) My organisation treats staff who are involved in an error, near miss or incident, fairly.	2023	41.7%	43.7%	12.0%
	2024	49.6%	52.2%	14.1%
13c) My organisation encourages us to report errors, near misses or incidents.	2023	71.6%	73.9%	8.3%
	2024	72.4%	76.5%	10.5%

13d) When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	2023	53.2%		53.0%	12.9%	
	2024	56.7%		57.7%	15.5%	
13e) We are given feedback about changes made in response to reported errors, near misses and incidents.	2023	42.6%		42.8%	20.7%	
	2024	48.4%		48.8%	22.5%	

**Staff engagement**

22a) I look forward to going to work.	2023	46.3%		50.7%	15.9%	
	2024	48.2%		51.2%	17.3%	
22b) I am enthusiastic about my job.	2023	64.8%		66.8%	9.4%	
	2024	62.5%		65.7%	10.2%	
22c) I am happy to go the extra mile at work when required.	2023	80.7%		80.0%	4.7%	
	2024	75.7%		78.7%	5.9%	
23a) I am able to make improvements in my area of work.	2023	56.4%		58.5%	16.0%	
	2024	59.1%		60.6%	16.6%	
23b) I would recommend my organisation as a place to work.	2023	50.9%		55.2%	20.4%	
	2024	53.7%		56.4%	18.6%	
23c) I am proud to tell people I work for my organisation.	2023	52.3%		58.8%	15.4%	
	2024	56.0%		60.0%	14.1%	
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	51.5%		54.2%	26.3%	
	2024	45.6%		47.9%	28.6%	

**We are all able to speak up**

14a) I always know what my work responsibilities are.	2023	82.2%		81.2%	9.8%	
	2024	80.4%		81.6%	9.6%	
14b) I am trusted to do my job.	2023	87.9%		87.5%	4.6%	
	2024	87.2%		86.9%	4.8%	
14c) There are frequent opportunities for me to show initiative in my role.	2023	71.8%		72.6%	11.9%	
	2024	71.6%		72.5%	12.1%	
14d) I have a choice in deciding how to do my work.	2023	64.3%		67.2%	16.0%	
	2024	69.2%		71.8%	13.9%	
14i) I would feel secure raising concerns about unsafe clinical practice.	2023	70.4%		73.4%	10.7%	
	2024	72.7%		74.5%	10.8%	
14j) I would feel secure raising concerns about unethical behaviour.	2023	74.9%		76.7%	10.8%	
	2024	73.4%		75.7%	12.3%	
14k) I am confident my organisation would address my concern.	2023	48.8%		51.3%	20.1%	
	2024	53.2%		53.5%	20.5%	
17d) I feel safe to speak up about anything that concerns me in this organisation.	2023	52.4%		55.8%	21.2%	
	2024	56.3%		58.5%	19.8%	
17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.	2023	37.9%		40.1%	25.4%	
	2024	43.4%		43.6%	25.0%	
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	51.5%		54.2%	26.3%	
	2024	45.6%		47.9%	28.6%	

**We are compassionate and inclusive**

01h) I feel valued by my team.	2023	65.7%		67.4%	17.6%	
	2024	65.5%		67.1%	18.8%	
01j) I'd feel able to speak up in my team if I noticed poor or incorrect practice.	2023	75.0%		75.3%	12.7%	
	2024	71.3%		73.0%	15.8%	
04f) My immediate manager (line manager) works together with me to come to an understanding of problems.	2023	64.3%		66.9%	17.3%	
	2024	64.9%		69.3%	15.9%	
04g) My immediate manager (line manager) is interested in listening to me when I describe challenges I face.	2023	67.1%		69.8%	15.9%	
	2024	68.4%		71.4%	16.3%	
04i) My immediate manager (line manager) takes effective action to help me with any problems I face.	2023	63.6%		65.5%	16.9%	
	2024	64.4%		67.9%	16.8%	
14l) I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)	2023	59.4%		62.9%	12.6%	
	2024	62.2%		64.8%	11.7%	
15c) The people I work with are understanding and kind to one another.	2023	74.2%		75.4%	9.8%	
	2024	72.6%		73.8%	10.1%	
15d) The people I work with are polite and treat each other with respect.	2023	74.7%		76.3%	9.2%	
	2024	72.8%		73.8%	9.2%	
16a) People here are compassionate towards colleagues when they face problems.	2023	75.5%		76.5%	8.4%	
	2024	73.7%		75.7%	8.5%	
16b) People here give good support to colleagues who are distressed.	2023	75.6%		77.5%	8.4%	
	2024	76.2%		77.5%	8.6%	
16c) People here are compassionate in the way they behave towards patients/ service users.	2023	81.9%		83.4%	3.1%	
	2024	81.4%		83.5%	4.8%	
16d) People here take effective action to help patients/service users in distress.	2023	82.0%		82.9%	2.5%	
	2024	81.0%		83.1%	4.4%	
17a) Care of patients / service users is my organisation's top priority.	2023	62.6%		67.2%	13.9%	
	2024	64.3%		67.3%	13.4%	
17b) My organisation acts on concerns raised by patients / service users.	2023	60.3%		63.3%	7.8%	
	2024	62.2%		64.2%	9.7%	
17c) If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	2023	53.4%		54.1%	18.6%	
	2024	53.4%		55.3%	18.8%	
17d) I feel safe to speak up about anything that concerns me in this organisation.	2023	52.4%		55.8%	21.2%	
	2024	56.3%		58.5%	19.8%	

**We are continuously learning and improving**

18a) This organisation offers me challenging work.	2023	70.0%		71.2%	7.0%	
	2024	68.8%		71.3%	8.4%	
18b) There are opportunities for me to develop my career in this organisation.	2023	48.4%		51.6%	25.8%	
	2024	51.0%		51.7%	23.3%	
18c) I have opportunities to improve my knowledge and skills.	2023	65.8%		67.6%	15.5%	
	2024	67.1%		68.2%	14.2%	

18d) I feel supported to develop my potential.	2023	53.2%		55.3%	21.7%	
	2024	54.7%		56.0%	21.1%	
18e) I am able to access the right learning and development opportunities when I need to.	2023	54.1%		55.7%	19.9%	
	2024	55.7%		56.2%	18.7%	

**We are stronger together**

01a) The team I work in has a set of shared objectives.	2023	71.4%		75.1%	12.0%	
	2024	73.4%		75.4%	13.1%	
01b) The team I work in often meets to discuss the team's effectiveness.	2023	60.0%		62.7%	26.4%	
	2024	59.0%		63.6%	25.7%	
01c) Team members trust each other.	2023	65.4%		67.1%	17.5%	
	2024	65.4%		66.3%	18.1%	
01d) Team members understand each other's roles.	2023	69.2%		70.8%	16.5%	
	2024	70.3%		70.4%	17.0%	
01e) Team members take time out to reflect and learn.	2023	48.8%		52.2%	26.9%	
	2024	52.7%		54.2%	24.5%	
01f) Team members are able to communicate closely with each other to achieve the team's objectives.	2023	68.0%		69.7%	15.7%	
	2024	68.1%		69.6%	16.8%	
01g) I enjoy working with the colleagues in my team.	2023	80.8%		81.4%	5.7%	
	2024	78.4%		79.7%	9.6%	
01h) I feel valued by my team.	2023	65.7%		67.4%	17.6%	
	2024	65.5%		67.1%	18.8%	
01i) I feel able to ask other members of this team for help when I need it.	2023	82.9%		83.7%	7.5%	
	2024	79.8%		81.7%	10.2%	
01j) I'd feel able to speak up in my team if I noticed poor or incorrect practice.	2023	75.0%		75.3%	12.7%	
	2024	71.3%		73.0%	15.8%	
01k) Team members work well with other teams.	2023	71.0%		70.8%	10.8%	
	2024	70.3%		71.7%	12.6%	
04a) My immediate manager (line manager) encourages me at work.	2023	66.1%		69.6%	16.2%	
	2024	68.0%		71.7%	14.9%	
04b) My immediate manager (line manager) gives me clear feedback on my work.	2023	58.8%		62.7%	20.3%	
	2024	61.8%		65.2%	19.2%	
04c) My immediate manager (line manager) asks for my opinion before making decisions that affect my work.	2023	54.7%		57.0%	26.3%	
	2024	56.5%		60.2%	23.6%	
04d) My immediate manager (line manager) takes a positive interest in my health and well-being.	2023	64.7%		68.3%	17.9%	
	2024	67.7%		71.2%	16.8%	
04e) My immediate manager (line manager) values my work.	2023	68.6%		71.3%	13.3%	
	2024	69.4%		73.0%	13.8%	
04f) My immediate manager (line manager) works together with me to come to an understanding of problems.	2023	64.3%		66.9%	17.3%	
	2024	64.9%		69.3%	15.9%	

04g) My immediate manager (line manager) is interested in listening to me when I describe challenges I face.	2023	67.1%		69.8%	15.9%	
	2024	68.4%		71.4%	16.3%	
04h) My immediate manager (line manager) recognises the importance of staff emotional wellbeing.	2023	66.7%		69.7%	15.6%	
	2024	68.1%		71.5%	15.6%	
04i) My immediate manager (line manager) takes effective action to help me with any problems I face.	2023	63.6%		65.5%	16.9%	
	2024	64.4%		67.9%	16.8%	

**We champion flexible working**












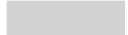


















14e) I am satisfied with the opportunity for flexible working patterns.	2023	54.6%		59.1%	24.2%	
	2024	58.5%		63.8%	21.4%	
14f) My organisation is committed to helping me balance my work and home life.	2023	47.8%		51.5%	27.3%	
	2024	53.0%		56.0%	22.3%	
14g) I achieve a good balance between my work life and my home life.	2023	54.8%		57.3%	25.0%	
	2024	57.0%		59.7%	22.4%	
14h) I can approach my immediate manager (line manager) to talk openly about flexible working.	2023	64.3%		68.1%	17.2%	
	2024	66.0%		71.0%	15.6%	

**We nurture healthy working environments**













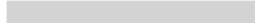


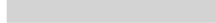












02a) I have unrealistic time pressures.	2023	26.2%		27.6%	34.4%	
	2024	30.1%		28.9%	29.8%	
02b) I am able to meet all the conflicting demands on my time at work.	2023	48.9%		51.2%	16.4%	
	2024	51.1%		51.5%	15.1%	
02c) I have adequate supplies, materials and equipment to do my work.	2023	55.2%		59.2%	15.5%	
	2024	54.5%		58.1%	17.3%	
02d) There are enough staff at this organisation for me to do my job properly.	2023	26.9%		31.3%	42.7%	
	2024	31.6%		34.2%	36.5%	
09a) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Patients / service users, their relatives, or other members of the public	2023	72.4%		72.6%	25.4%	
	2024	73.4%		75.9%	24.9%	
09b) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Managers / Team leaders	2023	78.3%		79.4%	16.7%	
	2024	81.6%		81.7%	15.0%	
09c) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Other colleagues	2023	77.4%		76.4%	18.5%	
	2024	78.8%		78.0%	18.1%	
10a) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users	2023	90.0%		89.9%	9.2%	
	2024	88.6%		90.7%	10.7%	
10b) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From staff / colleagues	2023	94.1%		94.7%	4.9%	
	2024	95.4%		95.5%	3.8%	











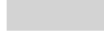




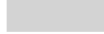




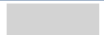
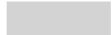



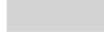




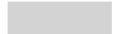
11a) In the last 12 months how many times have you personally experienced abuse at work from patients / service users, their relatives, or other members of the public?	2023	81.4%		82.3%	17.2%	
	2024	70.5%		73.2%	27.8%	
12a) In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives, or other members of the public	2023	91.1%		91.2%	8.2%	
	2024	91.0%		92.4%	8.2%	
12b) In the last 12 months how many times have you personally experienced physical violence at work from...? Managers / Team leaders	2023	99.2%		99.3%	0.3%	
	2024	98.7%		99.2%	0.6%	
12c) In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues	2023	99.0%		98.8%	0.7%	
	2024	98.5%		99.0%	0.7%	
20a) How often, if at all, do you find your work emotionally exhausting?	2023	18.1%		18.8%	44.6%	
	2024	19.7%		21.0%	35.3%	
20b) How often, if at all, do you feel burnt out because of your work?	2023	23.4%		26.0%	41.2%	
	2024	28.6%		30.8%	31.7%	
20c) How often, if at all, does your work frustrate you?	2023	14.3%		15.5%	47.3%	
	2024	22.0%		20.3%	35.9%	
20d) How often, if at all, are you exhausted at the thought of another day/shift at work?	2023	28.6%		31.9%	37.1%	
	2024	37.3%		39.6%	27.9%	
20e) How often, if at all, do you feel worn out at the end of your working day/shift?	2023	16.8%		17.6%	49.0%	
	2024	20.7%		21.7%	37.2%	
20f) How often, if at all, do you feel that every working hour is tiring for you?	2023	42.9%		48.3%	24.8%	
	2024	51.2%		54.8%	18.4%	
20g) How often, if at all, do you not have enough energy for family and friends during leisure time?	2023	30.2%		32.0%	33.6%	
	2024	30.1%		30.2%	33.1%	
21a) My organisation takes positive action on health and wellbeing.	2023	45.1%		46.6%	19.6%	
	2024	48.4%		49.4%	18.8%	
<b>We recognise everyone's contribution</b>						
04e) My immediate manager (line manager) values my work.	2023	68.6%		71.3%	13.3%	
	2024	69.4%		73.0%	13.8%	
15a) I get recognition for good work.	2023	54.6%		57.3%	22.3%	
	2024	55.3%		58.4%	21.6%	
15b) The organisation values my work.	2023	44.0%		47.9%	24.1%	
	2024	47.6%		49.6%	22.3%	
15e) The people I work with show appreciation to one another.	2023	70.5%		72.0%	10.2%	
	2024	68.9%		70.5%	10.8%	

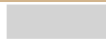



























**Table 6:** Number and percentage of responses to each question for Cwm Taf Morgannwg University Health Board. %s are rounded so may not add up to 100%.

Question and response	Total responses	%	
<b>01a) The team I work in has a set of shared objectives.</b>			
Strongly agree	854	24%	
Agree	1742	49%	
Neither agree nor disagree	477	13%	
Disagree	264	7%	
Strongly disagree	201	6%	
<b>01b) The team I work in often meets to discuss the team's effectiveness.</b>			
Strongly agree	747	21%	
Agree	1342	38%	
Neither agree nor disagree	540	15%	
Disagree	518	15%	
Strongly disagree	391	11%	
<b>01c) Team members trust each other.</b>			
Strongly agree	935	26%	
Agree	1381	39%	
Neither agree nor disagree	586	17%	
Disagree	385	11%	
Strongly disagree	255	7%	
<b>01d) Team members understand each other's roles.</b>			
Strongly agree	880	25%	
Agree	1604	45%	
Neither agree nor disagree	450	13%	
Disagree	389	11%	
Strongly disagree	211	6%	
<b>01e) Team members take time out to reflect and learn.</b>			
Strongly agree	590	17%	
Agree	1279	36%	
Neither agree nor disagree	810	23%	
Disagree	547	15%	
Strongly disagree	320	9%	
<b>01f) Team members are able to communicate closely with each other to achieve the team's objectives.</b>			
Strongly agree	883	25%	
Agree	1528	43%	
Neither agree nor disagree	534	15%	
Disagree	341	10%	
Strongly disagree	254	7%	

Question and response	Total responses	%	
<b>01g) I enjoy working with the colleagues in my team.</b>			
Strongly agree	1370	39%	
Agree	1411	40%	
Neither agree nor disagree	424	12%	
Disagree	144	4%	
Strongly disagree	198	6%	
<b>01h) I feel valued by my team.</b>			
Strongly agree	525	30%	
Agree	635	36%	
Neither agree nor disagree	278	16%	
Disagree	171	10%	
Strongly disagree	162	9%	
<b>01i) I feel able to ask other members of this team for help when I need it.</b>			
Strongly agree	1356	38%	
Agree	1470	42%	
Neither agree nor disagree	352	10%	
Disagree	163	5%	
Strongly disagree	199	6%	
<b>01j) I'd feel able to speak up in my team if I noticed poor or incorrect practice.</b>			
Strongly agree	508	29%	
Agree	754	43%	
Neither agree nor disagree	228	13%	
Disagree	149	8%	
Strongly disagree	131	7%	
<b>01k) Team members work well with other teams.</b>			
Strongly agree	963	27%	
Agree	1530	43%	
Neither agree nor disagree	606	17%	
Disagree	250	7%	
Strongly disagree	196	6%	
<b>02a) I have unrealistic time pressures.</b>			
Always	172	10%	
Often	355	20%	
Sometimes	710	40%	
Rarely	410	23%	
Never	123	7%	
<b>02b) I am able to meet all the conflicting demands on my time at work.</b>			
Always	210	12%	
Often	693	39%	
Sometimes	596	34%	

Question and response	Total responses	%	
Rarely	210	12%	
Never	58	3%	
<b>02c) I have adequate supplies, materials and equipment to do my work.</b>			
Always	371	21%	
Often	593	34%	
Sometimes	498	28%	
Rarely	224	13%	
Never	82	5%	
<b>02d) There are enough staff at this organisation for me to do my job properly.</b>			
Always	175	10%	
Often	385	22%	
Sometimes	565	32%	
Rarely	375	21%	
Never	271	15%	
<b>03a) How many hours a week are you contracted to work?</b>			
30 or more hours	2933	83%	
I am a bank worker	60	2%	
Up to 29 hours	532	15%	
<b>03b) On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours? Please include paid overtime, bank shifts, and additional paid hours on-call.</b>			
0 Hours	2448	70%	
11 or more hours	279	8%	
6-10 hours	273	8%	
Up to 5 hours	517	15%	
<b>03c) On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours? Please include unpaid overtime and additional unpaid hours on-call.</b>			
0 Hours	1745	50%	
11 or more hours	129	4%	
6-10 hours	315	9%	
Up to 5 hours	1335	38%	
<b>04a) My immediate manager (line manager) encourages me at work.</b>			
Strongly agree	563	32%	
Agree	644	36%	
Neither agree nor disagree	303	17%	
Disagree	138	8%	
Strongly disagree	127	7%	

Question and response	Total responses	%	
<b>04b) My immediate manager (line manager) gives me clear feedback on my work.</b>			
Strongly agree	960	27%	
Agree	1230	35%	
Neither agree nor disagree	674	19%	
Disagree	392	11%	
Strongly disagree	287	8%	
<b>04c) My immediate manager (line manager) asks for my opinion before making decisions that affect my work.</b>			
Strongly agree	898	25%	
Agree	1105	31%	
Neither agree nor disagree	706	20%	
Disagree	465	13%	
Strongly disagree	371	10%	
<b>04d) My immediate manager (line manager) takes a positive interest in my health and well-being.</b>			
Strongly agree	1164	33%	
Agree	1241	35%	
Neither agree nor disagree	550	15%	
Disagree	293	8%	
Strongly disagree	303	9%	
<b>04e) My immediate manager (line manager) values my work.</b>			
Strongly agree	587	33%	
Agree	644	36%	
Neither agree nor disagree	298	17%	
Disagree	120	7%	
Strongly disagree	126	7%	
<b>04f) My immediate manager (line manager) works together with me to come to an understanding of problems.</b>			
Strongly agree	542	31%	
Agree	609	34%	
Neither agree nor disagree	341	19%	
Disagree	139	8%	
Strongly disagree	143	8%	
<b>04g) My immediate manager (line manager) is interested in listening to me when I describe challenges I face.</b>			
Strongly agree	581	33%	
Agree	630	36%	
Neither agree nor disagree	271	15%	
Disagree	136	8%	
Strongly disagree	153	9%	
<b>04h) My immediate manager (line manager) recognises the importance of staff emotional wellbeing.</b>			
Strongly agree	1220	34%	

Question and response	Total responses	%	
Agree	1194	34%	
Neither agree nor disagree	577	16%	
Disagree	253	7%	
Strongly disagree	301	8%	
<b>04i) My immediate manager (line manager) takes effective action to help me with any problems I face.</b>			
Strongly agree	561	32%	
Agree	580	33%	
Neither agree nor disagree	334	19%	
Disagree	144	8%	
Strongly disagree	154	9%	
<b>05a) Does your organisation act fairly with regard to career progression/promotion, regardless of age, disability, ethnic background, gender, gender identity, religion or sexual orientation?</b>			
Don't know	938	26%	
No	501	14%	
Prefer not to say	179	5%	
Yes	1927	54%	
<b>05b) In the last 12 months have you sought a progression opportunity in your workplace?</b>			
Don't know	163	5%	
No	2057	58%	
Prefer not to say	202	6%	
Yes	1120	32%	
<b>05d) In the coming 12 months would you consider applying for a progression opportunity in your workplace?</b>			
Don't know	667	19%	
No	1309	37%	
Prefer not to say	149	4%	
Yes	1420	40%	
<b>06a) In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives, or other members of the public?</b>			
No	3080	88%	
Prefer not to say	180	5%	
Yes	258	7%	
<b>07a) In the last 12 months have you personally experienced discrimination at work from a manager/ team leader?</b>			
No	2908	86%	
Prefer not to say	258	8%	
Yes	221	7%	
<b>08a) In the last 12 months have you personally experienced discrimination at work from other colleagues?</b>			
No	3002	87%	

Question and response	Total responses	%
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Prefer not to say  
Yes

235 7%  
201 6%

**09a) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Patients / service users, their relatives, or other members of the public**

1-2  
3-5  
6-10  
More than 10  
Prefer not to say  
Never

492 14%  
218 6%  
83 2%  
75 2%  
61 2%  
2562 73%

**09b) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Managers / Team leaders**

1-2  
3-5  
6-10  
More than 10  
Prefer not to say  
Never

293 8%  
120 3%  
62 2%  
48 1%  
121 3%  
2854 82%

**09c) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Other colleagues**

1-2  
3-5  
6-10  
More than 10  
Prefer not to say  
Never

403 12%  
132 4%  
45 1%  
50 1%  
105 3%  
2737 79%

**09d) The last time you experienced harassment or bullying at work, did you or a colleague report it?**

Don't know  
No  
Yes, a colleague reported it  
Yes, I reported it

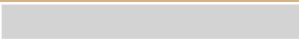





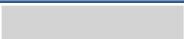













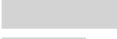



101 6%  
909 54%  
93 6%  
572 34%







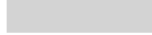



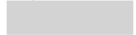
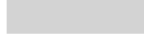














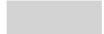




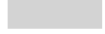
**10a) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users**

1-2  
3-5  
6-10  
More than 10  
Prefer not to say

































263 7%  
79 2%  
20 1%  
16 0%  
24 1%

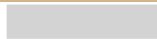































Question and response	Total responses	%
Never	3129	89%
<b>10b) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From staff / colleagues</b>		
1-2	86	2%
3-5	31	1%
6-10	11	0%
More than 10	5	0%
Prefer not to say	28	1%
Never	3361	95%
<b>11a) In the last 12 months how many times have you personally experienced abuse at work from patients / service users, their relatives, or other members of the public?</b>		
1-2	539	15%
3-5	231	7%
6-10	71	2%
More than 10	140	4%
Prefer not to say	61	2%
Never	2486	70%
<b>11b) The last time you experienced abuse at work (work from patients / service users, their relatives, or other members of the public) did you or a colleague report it?</b>		
Don't know	44	4%
No	510	52%
Yes, a colleague reported it	54	5%
Yes, I reported it	374	38%
<b>12a) In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives, or other members of the public</b>		
1-2	178	5%
3-5	63	2%
6-10	25	1%
More than 10	24	1%
Prefer not to say	28	1%
Never	3224	91%
<b>12b) In the last 12 months how many times have you personally experienced physical violence at work from...? Managers / Team leaders</b>		
1-2	10	0%
3-5	7	0%
6-10	2	0%
More than 10	2	0%
Prefer not to say	26	1%

































Question and response	Total responses	%	
Never	3480	99%	
<b>12c) In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues</b>			
1-2	14	0%	
3-5	7	0%	
6-10	3	0%	
More than 10	1	0%	
Prefer not to say	26	1%	
Never	3464	99%	
<b>12d) The last time you experienced physical violence at work, did you or a colleague report it?</b>			
Don't know	16	5%	
No	91	31%	
Yes, a colleague reported it	33	11%	
Yes, I reported it	156	53%	
<b>13a) In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?</b>			
No	1939	60%	
Prefer not to say	213	7%	
Unknown	1	0%	
Yes	1079	33%	
<b>13b) My organisation treats staff who are involved in an error, near miss or incident, fairly.</b>			
Strongly agree	428	14%	
Agree	1053	35%	
Neither agree nor disagree	1082	36%	
Disagree	268	9%	
Strongly disagree	152	5%	
<b>13c) My organisation encourages us to report errors, near misses or incidents.</b>			
Strongly agree	826	26%	
Agree	1454	46%	
Neither agree nor disagree	540	17%	
Disagree	195	6%	
Strongly disagree	136	4%	
<b>13d) When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.</b>			
Strongly agree	570	19%	
Agree	1174	38%	
Neither agree nor disagree	855	28%	
Disagree	318	10%	
Strongly disagree	157	5%	































Question and response	Total responses	%	
<b>13e) We are given feedback about changes made in response to reported errors, near misses and incidents.</b>			
Strongly agree	468	15%	
Agree	1013	33%	
Neither agree nor disagree	892	29%	
Disagree	444	15%	
Strongly disagree	243	8%	
<b>14a) I always know what my work responsibilities are.</b>			
Strongly agree	555	31%	
Agree	871	49%	
Neither agree nor disagree	178	10%	
Disagree	124	7%	
Strongly disagree	46	3%	
<b>14b) I am trusted to do my job.</b>			
Strongly agree	1478	42%	
Agree	1611	45%	
Neither agree nor disagree	283	8%	
Disagree	99	3%	
Strongly disagree	70	2%	
<b>14c) There are frequent opportunities for me to show initiative in my role.</b>			
Strongly agree	1059	30%	
Agree	1475	42%	
Neither agree nor disagree	577	16%	
Disagree	276	8%	
Strongly disagree	154	4%	
<b>14d) I have a choice in deciding how to do my work.</b>			
Strongly agree	458	26%	
Agree	767	43%	
Neither agree nor disagree	299	17%	
Disagree	164	9%	
Strongly disagree	82	5%	
<b>14e) I am satisfied with the opportunity for flexible working patterns.</b>			
Strongly agree	961	27%	
Agree	1110	31%	
Neither agree nor disagree	712	20%	
Disagree	395	11%	
Strongly disagree	362	10%	
<b>14f) My organisation is committed to helping me balance my work and home life.</b>			
Strongly agree	769	22%	
Agree	1102	31%	
























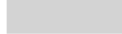
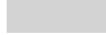




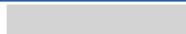
Question and response	Total responses	%	
Neither agree nor disagree	875	25%	
Disagree	437	12%	
Strongly disagree	350	10%	
<b>14g) I achieve a good balance between my work life and my home life.</b>			
Strongly agree	740	21%	
Agree	1275	36%	
Neither agree nor disagree	726	21%	
Disagree	470	13%	
Strongly disagree	321	9%	
<b>14h) I can approach my immediate manager (line manager) to talk openly about flexible working.</b>			
Strongly agree	1149	32%	
Agree	1190	34%	
Neither agree nor disagree	649	18%	
Disagree	292	8%	
Strongly disagree	262	7%	
<b>14i) I would feel secure raising concerns about unsafe clinical practice.</b>			
Strongly agree	1126	32%	
Agree	1442	41%	
Neither agree nor disagree	580	16%	
Disagree	213	6%	
Strongly disagree	170	5%	
<b>14j) I would feel secure raising concerns about unethical behaviour.</b>			
Strongly agree	1110	31%	
Agree	1485	42%	
Neither agree nor disagree	506	14%	
Disagree	256	7%	
Strongly disagree	180	5%	
<b>14k) I am confident my organisation would address my concern.</b>			
Strongly agree	702	20%	
Agree	1175	33%	
Neither agree nor disagree	931	26%	
Disagree	413	12%	
Strongly disagree	309	9%	
<b>14l) I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)</b>			
Strongly agree	568	16%	
Agree	1632	46%	
Neither agree nor disagree	925	26%	
Disagree	267	8%	

Question and response	Total responses	%	
Strongly disagree	146	4%	
<b>15a) I get recognition for good work.</b>			
Strongly agree	576	16%	
Agree	1384	39%	
Neither agree nor disagree	820	23%	
Disagree	526	15%	
Strongly disagree	238	7%	
<b>15b) The organisation values my work.</b>			
Strongly agree	453	13%	
Agree	1229	35%	
Neither agree nor disagree	1064	30%	
Disagree	539	15%	
Strongly disagree	251	7%	
<b>15c) The people I work with are understanding and kind to one another.</b>			
Strongly agree	906	26%	
Agree	1661	47%	
Neither agree nor disagree	612	17%	
Disagree	241	7%	
Strongly disagree	115	3%	
<b>15d) The people I work with are polite and treat each other with respect.</b>			
Strongly agree	916	26%	
Agree	1660	47%	
Neither agree nor disagree	635	18%	
Disagree	217	6%	
Strongly disagree	109	3%	
<b>15e) The people I work with show appreciation to one another.</b>			
Strongly agree	869	25%	
Agree	1557	44%	
Neither agree nor disagree	715	20%	
Disagree	272	8%	
Strongly disagree	108	3%	
<b>15f) Relationships at work are strained.</b>			
Strongly agree	312	9%	
Agree	695	20%	
Neither agree nor disagree	934	26%	
Disagree	1044	29%	
Strongly disagree	554	16%	
<b>16a) People here are compassionate towards colleagues when they face problems.</b>			
Strongly agree	850	24%	

Question and response	Total responses	%	
Agree	1762	50%	
Neither agree nor disagree	629	18%	
Disagree	195	6%	
Strongly disagree	107	3%	
<b>16b) People here give good support to colleagues who are distressed.</b>			
Strongly agree	899	25%	
Agree	1793	51%	
Neither agree nor disagree	534	15%	
Disagree	203	6%	
Strongly disagree	102	3%	
<b>16c) People here are compassionate in the way they behave towards patients/ service users.</b>			
Strongly agree	1067	30%	
Agree	1799	51%	
Neither agree nor disagree	488	14%	
Disagree	94	3%	
Strongly disagree	74	2%	
<b>16d) People here take effective action to help patients/service users in distress.</b>			
Strongly agree	1079	31%	
Agree	1769	50%	
Neither agree nor disagree	513	15%	
Disagree	82	2%	
Strongly disagree	71	2%	
<b>17a) Care of patients / service users is my organisation's top priority.</b>			
Strongly agree	797	23%	
Agree	1478	42%	
Neither agree nor disagree	787	22%	
Disagree	336	10%	
Strongly disagree	138	4%	
<b>17b) My organisation acts on concerns raised by patients / service users.</b>			
Strongly agree	643	18%	
Agree	1554	44%	
Neither agree nor disagree	991	28%	
Disagree	249	7%	
Strongly disagree	94	3%	
<b>17c) If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.</b>			
Strongly agree	521	15%	
Agree	1366	39%	
Neither agree nor disagree	983	28%	

Question and response	Total responses	%	
Disagree	470	13%	
Strongly disagree	193	5%	
<b>17d) I feel safe to speak up about anything that concerns me in this organisation.</b>			
Strongly agree	287	16%	
Agree	708	40%	
Neither agree nor disagree	423	24%	
Disagree	232	13%	
Strongly disagree	118	7%	
<b>17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.</b>			
Strongly agree	435	12%	
Agree	1097	31%	
Neither agree nor disagree	1118	32%	
Disagree	578	16%	
Strongly disagree	305	9%	
<b>18a) This organisation offers me challenging work.</b>			
Strongly agree	678	19%	
Agree	1754	50%	
Neither agree nor disagree	806	23%	
Disagree	215	6%	
Strongly disagree	82	2%	
<b>18b) There are opportunities for me to develop my career in this organisation.</b>			
Strongly agree	466	13%	
Agree	1337	38%	
Neither agree nor disagree	908	26%	
Disagree	543	15%	
Strongly disagree	281	8%	
<b>18c) I have opportunities to improve my knowledge and skills.</b>			
Strongly agree	615	17%	
Agree	1753	50%	
Neither agree nor disagree	659	19%	
Disagree	332	9%	
Strongly disagree	169	5%	
<b>18d) I feel supported to develop my potential.</b>			
Strongly agree	534	15%	
Agree	1400	40%	
Neither agree nor disagree	855	24%	
Disagree	483	14%	
Strongly disagree	261	7%	

Question and response	Total responses	%	
<b>18e) I am able to access the right learning and development opportunities when I need to.</b>			
Strongly agree	515	15%	
Agree	1454	41%	
Neither agree nor disagree	902	26%	
Disagree	445	13%	
Strongly disagree	217	6%	
<b>19a) In the last 12 months, have you had an appraisal, PADR, annual review or development review?</b>			
Can't Remember	108	3%	
No	749	21%	
Yes	2673	76%	
<b>19b) If yes, to what extent do you agree with the following statements? It helped me to improve how I do my job.</b>			
No	899	34%	
Yes, definitely	506	19%	
Yes, to some extent	1264	47%	
<b>19c) It helped me agree clear objectives for my work.</b>			
No	562	21%	
Yes, definitely	811	30%	
Yes, to some extent	1292	48%	
<b>19d) It left me feeling that my work is valued by my organisation.</b>			
No	763	29%	
Yes, definitely	791	30%	
Yes, to some extent	1111	42%	
<b>20a) How often, if at all, do you find your work emotionally exhausting?</b>			
Always	308	9%	
Often	939	27%	
Sometimes	1589	45%	
Rarely	488	14%	
Never	207	6%	
<b>20b) How often, if at all, do you feel burnt out because of your work?</b>			
Always	299	8%	
Often	819	23%	
Sometimes	1401	40%	
Rarely	725	21%	
Never	286	8%	
<b>20c) How often, if at all, does your work frustrate you?</b>			
Always	330	9%	
Often	936	27%	
Sometimes	1483	42%	

Question and response	Total responses	%	
Rarely	562	16%	
Never	214	6%	
<b>20d) How often, if at all, are you exhausted at the thought of another day/shift at work?</b>			
Always	326	9%	
Often	656	19%	
Sometimes	1229	35%	
Rarely	902	26%	
Never	413	12%	
<b>20e) How often, if at all, do you feel worn out at the end of your working day/shift?</b>			
Always	457	13%	
Often	854	24%	
Sometimes	1481	42%	
Rarely	550	16%	
Never	180	5%	
<b>20f) How often, if at all, do you feel that every working hour is tiring for you?</b>			
Always	223	6%	
Often	426	12%	
Sometimes	1067	30%	
Rarely	1169	33%	
Never	634	18%	
<b>20g) How often, if at all, do you not have enough energy for family and friends during leisure time?</b>			
Always	381	11%	
Often	788	22%	
Sometimes	1299	37%	
Rarely	704	20%	
Never	359	10%	
<b>21a) My organisation takes positive action on health and wellbeing.</b>			
Strongly agree	329	9%	
Agree	1373	39%	
Neither agree nor disagree	1154	33%	
Disagree	462	13%	
Strongly disagree	199	6%	
<b>21b) In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities?</b>			
No	2678	76%	
Yes	832	24%	
<b>21c) During the last 12 months have you felt unwell as a result of work-related stress?</b>			
No	2124	60%	

Question and response	Total responses	%	
Yes	1396	40%	
<b>21d) In the last three months have you ever come to work despite not feeling well enough to perform your duties?</b>			
No	1440	41%	
Yes	2102	59%	
<b>21e) Have you felt pressure from your manager to come to work?</b>			
No	1660	79%	
Yes	437	21%	
<b>22a) I look forward to going to work.</b>			
Always	441	12%	
Often	1264	36%	
Sometimes	1219	34%	
Rarely	457	13%	
Never	154	4%	
<b>22b) I am enthusiastic about my job.</b>			
Always	891	25%	
Often	1317	37%	
Sometimes	961	27%	
Rarely	272	8%	
Never	89	3%	
<b>22c) I am happy to go the extra mile at work when required.</b>			
Always	1383	39%	
Often	1279	36%	
Sometimes	645	18%	
Rarely	144	4%	
Never	65	2%	
<b>23a) I am able to make improvements in my area of work.</b>			
Strongly agree	469	13%	
Agree	1623	46%	
Neither agree nor disagree	861	24%	
Disagree	423	12%	
Strongly disagree	164	5%	
<b>23b) I would recommend my organisation as a place to work.</b>			
Strongly agree	493	14%	
Agree	1407	40%	
Neither agree nor disagree	982	28%	
Disagree	411	12%	
Strongly disagree	247	7%	
<b>23c) I am proud to tell people I work for my organisation.</b>			
Strongly agree	597	17%	
Agree	1376	39%	

Question and response	Total responses	%	
Neither agree nor disagree	1057	30%	
Disagree	315	9%	
Strongly disagree	181	5%	

**23d) I am involved in deciding on changes introduced that affect my work/area/team/department.**

Strongly agree	147	12%	
Agree	390	33%	
Neither agree nor disagree	303	26%	
Disagree	197	17%	
Strongly disagree	140	12%	

**24a) I am satisfied in my current role and intend to remain in it for the foreseeable future.**

Strongly agree	721	20%	
Agree	1240	35%	
Neither agree nor disagree	852	24%	
Disagree	400	11%	
Strongly disagree	305	9%	

**24b) I often think about leaving this organisation.**

Strongly agree	313	9%	
Agree	697	20%	
Neither agree nor disagree	832	24%	
Disagree	923	26%	
Strongly disagree	733	21%	

**24c) I will probably look for a job at a new organisation in the next 12 months.**

Strongly agree	258	7%	
Agree	482	14%	
Neither agree nor disagree	872	25%	
Disagree	981	28%	
Strongly disagree	900	26%	

**24d) As soon as I can find another job, I will leave this organisation.**




















Strongly agree	231	7%	
Agree	325	9%	
Neither agree nor disagree	804	23%	
Disagree	977	28%	
Strongly disagree	1154	33%	

## 5. Equality, diversity and inclusion (EDI) information on respondents

This section of the report provides demographic information on people employed at Cwm Taf Morgannwg University Health Board that completed a survey in 2024. This includes a breakdown of the number and percentage of people who completed a survey in 2024 by the following characteristics:

- Age
- Gender
- Gender reassignment
- Sexual orientation
- Ethnicity
- Religion
- Disability
- Neurodiversity

**Table 7:** Number and percentage of responses to survey questions related to equality, diversity and inclusion (EDI) characteristics, for people employed at Cwm Taf Morgannwg University Health Board that completed a survey in 2024

Question and response	Total responses	%	
<b>25) What best describes your gender?</b>	<b>3529</b>		
Female	2555	72%	
Male	700	20%	
Non-binary	12	0%	
Prefer not to say	244	7%	
Prefer to self describe (please specify)	18	1%	
<b>26) Is this the same as the sex you were assigned at birth?</b>	<b>3512</b>		
No	22	1%	
Prefer not to say	182	5%	
Yes	3308	94%	
<b>27) Which of the following terms best describes your sexual orientation?</b>	<b>3519</b>		
Asexual	48	1%	
Bisexual	75	2%	
Gay or lesbian	90	3%	
Heterosexual or Straight	2964	84%	
Prefer not to say	302	9%	
Prefer to self-describe (please specify)	40	1%	
<b>28) Age</b>	<b>3539</b>		
16-20	15	0%	
21-30	524	15%	
31-40	795	22%	
41-50	871	25%	
51-65	1025	29%	
66+	29	1%	
Prefer not to say	280	8%	
<b>29) Which race or ethnicity best describes you?</b>	<b>3535</b>		
Another race or ethnicity – please identify	16	0%	
Arabic	10	0%	

Question and response	Total responses	%
Asian / British Asian: Bangladeshi	12	0%
Asian / British Asian: Chinese	17	0%
Asian / British Asian: Indian	71	2%
Asian / British Asian: Other	32	1%
Asian / British Asian: Pakistani	15	0%
Black / British Black: African	24	1%
Black / British Black: Caribbean	<10	<10
Black / British Black: Other	<10	<10
Mixed Race: Asian & White	<10	<10
Mixed Race: Black & White	10	0%
Mixed Race: Other	205	6%
Prefer not to say	249	7%
Traveller: Gypsy or Roma	<10	<10
Traveller: Irish	<10	<10
White: British (British / Engl	<10	<10
White: British (British / English / Northern Irish / Scottish / Welsh)	2662	75%
White: European	157	4%
White: Irish	29	1%
<b>30) What do you consider your religion to be?</b>	<b>3501</b>	
Buddhist	12	0%
Christian	1260	36%
Hindu	26	1%
Jewish	<10	<10
Muslim	34	1%
No religion	1693	48%
Prefer not to say	397	11%
Prefer to self-describe (please specify)	64	2%
Sikh	<10	<10
<b>31) Do you have an impairment that can affect day-to-day activities, this can be either a physical or hidden disability?</b>	<b>3524</b>	
No	2749	78%
Prefer not to say	328	9%
Yes	447	13%
<b>33) Do you consider yourself Neurodiverse or Neurodivergent? (E.g., Autism, ADHD, Dyslexia)</b>	<b>3481</b>	
No	2863	82%
Prefer not to say	285	8%
Yes	333	10%



**Agenda Item**

7.4.

**Strategic Development Committee**

**Digital and Data Roadmap**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	03/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Suzanne Rodgers Assistant Director of Digital Transformation
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Suzanne Rodgers Assistant Director of Digital Transformation
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Stuart Morris Director of Digital and Data
<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting

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

<b>Committee / Group /Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A		



### Acronyms / Glossary of Terms

AI	Artificial Intelligence
CDR	Clinical Data Repository
CTM	Cwm Taf Morgannwg University Health Board
DC	Daycase
DHCW	Digital Health and Care Wales
ED	Emergency Department
ePMA	Electronic Prescribing and Medicines Administration
EPR	Electronic Patient Record
IMTP	Integrated Medium Term Plan
IP	Inpatients
LA	Local Authority
L&D	Learning & Development
LIMS	Laboratory Information Management System
OP	Outpatients
PIT	Productivity, Improvement and Transformation
RISP	Radiology Information System Programme
WG	Welsh Government
WPAS	Welsh Patient Administration System



## 1. Situation /Background

The purpose of this paper is to provide the Strategic Development Committee with an overview of Cwm Taf Morgannwg University Health Board's (CTM) Digital and Data Roadmap over the next 5 years to support the delivery of CTM 2030.

## 2. Specific Matters for Consideration

The Health Board's Digital and Data vision 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.*

### Key Themes CTM Digital and data Strategy

1	 <b>Digital health board</b>	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	 <b>Insights-driven healthcare</b>	Providing the platform to interrogate and analyse multi-source data, surfacing previously unknown insights on performance and driving optimal decision making
3	 <b>Single patient view</b>	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	 <b>Intelligently integrated healthcare</b>	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	 <b>Digital workforce</b>	Providing the digital tools to support employees in their day to day activity, reducing admin and travel time and enabling increased clinical contact
6	 <b>Adoption and exploitation</b>	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	 <b>Managing innovation</b>	Managing and encouraging innovation with innovation forums and idea receptors; as well as a governance and funding model to turn them into reality
8	 <b>Digital enablers</b>	Putting in place the enabling infrastructure and maturing the key supporting capabilities needed to deliver the strategy

### Strategic Context

CTM's Digital and Data Strategy is closely aligned with the Welsh Government's A healthier Wales 'Digital and data strategy for health and



*social care in Wales, 2023* which aims to 'improve the way we deliver modern health and care services through technology and use of data'.

The strategy describes the plans being delivered around six missions:

- digital skills - developing our workforce to have the skills and confidence they need to make the most of digital services and improve care
- digital economy - partnership with health and social care providers, academia, and the private sector to create added value, accelerate innovation and strengthen the economy of Wales
- data and collaboration - working to ensure high-quality data is available to inform every part of health and social care delivery and support digital services
- digital infrastructure and connectivity - developing a secure, stable and sustainable foundation for seamless sharing of health and social care data in support of agile, digital services
- user-centred services - deliver high quality digital services designed around the needs of the citizen, professionals and services
- digital inclusion - equip users with the access, skills and confidence to engage with digital health and social care services based on their specific needs or preferences

*"digital change isn't just about technology; it's about a change of culture. It's about being open. It's about using data to solve problems. Instead of designing services from the viewpoint of what organisations think a citizen needs, a digital approach involves designing services that meet the needs of the end user"*

*Digital Strategy for Wales 2021*

CTM is committed to transform the way we deliver services enabled by Digital, Data and Technology and over the next 5 years the Digital and Data Directorate will achieve this through focusing on core principles: -

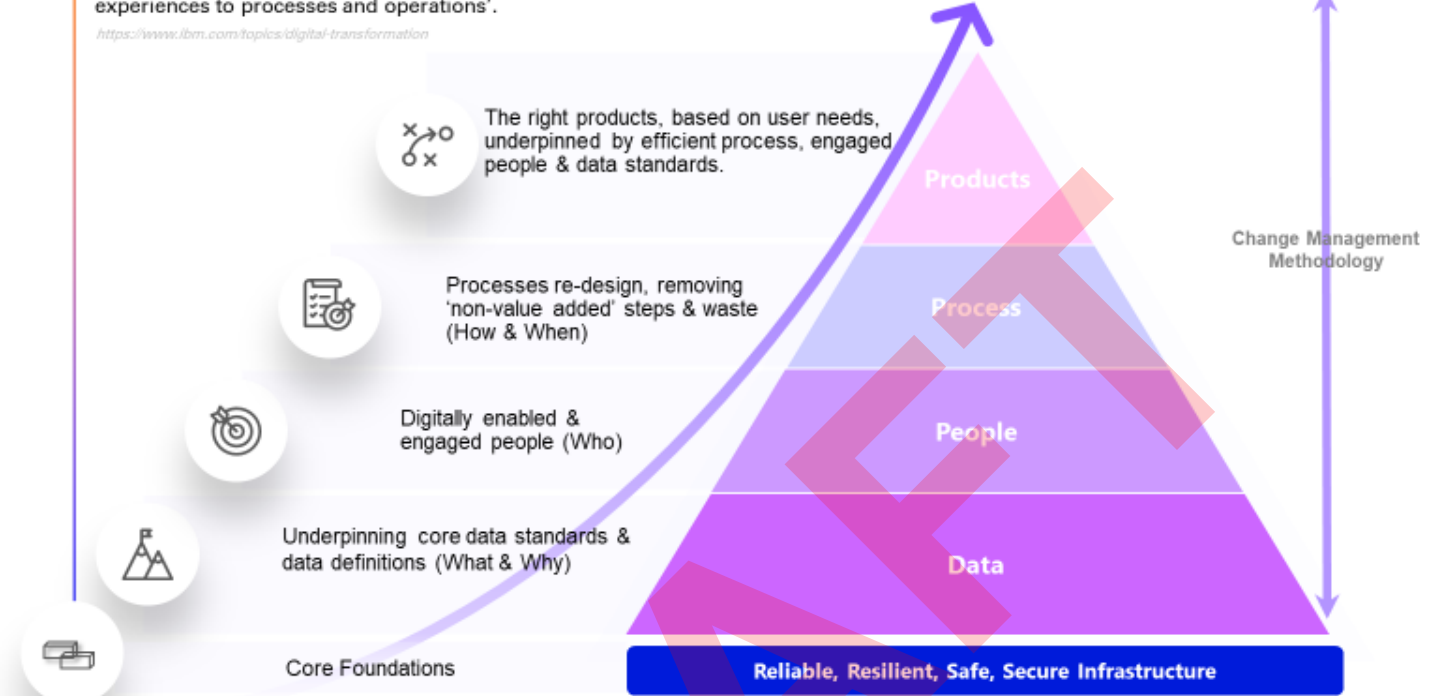
- Core Foundations
- Data
- People
- Process
- Products



## Transforming our services enabled by Digital & Data

'Digital transformation takes a customer-driven, digital-first approach to all aspects of a business, from its business models to customer experiences to processes and operations'.

<https://www.ibm.com/topics/digital-transformation>



### Core Foundations that are safe, resilient and reliable



#### Digital enablers

Putting in place the enabling infrastructure and maturing the key supporting capabilities needed to deliver the strategy

Digital and Data services touch every part of the patient journey from the basics like patient identification and administration through to digital care records, and diagnostics. This is coupled with an ever-increasing demand for data that is turned into meaningful information, data modelling and predictive analytics.

Therefore, over the next 5 years we will continue to invest in our core infrastructure, cyber security and Wi-Fi capacity and capability which is fundamental to the safe, effective and efficient delivery of patient and citizens services. It needs to work when clinicians need it and as we continue to transition away from traditional Monday- Friday models of care, resilience, availability and support need to evolve and improve with it, requiring specialist technical skillset, different working patterns and greater investment.

Key area of focus will include:

- Governance and delivery of the Cyber Improvement Plan

- Device Strategy / Rollout, supported by the investment of ePMA
- Redesign of Support Services to accommodate new models of care as they evolve e.g. ACSP

## Data, Information and Insight



Insights-driven  
healthcare

Providing the platform to interrogate and analyse multi-source data, surfacing previously unknown insights on performance and driving optimal decision making

The NHS has data, which is both structured and unstructured, but data on its own has its limitations. For data to become useful it needs to be organised with context and presented in way that provides value and insight for future service delivery plans, workforce modelling and longer-term predications based on population health, social and economic factors.

CTM Digital and Data Directorate will continue to build our local capacity and capability aligned with the wider National Data Resource Programme funded by Welsh Government. Through investment secured through projects like ePMA, Mental Health and the modular EPR strategy, we will bolster the skills and capacity to deliver:

- IG framework and standards
- Standards for data, interoperability and procurement
- Findable, Accessible, Interoperable, Reusable (FAIR) Principles
- Shared care record for our region(s) (data not system)
- Population Health Analytics Programme
- Federated Joint Data and Analytics Platform(s)
- Legacy architecture and applications

## Supporting our People to improve care



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



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

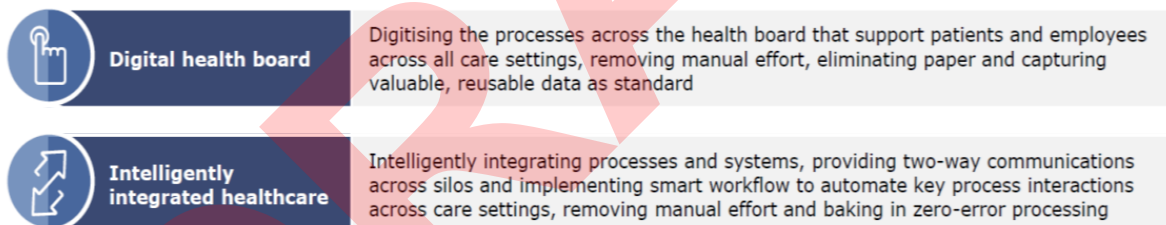
Our people in CTM are our greatest asset. Along with the rest of the public sector, CTM continues to face the challenges of recruitment and retention. For us to

become a leading employer and compete with organisations across the UK, we need to be an attractive, innovative employer that strives to deliver technological solutions that make our workforce more efficient. An organisation that embraces new innovative solution and creates a culture that open to change and betterment for the future of the communities that we serve.

Over the coming years we will work with our colleagues from across CTM to:

- From 2025 onwards through the various Digital Transformation Programmes, we will be investing in Digital Business Change function to create a culture for Digital and Data, supporting staff to overcome digital and data helplessness and working with our L&D to increase skills and capabilities, this has already commenced with the ePMA Project and will continue to mature over the next 2-3 years
- Enhancing the role of the Board and Executive by continuing the Board Development Sessions
- Developing a Digital and Data Operating Model
- Development and Promoting Digital and Data Profession

### Re-engineering processes to streamline healthcare delivery



To support the Health Board's Transformation Programmes, we will ensure that through the configuration and implementation of new digital solutions we will maximise the opportunities to enable and support process re-design, to increase productivity and remove non-value-added steps. Our digital solutions should replace the many manual checks and balances that are inherent in clinical practice to make our clinical workforce as productive as possible, eradicating duplication and paper processes freeing up more time to care.

Key enablers include:

- The procurement of a strategic partner to support the development of a modular EPR that will focus on automating clinical workflow and transfers of care starting with an ED Module, commencing early 2025/26.
- Optimising the use Office 365 to support process resign e.g. Patient Contact Transformation Programme



## Interoperable Products designed for modern Healthcare



### 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

As outlined in A healthier Wales 2018 and CTM 2030, one of the key drivers for change is the move towards greater care in the community. Shifting from a model that focuses on hospital-based care to a model that is centred on keeping people well, supported by an increased number of services delivered within primary and community care, enabling patients to get well safely at home and out of hospital.

However, to supporting this system redesign, our clinicians need to be able to view, update and re-use patient and citizen information where and when they need it. Information needs to be 'live' and responsive to ensure that when patients are cared for in a different way and as circumstances change, the service can respond accordingly by enabling fast, safe communication with multi-disciplinary teams irrespective of sector, location or system they happen to be a part of .

That means the products we procure, build or make use of need to be centred around enabling the citizen/patient, be secure, interoperable and be underpinned by UK and WG data and technical standards enabling data to flow between systems. Our modular EPR approach will be a key enabler in procuring a suite of products that can facilitate this integrated record approach.

Our approach needs to be adaptable to support the shift in care delivery and will include:

- The Patient Contact Transformation Programme
- The implementation of the NHS Wales App, (as a when it becomes available) to support Patient authentication and security
- Integrated Shared Care Record across Community/Primary/ Secondary and Tertiary care, this will be facilitated through our internal CDR, procured modules supported by DHCW.

## Digital and Data Roadmap

Over the next 5 years the Digital and Data will work with the leadership and staff across CTM to deliver an Electronic Patient Record (EPR) underpinned by solid foundations and increased data and intelligence capability.

### Year 1 2025/26

This will be an intense period focusing on the cornerstones of the patient record, the WPAS Merger, the LIMS Upgrade and RISP Replacement are major national

programmes that are fundamental to care delivery and critical to our long-term plans.

ePMA will go-live at our first site, the Princess of Wales Hospital during October 2025. Phase 1 of the project will see ePMA being rolled out to all Adult IP areas across acute and community hospitals before moving onto Paediatrics, Outpatients and Mental Health in Phase 2.

Through 25/26 we will procure a digital maternity solution with the aim of going live with an Early Adopter site March 2026.

We will also continue to work with Betsi Cadwallader University Health Board (BCU) to procure a Mental Health solution, the final procurement timeline is under review, but we anticipate awarding the contract in Q3 25/26. System Configuration and implementation planning will then commence.

In July 2024, the CTM Board approved in principle to support the procurement of a strategic partner to work towards a modular EPR. With funding now approved as part of the IMTP 2025-2028, in 2025/26, this process will commence with a view to procuring an ED/Flow Module as a key component part of the EPR.

To support ePMA and the wider use of digital technology we will continue to seek investment opportunities to maintain and improve our infrastructure using funding from individual projects and discretionary capital. However, a longer-term approach to how we fund in a more sustainable way is required.

In terms of data and analytics the Data team continue to develop our internal capability to store and use clinical data. They support the increasing appetite for data in the form of automated business intelligence dashboards as well as supporting major programmes of work e.g. the Acute Clinical Service Plan, the IMTP, PIT Programme, Referral to Treatment Targets and Care Group operational management needs as well as supporting National Planned Care Programme and Six Goals.

2025/26 will also see the launch of our Patient Contact Service Transformation Programme aimed at 'Delivering excellence through digitally enabled, patient centred- contact services' through; Optimising Digital Technology, Eliminating Waste, Getting it right first time and User - Centred Design. Recruitment will commence in April 2025 to support the programme and five projects.

In the first year of the Patient Contact Service Transformation, one of the projects will focus on procuring digital solutions to streamline the production of clinical correspondence, eliminating waste and duplication and providing flexibility to our patients on how they wish to receive communication from the Health Board e.g. Speech to Text capability/Hybrid Mail.



## **2026/27 -2030/31**

As the journey towards an EPR becomes a reality, this phase of the plan will focus very much on business change and implementation, this will require careful planning and execution across multiple major programmes of work.

This period will see a step-change from where we are today with our systems being used as a point of reference and checking to support clinical care, to a world where our digital systems are proactively enhancing care delivery and become integrated into how we do business on a daily basis. And as the burden of paper reduces, this will enable us to use our resources more efficiently and spend more time on value-adding tasks.

Managing the interdependencies, complex integration, risk and benefits across the organisation will be fundamental and will require continued investment into specialist resources across the 5 pillars of Digital and Data to ensure the successful delivery of this ambitious roadmap.

Below is an overview of the plan.

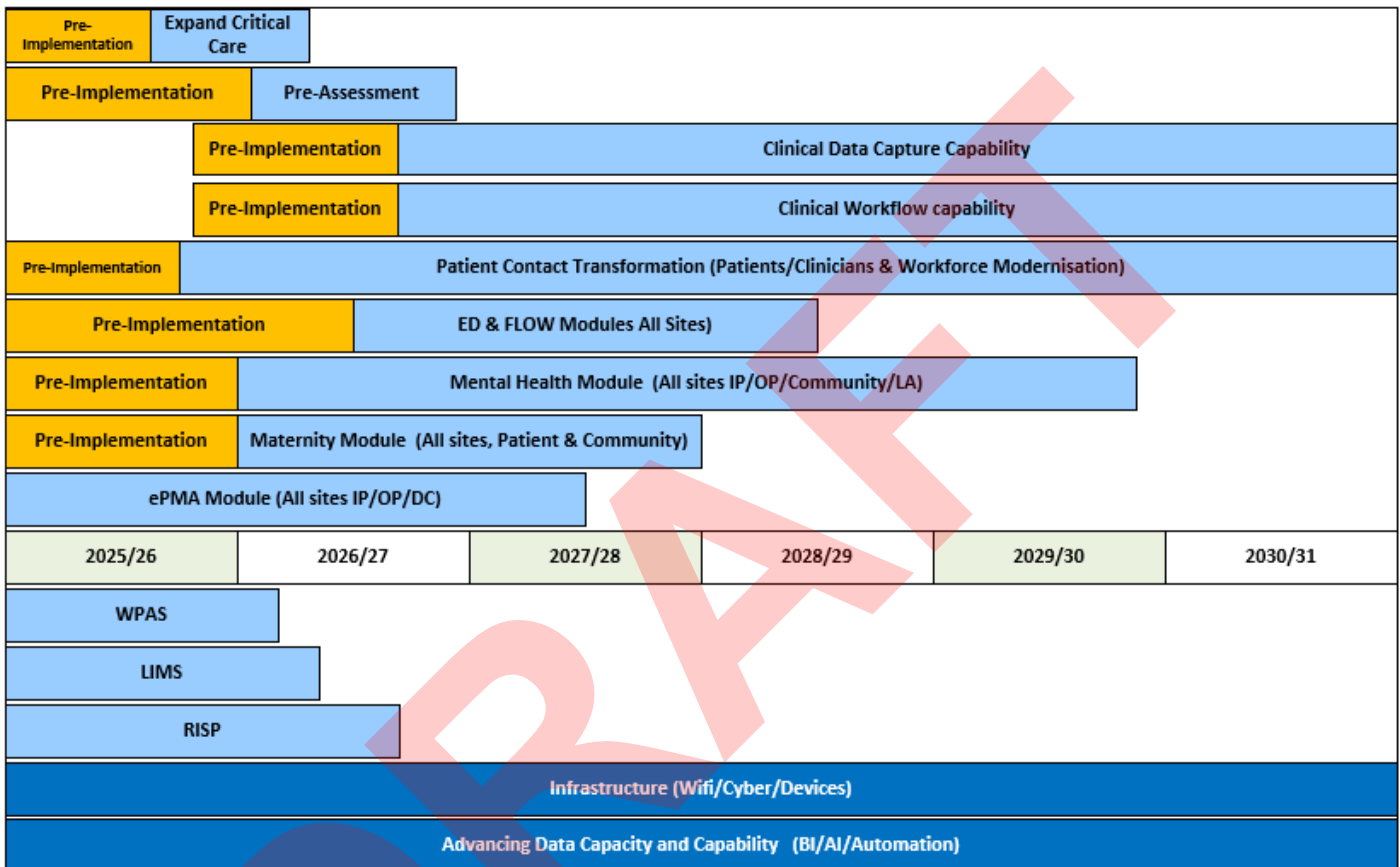
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## Digital & Data - Delivery Roadmap

Pre-Implementation (Securing Funding/Recruit Resource/Procurement, Programme Governance)

Implementation (System Configuration, Integration, Testing, Training, Early Adopter, Rollout, Transition to BAU)



### Key Success Factors

It is well documented that delivering change through technology is complex, however if executed in the right way, the benefits can be significant in terms of patient safety, staff productivity, patient and staff experience and patient outcomes.

Key to success will be: -

- Strong clinical and operational leadership
- Securing Funding
- Recruiting the skilled workforce

- Investing in understanding the problem
- Procuring the right solutions
- Robust Governance and Assurance

CTM 2030 clearly articulates that digital transformation is a key enabler of Improving Care. The Digital and Data Directorate shares this ambition and is committed to working with our leaders and teams from across CTM to drive forward and deliver the change for the betterment of our staff and communities that we serve.

### 3. Key Risks / Matters for Escalation

With any programme of work there are key risks regarding structure, appetite for change and appropriate allocation of resources that could prevent the successful delivery of the Digital and Data Plan.

The Plan has a core principle which aims to keep the organisation safe, secure and resilient, enabling our clinicians and colleagues to be at their most productive, modernize the way we deliver care and ultimately **improve care**.

When considering risks for delivery of the Roadmap:

- 3.1 Adoption and embedding long term sustainable change enabled by technology
- 3.2 Closing the gap on Digital Exclusion for our Staff, Patients and wider Communities
- 3.3 Dependency on third parties to deliver the requirements of each project and programme within the set delivery milestones
- 3.4 Ability to recruit the right skillsets & capabilities to meet the evolving technology needs.

### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM /</b>	Not Applicable
	If more than one applies please list below:
	All



Objectives / Strategy	
<b>Link to CTMUHB Strategic Areas</b>	
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Not Applicable
	If more than one applies please list below: All
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>	Not Applicable
	If more than one applies please list below: All
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Yes - Reduce
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Individual Project level
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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:  Individual Project level
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	Procurement / Partnerships	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	



<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Delivery / Approach / Safety
	Yes (Include further detail below)
	Recurrent funding identified in the IMTP for 2025/2026

**5. Recommendation**

5.1 The Committee are requested to **NOTE** the contents of the report.

**6. Next Steps**

6.1 Delivery of key milestones and procurement of technologies in 2025/2026.

6.2 Further development of financial years post 2025/2026.

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## Strategic Development Committee

### Annual Review of the WBFGA Statement and Objectives

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	03/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Kate May Deputy Director of Public Health  Vicki Oxley Deputy Director of Strategy and Partnerships
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Linda Prosser, Executive Director of Strategy & Transformation
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Linda Prosser, Executive Director of Strategy & Transformation
<b>Pwrpas yr Adroddiad / Report Purpose</b>	ENDORSE FOR BOARD APPROVAL

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

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

#### Acronyms / Glossary of Terms

CTMUHB	Cwm Taf Morgannwg University Health Board
FGA	Future Generations Act
NWSSP	NHS Wales Shared Services Partnership
WBFGA	Well-being of Future Generations Act



## 1. Situation /Background

- 1.1 The Well-being of Future Generations (Wales) Act is about improving the social, economic, environmental and cultural well-being of Wales.
- 1.2 The Act gives a legally-binding common purpose – the 7 well-being goals – for national government, local government, local health boards and other specified public bodies. It details the ways in which specified public bodies must work, and work together to improve the well-being of Wales.
- 1.3 The Well-being goals are depicted in the image below:



- 1.4 The Act places a duty that the public bodies will be expected to carry out. The well-being duty states: Each public body must carry out sustainable development. The action a public body takes in carrying out sustainable development must include: setting and publishing objectives (“well-being objectives”) that are designed to maximise its contribution to achieving each of the well-being goals, and taking all reasonable steps (in exercising its functions) to meet those objectives.
- 1.5 This means that each public body listed in the Act must work to improve the economic, social, environmental and cultural well-being of Wales. To do this they must set and publish well-being objectives.

## 2. Specific Matters for Consideration

- 2.1 CTMUHB’s Wellbeing Objectives are fully aligned and integrated with the CTM2030: Our Health, Our Future strategy and our ambition to being a population health organisation.
- 2.2 Our current Wellbeing Objectives are:
  - Work with communities and partners to reduce inequality;
  - Promote wellbeing and prevent ill-health;



- Provide high quality, evidence based, and accessible care;
  - Ensure sustainability in all that we do, economically, environmentally and socially; and
  - Co-create with staff and partners a learning and growing culture.
- 2.3 During 2024-2025 a review of the CTM wellbeing objectives was led by Philip Daniels, Executive Director of Public Health. Whilst there was good read across to six out of seven of the wellbeing goals in the WBFGA, it was recognised that a reflection of our ongoing activities and commitments to the Welsh Language was needed.
- 2.4 Therefore it is recommended that an additional objective is added: **Embed the Welsh language in all we do, recognising the importance of Welsh in people's care and our contribution as an anchor organisation to the wider aim in Wales of reaching a million Welsh speakers**
- 2.5 We have evidenced our commitment to delivering the Goals through many different initiatives over the last year, including but not limited to:
- Co-produced with regional stakeholders from across the early years' system and families our Baby and Toddler Voice Statements. Using the voice of the baby the statements provide an early years' focus to the United Nations Children's Rights Charter and aim to motivate infant oriented actions and policies at both community and societal levels.
  - Continued to identify partnership opportunities with local groups, organisations and charities for supporting people's health and wellbeing needs. This has included for example, the CTM Neurodevelopment Improvement Programme which is a collaborative, multi-agency mechanism aimed at driving continuous improvement for all services across the region to enable neurodivergent people of all ages to lead fulfilling lives;
  - Making significant progress in enhancing its bilingual services; Over 200 staff members were supported in learning Welsh during 2024/25, with increased use of Welsh and positive experiences reported. Initial steps for strategic workforce planning for bilingual skills were taken, including development of guidance on assessing Welsh language skills and a gaps analysis for clinical provision. We have seen improved compliance with Welsh Language Standards and focussed internal communications have improved engagement with the Welsh Language agenda across the health board. A national awareness campaign highlighted Welsh language successes and patient rights, with Facebook content reaching over 10,000 views. A comprehensive linguistic profile of all staff was produced and a 5-year Strategic Plan was created to support the ongoing progress towards offering clinical consultations in Welsh and addresses any gaps. Our presence at the Eisteddfod was also a huge success.
  - Working closely with NWSSP to understand how we can spend our budgets



within Wales and the value that can be gained from doing so. Supporting Welsh companies also provides more local jobs and training within the local supply chain. Local supply chains are better for the environment and more resilient to global changes. Increasing local employment also has the benefit of increasing spend within the local area and hopefully the cycle continues.

- A real focus on delivering the decarbonisation action plan and working towards Net Zero; adaptation planning; innovation opportunities; and staff and public engagement to support delivery. Over the last year this has included developments such as our clinical waste recycling project, working in conjunction with Natural UK, a Welsh Company, putting CTMUHB on the map worldwide in regards to how we approach the reuse of some clinical waste.

### 3. Key Risks / Matters for Escalation

3.1 In 2024/25, a submission was not made to the FGA Commissioner as CTMUHB had taken part in the pilot work to produce the documentation used for submissions. CTMUHB will complete a submission using the current process in 2025/26.

### 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Creating Health
	If more than one applies please list below: Inspiring People Improving Care Sustaining Our Future
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Starting Well
	If more than one applies please list below: Growing Well Living Well Ageing Well Dying Well
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A Prosperous Wales
	If more than one applies please list below: A resilient Wales A healthier Wales A more equal Wales A Wales of cohesive communities A Wales of vibrant culture and thriving Welsh language A globally responsible Wales
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality</b>	Culture and Valuing People
	If more than one applies please list below: Whole systems perspective



<a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	
<b>Dolen i Feysydd Ansawdd</b> ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Domains of Quality</b> ( <a href="#">Duty of Quality Statutory Guidance (gov.wales)</a> )	Person Centred
	If more than one applies please list below:
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	Yes - Reuse
	If more than one applies please list below: Refine Reduce Recycle Repurpose

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Would be undertaken as part of each project to support delivery
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Would be undertaken as part of each project to support delivery
	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below) The Act is legally binding	
<b>Enw da / Reputational</b>	Yes (Include further detail below) There would be a negative reputational impact on the health board if we did not deliver the Act	
<b>Effaith Adnoddau</b> ( <i>Pobl /Ariannol</i> ) / <b>Resource Impact</b> ( <i>People / Financial</i> )	Yes (Include further detail below) There may be resource impact relating to the different projects CTMUHB delivers as part of our responsibilities	

## 5. Recommendation

5.1 The Committee is asked NOTE the update

- 5.2 The Committee is asked to **ENDORSE** the additional Well-being objective linked to our ongoing commitment to embedding the Welsh Language **FOR BOARD APPROVAL** at the May 2025 Board Meeting

**6. Next Steps**

- 6.1 To continue to consider and enact the Well-being of Future Generations (Wales) Act within CTMUHB activity and decision making.
- 6.2 To complete a submission to the FGA Commissioner in 2025/26.

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**Unapproved Minutes of the Strategic Development Committee**

<b>Date and Time of Meeting</b>	Thursday 16 <sup>th</sup> January 2025 10:00 – 13:00 pm
<b>Venue</b>	Virtual via Microsoft Teams

<b>Members Present</b>	Kath Palmer	Vice Chair/Chair of Committee
	Carolyn Donoghue	Independent Member
	Dilys Jouvenat	Independent Member
	Rachel Rowlands	Independent Member
<b>In Attendance</b>	Linda Prosser	Executive Director of Strategy & Transformation (in-part)
	Gethin Hughes	Chief Operating Officer
	Sally May	Executive Director of Finance
	Stuart Morris	Director of Digital
	Hywel Daniel	Executive Director for People
	Lauren Edwards	Executive Director of Allied Health Professions & Health Science
	Philip Daniels	Executive Director of Public Health
	Julie Denley	Deputy Chief Operating Officer
	Hayleigh Jones	Deputy Director for People
	Ben Screen	Welsh Language Lead (in-part)
	Matt Jenkins	Integrated Services Director CTM Regional Partnership Board (in-part)
	Robert Green	Consultant, Public Health (in-part)
	Victoria Oxley	Deputy Director of Strategy & Partnerships
	Hayleigh Jones	Deputy Director for People
	Cally Hamblyn	Assistant Director of Governance & Risk
	Kathrine Davies	Corporate Governance Manager
<b>Observing</b>	Kelly Hallett	Acute Clinical Services Plan Administrative Assistant
	Emma Walters	Head of Corporate Governance & Board Business

<b>Agenda Item</b>	<b>Meeting Business</b>
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<b>1. PRELIMINARY MATTERS</b>	
1.1	<b>Welcome and Introductions</b>
	<p>The Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues participating for specific agenda items. The format of the proceedings in its virtual form were also noted.</p> <p>Members noted that the meeting would be recorded to aid the Committee Secretariat in ensuring the accuracy of scrutiny related discussions and decisions made during the meeting. Members noted that the recording would be destroyed once the minutes had been confirmed as accurate. Members confirmed they were happy to proceed.</p>
1.2	<b>Apologies for Absence</b>
	There were no apologies received.
1.3	<b>Declarations of Interest</b>
	There were no interests declared.
<b>2. CONSENT AGENDA BUSINESS</b>	
2.1	The Chair reminded Members that the agenda had been reformatted to include consent agenda items at the end of the agenda. She asked if there were any items from the consent agenda (Item 8) that the Committee Members wished to bring forward to the main agenda for discussion. There were none.
<b>3. COMMITTEE GOVERNANCE ARRANGEMENTS</b>	
3.1	<b>Action Log</b>
	<p>The Action log was received with the following key matters discussed:</p> <ul style="list-style-type: none"> <li>• 'Strategic Equality Plan - Gender Pay Gap Action' – C. Donoghue sought clarity on the current status of the gender pay gap investigation as the position was not clear from the narrative within the Action Log. H. Daniel agreed to review the action with the team outside of the meeting and revert to the Committee with an update.</li> <li>• 'Staff Vaccinations Action' – The Chair queried the status of the staff vaccinations action and whether this action should remain open rather than be closed, as there should be lessons learned following the current vaccination programme. P. Daniels advised that there are ongoing discussions about the future direction of the vaccination programme and that the intention is that a proposal for future vaccination events will be brought back to the Committee. C. Hamblyn suggested that the current action should be closed with the item being added to the Forward Work Plan.</li> </ul> <p>The Chair thanked the Governance Team for producing such a coherent pack of papers for the new Committee including the legacy activity of the previous Committees which had now been disbanded</p>
Resolution:	The Action Log was <b>NOTED</b> .



Action:	To review the narrative on the Gender, Pay Gap action and an update to be provided outside of the meeting.
Action:	Propose to close the Action on Staff Vaccinations and add to the Forward Work Plan for a further update report.
3.2	<b>Matters Arising Not Captured on the Action Log</b>
	There were no matters arising.
<b>4.</b>	<b>STRATEGIC RISK MATTERS</b>
4.1	<b>Board Assurance Framework – Strategic Risks</b>
	<p>C. Hamblyn presented the report as the latest iteration that was approved by the Executive Leadership Group on the 13 January 2025 which would also be presented to the Board at their meeting on the 30 January 2025.</p> <p>C. Hamblyn highlighted two key updates which were: 1) the proposal to close Strategic Risk 6 – Leadership &amp; Management, due to the mitigating actions taken by the People Services Team and achievement of the target scores, 2) the proposal to decrease the score for Strategic Risk 10 – Failure to plan and manage revenue resources within the revenue resource limits set by Welsh Government based on the rationale provided and ongoing work with the Finance Team.</p>
Resolution:	<p>The following actions were <b>ENDORSED FOR BOARD APPROVAL</b></p> <ul style="list-style-type: none"> <li>• The changes outlined in Section 3 of this report.</li> <li>• The closure of Strategic Risk 6 – Leadership and Management</li> </ul>
Action:	None identified.
<b>5.</b>	<b>OUR MODELS OF CARE</b>
5.1	<b>Acute Clinical Services Plan (ACSP)</b>
	<p>L Prosser presented an update on the ACSP highlighting the key activity in the last six months, whereby the focus has been on collating the information needed to develop a robust case for change and establishing the programme structure for the future. The update also identified the key risks to the delivery of the ACSP including the importance of communication and engagement and the resources needed to deliver the ACSP.</p> <p>R Rowlands, C Donoghue and the Chair of the Committee sought further assurance as to the delivery timetable and requested detail on the next steps be received at a future Committee, recognising that this would be around timeframes at this stage as the proposed service changes will follow once the consultation and engagement stages have been undertaken.</p> <p>D. Jouvenat emphasised the importance of robust engagement with all stakeholders, recognising that this is a significant stage in the process.</p> <p>The Chair welcomed the news that a Programme Director for ACSP had been appointed to lead this work and looked forward to inviting him to a future Committee.</p>



	The Chair also recognised the need for this programme of work to be integrated with the next agenda item, Integrated Community and Primary Care Services.
Resolution:	The report was <b>NOTED</b> .
Action:	Governance Team to add the Acute Services Clinical Plan to the Forward Work Plan for a future Board Development Session.
5.2	<b>Integrated Community Services (Including Primary Care Strategy)</b>
	<p>J. Denley presented the report that provided an overview of the work being undertaken to drive forward the transformation of the primary care and community services strategy.</p> <p>J. Denley highlighted key areas of ongoing work in integrated community services including:</p> <ul style="list-style-type: none"> <li>Enhanced community care - focusing on community services and support systems that wrap around primary care to ensure a cohesive response to vulnerable people;</li> <li>Palliative care - end-of-life care strategy. Members were advised that detailed plans would be presented once drafted and approved.</li> <li>Community hospital bed redesign - redesign of community hospital beds, including the addition of beds in community hospitals and the development of a stroke rehabilitation ward;</li> <li>The Navigation Hub - including the co-location with social care case workers and the expansion of urgent treatment centres;</li> <li>Resource Challenges - were emphasised relating to resources and staff engagement and the importance of keeping staff engaged and addressing their concerns.</li> </ul> <p>G Hughes reiterated the significant service alignment activity that will need to be undertaken internally within the Health Board in order to reach the point where there is a service and a product that can integrate externally with local authorities, community sector services etc.</p> <p>R Rowlands welcomed this update recognising that it will support her to explain where the third sector partners are in this journey in terms of supporting this work.</p> <p>The Chair commended the establishment of the Primary Care Board to drive this activity forward. She also referenced the recent Audit Wales report on primary care which suggested that there should be a clear benchmarked budget around primary care and evidence that demonstrates that the Health Board are directing more resources into primary care and community services.</p> <p>S. May, in response, advised that they would require clear definitions to support this which is something the Primary Care Board could start to develop to allow costings to then be developed.</p> <p>In response, to the points raised, J. Denley advised that this will be an area of discussion at the Primary Care Board in determining the outcome measures</p>



	<p>which will lead to clear definitions being established. S May suggested that this discussion includes determining “what do we mean by Community” so that the Health Board can assess current spend and then measure if there is a shift.</p> <p>L Prosser drew attention to the Glaucoma activity as a positive example of shifting care from outpatients into a community provider care setting. She reiterated the importance of ensuring alignment to the delivery of the plan and its commissioning intentions and being clear on what the Health Board wants to achieve in 2025-2026.</p>
Resolution:	The Committee <b>NOTED</b> the work which has commenced to develop a detailed transformation of Primary Care and Community Services.
Action:	None identified.
5.3	<b>Building Healthier Communities</b>
	<p>L. Prosser and V. Oxley presented the report that provided a brief overview of the breadth of the portfolio and the different programme areas relating to Building Healthier Communities, noting that the Committee will receive more detail on the specific areas at future meetings</p> <p>The Chair queried the regional approach referencing a recent pilot scheme launched by Cardiff and Vale University Health Board and placement opportunities with other large employers outside of health. In response, V Oxley recognised that that the Health Board could further strengthen its links outside of the clinical setting and take advantage of partner links.</p> <p>R Rowlands provided an example of regional working and supporting the delivery of healthier communities, the support of the Regional Partnership Board and how the detail in this report sets the scene for future partnership opportunities. R Rowlands suggested that once the evaluations have been drawn up outlining the success of some of the recent initiatives this could be shared at a future Board Development Session highlighting the work aligned to CTM 2030.</p>
Resolution:	The report was <b>NOTED</b> .
Action:	To add to the forward work plan for a future Board Development Session on successful partnership working with different sectors/partners within the region, clinical and non-clinical under the Building Healthier Communities umbrella.
<b>6.</b>	<b>OUR POPULATION/WORKING WITH OTHERS</b>
6.1	<b>Draft Section 33 Agreement - Regional Partnership Agreement (RPA) for Services for Older People, People Living with Frailty and Their Carers</b>
	L. Prosser and M. Jenkins presented the report that provided an update on the process underway to develop the RPA to create a legal framework for integrated community care.



	<p>M. Jenkins emphasised the importance of joint commissioning and shared accountability and the need for a dynamic framework that would evolve over time allowing for the integration of service pathways and the refinement of existing agreements. The Committee noted how this integration activity aligns to the CTM 2030 Strategy.</p> <p>C. Donoghue expressed concerns around the administrative complexities involved in the process required to enable integration, questioning the efficiency of the process at various stages in facilitating integration. L Prosser whilst acknowledging the frustrations that may arise recognised that the processes were in place to protect the Health Board. She also reiterated the importance of building trust and maintaining transparency with local authorities.</p> <p>D. Jouvenat drew attention to paragraph 2.7 of the report where the Committee were asked to identify any other examples/systems that were considered as exemplars in integrated care, and commented that whilst exploring areas of good practice the Health Board should also learn lessons on examples where improvements could be made. She referred to an integrated model of care within Hywel Dda University Health Board which may wish to be explored as it appears to be a successful model.</p> <p>In concluding the item, the Chair welcomed the work that was being undertaken and sought detail on timeframes around delivery plans, collaborative agreement on Key Performance Indicators and community pathways at future meetings.</p>
<i>Resolution:</i>	<p>The Committee</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the process underway to develop the RPA for older people, people living with frailty and their Carers.</li> <li>• <b>CONSIDERED</b> the matters set out in paragraph 2.7 and mitigation of the risks in paragraph 3.1.</li> <li>• <b>NOTED</b> the intention to return to this Committee in March 2025 and present the RPA to CTMUHB and other statutory partners for approval by the end of the current financial year.</li> </ul>
<i>Action:</i>	<p>Forward work plan to include the following items:</p> <ul style="list-style-type: none"> <li>• Draft RPA to return to the Committee in March 2025</li> <li>• Future meeting to include further detail on timeframes around delivery plans, collaborative agreement on Key Performance Indicators and community pathways.</li> </ul>
6.2	<b>Regional Partnership Board (RPB) Update</b>
	<p>L. Prosser presented the report providing an overview of the Regional Partnership Board's activities, including the allocation of funds to community joint services and capital programs. She highlighted the importance of the Integrated Care Fund for primary and community care development and the need for future planning to align with CTMUHB's strategic goals.</p> <p>The Chair referred to the annual Regional Integration Fund (RIF) allocation of £22m and suggested it would be helpful to receive a breakdown of this funding allocation. In response, L Prosser advised that the RIF funding supports the</p>



	<p>development of 6 models of care, spanning prevention, early intervention and discharge for hospital, however, suggested further detail on the allocation to Teams could be provided in future.</p> <p>The Chair also reflected how it would be helpful to understand the RPB priorities for the future and how that dovetails with CTMUHB activity and planning.</p>
Resolution:	The Committee <b>NOTED</b> the work under the RPB for 2023/24 and <b>NOTE</b> the future direction of travel linked to community pathways
Action:	Future reports to provide a provide a breakdown of the £22m allocation to teams and when available the priorities of the RPB and how these dovetail CTMUHB Plans.
6.3	<b>Public Services Board Update</b>
	<p>P. Daniels presented the report that provided an overview of the current activities of the Cwm Taf Morgannwg Public Service Board (CTM PSB) and update of the PSB’s activities.</p> <p>P. Daniels advised on the appointment of a new PSB Chair and the intention to focus on tangible priorities and deliverables.</p> <p>In response to discussions D. Jouvenat suggested the PSB engage with third sector organisations that work with young people such as the Young Voices Project, which P Daniels noted.</p>
Resolution:	The report was <b>NOTED</b> .
6.4	<b>Creating Health Strategic Delivery Plan</b>
	<p>P. Daniels presented the report that provided an update on the specific focus and strategic oversight of the work to develop CTM as a leading population health organisation.</p> <p>In presenting the Creating Health Strategic Delivery Plan, P. Daniels highlighted the following:</p> <ul style="list-style-type: none"> <li>• emphasised the importance of prevention, highlighting the need for a rolling plan with measurable deliverables.</li> <li>• the challenges of balancing immediate pressures with long terms prevention goals and highlighted the need for clear definitions and outcome measures to track progress and ensure the effectiveness of prevention efforts.</li> </ul> <p>C. Donoghue referred to the point made under 2.3 the key risks and queried how they would quantify preventative research and justify that spend whilst still spending money on acute services. In response, P. Daniels, advised that Public Health Wales had this week released a suite of documents in relation to research in relation to prioritising prevention and confirmed that he would circulate this to the Committee.</p> <p>S. May reflected on the intention that the three-year plan was looking to create some headroom coming into this year with a modest £2m underlying surplus, which could potentially present flexibility to explore longer term investments.</p>



	<p>However, noted that the financial position has changed and is now reflecting an underlying deficit. She stressed that this would be how the Health Board would plan to use the allocation in future so that it is more effective and also to utilise evidence around Value Based Healthcare.</p> <p>D. Jouvenat reflected on the limited success of the fruit and vegetable stall at the Royal Glamorgan Hospital. In response, R Green advised that there is a wider piece of work being undertaken in relation to the food offer to patients and visitors, he also added that lessons will be learned from previous initiatives.</p> <p>The Chair thanked P. Daniels and R. Green for the detailed plan and queried the intended audience in terms of accessibility and the use of terminology. The Chair also queried if the actions would be prioritised with a Red, Amber, Green status to demonstrate the impact.</p> <p>P. Daniels assured the Committee that prevention is a key area of focus and activity throughout the Health Board. He advised that the plan was largely an internal document to guide the Health Board, however, noted the point that a more public facing statement of intent would be beneficial when communicating with partners and the population.</p> <p>In concluding the item, it was noted that further updates on the Creating Health Strategic Delivery Plan would be received at future Committee meetings as it develops and that P Daniels will circulate a recent research report produced by Public Health Wales.</p>
Resolution:	The Strategic Delivery Plan was <b>ENDORSED FOR BOARD APPROVAL</b> by the Board in January 2025 and further publication.
Action:	Circulate to the Committee the Public Health Wales prioritising prevention documents.
Action:	Forward work plan to note that further updates on the Creating Health Strategic Delivery Plan will be brought back to the Committee as it develops.
6.5	<b>Healthy Travel Charter – Implementation Plan</b>
	<p>P. Daniels and R. Green presented the report that provided an update on the regional progress of the CTM Healthy Travel Charter.</p> <p>Discussion followed on the potential policy changes that could be made to embed the Healthy Travel Charter and how change could be enabled so it is sustainable in the longer term. H Daniel welcomed the opportunity to work with Public Health colleagues on developing ideas such as individual travel plans.</p> <p>R. Rowlands stressed the importance of considering the availability of accessible transport when making service changes, noting that this is often a concern raised in the communities where bringing a service closer to home does not necessarily mean that it is easier to access if ease of access to transport has not been considered.</p>
Resolution:	The Committee <b>ENDORSED FOR BOARD APPROVAL</b> the adoption of the CTM regional Healthy Travel Charter for CTMUHB.

	The Public Health Directorate will provide annual updates on the Healthy Travel Plan developments to the Committee.
Action:	Forward work plan to include annual updates on the progress of developments under the Healthy Travel Plan agenda.
6.6	<p><b>Health Protection Strategic Update</b></p> <p>P. Daniels presented the report that provided an update on the progress in relation to the development of a Health Protection Service and overarching Strategic Plan.</p> <p>The Chair thanked P Daniels for the comprehensive report. In relation to the vaccination programme, the Chair asked if there was any data relating to individuals who were not eligible for free vaccinations who had received care and treatment in hospital, where there might have been difficulty accessing it privately, and also whether there is data on those individuals who had the vaccination but still required hospital treatment. P Daniels agreed to explore this request outside of the meeting and revert to the Committee in due course.</p>
Resolution:	The Committee <b>NOTED</b> the report and in particular the risks and escalations.
Action:	Explore the availability of data relating to individuals who were not eligible for free vaccinations who had received care and treatment in hospital, where there might have been difficulty accessing it privately, and also whether there is data on those individuals who had the vaccination but still required hospital treatment

7. OUR COMMITMENT TO SUSTAINING OUR FUTURE	
7.1	<b>People/Workforce Plan</b>
	<p>H. Daniel provided a verbal update to the Committee on the progress in relation to the development of the People/Workforce Plan and noted that in future the Committee will receive more detailed updates.</p> <p>The Committee were delighted to welcome the new Deputy Director for People who will be leading on the development of the People Plan which will articulate an accessible vision for CTM's people and the experience that CTMUHB would wish them to have working for the organisation.</p> <p>R. Rowlands queried whether there was a plan to do something specific in relation to student nurses and their experiences. H. Daniel informed the Committee of the current activity in this area to seek feedback from students and education organisations, noting that engagement will be a key aspect of the plan as it develops.</p> <p>L. Edwards also advised that feedback is received for each placement which is organised by the Clinical Education Department and that this feeds into the workforce plan.</p>



Resolution:	The verbal update was <b>NOTED</b> .
Action:	None identified.
7.2	<p><b>Cynllun Strategol 5-Mlynedd BIP CTM ar gyfer Darpariaeth Glinigol Ddwyieithog 2024-2029 (Safon 110) / CTM UHB's 5 Year Strategic Plan for Bilingual Clinical Provision 2024-2029 (WL Standard 110)</b></p> <p>H. Daniel and B. Screen presented the CTM 5 Year Strategic Plan for Bilingual Clinical Provision 2024-2029.</p> <p>The Committee commended the shift in approach and the activity which has led to agreeing CTMUHB's 'offer' in terms of Clinical Consultations in Welsh and endorsed the 5-year Strategic Plan for Board approval.</p> <p>The Chair congratulated the team for the significant amount of work undertaken and for producing such a robust and comprehensive report which provided a good benchmark position.</p>
Resolution:	<p>The Committee</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the detailed baseline set out in Appendix 1 which describes the current extent to which CTMUHB can offer clinical consultations in Welsh and where the current gaps in provision are, as of September 2024.</li> <li>• <b>NOTED</b> that the statutory plan must be published and operational by no later than January 2025.</li> <li>• <b>NOTED</b> that progress with the plan is monitored externally, and statutory progress reports must be published after a three-year period, and a five-year period. The publication date for those progress reports is 2027 and 2029, respectively.</li> <li>• <b>ENDORSED FOR BOARD APPROVAL</b> the CTMUHB five-year Strategic Plan.</li> </ul>
Action:	None identified.
7.3	<p><b>Digital and Data Strategy / Strategic Digital Transformation Programmes</b></p> <p>S. Morris provided a presentation on the Digital and Data strategy and the strategic Digital Transformation Programmes, noting the progress to date against the delivery of strategic themes, the Modular approach to the Electronic Patient Record and Care Group requirements.</p> <p>D. Jouvenat commented that it was pleasing to see the good progress made in relation to the Patient Administration System (PAS) and appreciated how much time and effort had gone into making this happen.</p> <p>C. Donoghue reflected on the focus given to this area in the previous Digital and Data Committee and the importance of maintaining strategic oversight on the national and local programmes in the new Committee structure. She also commented that the amount of work that the team achieved in such a short space of time has been phenomenal and that the Committee should extend its thanks to the Digital and Data Directorate.</p>



	<p>S. Morris commented that clarity was still being sought nationally in terms of the responsibilities for national and local programmes, however, he will ensure this maintains visible at a Board level.</p> <p>The Chair suggested that it would be helpful to have sight of the Digital Delivery Road Map and funding allocations at future meetings. S. Morris advised that this would be considered as part of the Integrated Medium-Term Plan (IMTP) process and following this they will be able to bring something back to the Committee.</p> <p>The Chair provided assurance that Digital and Data delivery programmes will also feature in the new Operational Delivery Committee, and therefore the oversight previously afforded by the Digital and Data Committee will not be lost in the new Committee structure.</p>
Resolution:	The Committee <b>NOTED</b> the presentation.
Action:	Forward plan to include the request to receive the Digital Delivery Road Map and funding allocations at a future meeting of the Committee.
7.4	<b>Financial Position Update (underlying position/longer term lens)</b>
	<p>S. May presented a slide deck that provided an update on the financial position as at Month 8.</p> <p>S. May advised that most of the detail had been covered within the Independent Member briefing earlier that morning. She commented that the report highlights the underlying position and that the 3-year IMTP that they had agreed at the start of this financial year was intended to take them into a surplus position going into next year, providing more flexibility around potential investments or mitigating cost improvement requirements. However, the pressures in year have resulted in the Health Board currently facing an underlying deficit position of £8.3m and that this excludes the Princess of Wales Hospital non recurrent impact of around £10m.</p> <p>S. May also added that if the risks in the balance of this year, particularly around pay award funding materialised, these will equally impact into next year. She reflected on how that this is a moving position for which the Health Board will continue to forecast and report on, and as the Health Board goes into the planning stages for the next IMTP, it will incorporate all these considerations when resetting the next three-year plan.</p> <p>The Chair advised that the as the Committee evolves, it would be seeking to receive further detail in terms of the three-year horizon around funding and how these dovetails into the longer term plans and priorities within the IMTP.</p>
Resolution:	The Committee <b>NOTED</b> the presentation and update.
Action:	None identified.



7.4	<b>Integrated Medium Term Plan 2024-27 Update – Quarter 2 Review</b>
	L. Prosser provided an update on progress of the IMTP actions as Quarter 2.  The Committee agreed that in future the quarterly updates will be received at the Operational Delivery Committee, however, the Strategic Development Committee will remain sighted on the year 2/3 view at future meetings.
Resolution:	The Committee <ul style="list-style-type: none"> <li>• <b>NOTED</b> the progress of the IMTP actions as set out in the report and the appended documents.</li> <li>• <b>NOTED</b> the impact on performance and that those areas that are not on trajectory will continue to be monitored and adjustments to plans identified, where required</li> </ul>
Action:	None identified.
7.5	<b>Annual Review of the Well Being of Future Generations Act (WBFGA) and Objectives</b>
	In the absence of L Prosser, the Committee noted that the Executive Leadership group have considered the priorities under the WBFGA and a detailed update will be received at a future meeting.
Resolution:	The verbal update was <b>NOTED</b> .
Action:	Forward work plan to capture this as a deferred item to the next meeting of the Committee.
<b>8.</b>	<b>CONSENT AGENDA</b>
8.1	<b>Items for approval</b>
8.1.1	The Final Minutes - <b>Population Health &amp; Partnerships meeting held on 13th November 2024</b> were <b>APPROVED</b> .
8.1.2 & 8.1.2a	The Final Minutes - <b>Digital and Data Committee Meeting &amp; In Committee Meeting held 29 November 2024</b> were <b>APPROVED</b> .
8.1.3 & 8.1.3a	The Final Minutes – <b>People &amp; Culture Committee Meeting &amp; People &amp; Culture In Committee meeting held 5 December 2024</b> were <b>APPROVED</b> .
8.1.4	<b>The Strategic Development Committee Annual Cycle of Business 2025</b> was <b>APPROVED</b> . The Chair advised that this would be evolving as the new Committees develop and some items could be moved to the Operational Delivery Committee.
8.2	<b>Items for Noting</b>
8.2.1	<b>The Committee Forward Work Plan</b> was <b>NOTED</b> .
8.2.2.	<b>CTM2030 Strategy Groups Update</b> was <b>NOTED</b> .
<b>9.</b>	<b>CLOSE OUT BUSINESS</b>
9.1	<b>Any Other Business</b>
	There was no other business to report on this occasion.
9.2	<b>Committee Highlight Report to Board</b>
	The Committee Chair noted that the Assistant Director of Governance & Risk had helpfully identified some potential areas for inclusion within the Committee Highlight Report which would be circulated for further consideration outside the meeting in readiness for submission to Board.



9.3	<p><b>Meeting Feedback</b></p> <p>The Chair invited members to provide feedback in the meeting or outside if that was preferable.</p> <p>G. Hughes suggested that consideration be given to standardising reports using 'A3 Problem Solving Methodology' as an approach to clearly articulate the areas of focus in terms of risks and issues that need to be considered. He suggested that this is an area which could iterate as both this Committee and the Operational Delivery Committee evolves.</p> <p>The Chair thanked everyone for the extent of activity covered in the meeting and within the reports received as it supported the visibility of the strategic direction of the Health Board.</p>
9.4	<p><b>Date and Time of Next meeting:</b></p> <ul style="list-style-type: none"><li>• 3rd April 2025 at 13:00 pm</li><li>• An extraordinary meeting of the Strategic Development Committee is expected to take place in February / March 2025 to approve the IMTP prior to submission to Board for approval.</li></ul>

DRAFT



**Agenda Item**

8.2.1a

**Strategic Development Committee**

**Committee Annual Cycle of Business 2025-26**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	03/04/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Tyler Lewis, Corporate Governance Officer
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary
<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting

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

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

**Acronyms / Glossary of Terms**




## 1. Situation /Background

- 1.1 The Strategic Development Committee should, on an annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.
- 1.2 The Cycle of Business covers the period 1 January 2025 to 31 December 2025.

## 2. Specific Matters for Consideration

- 2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

## 3. Key Risks / Matters for Escalation

- 3.1 Please refer to **Appendix 1** – Strategic Development Committee Cycle of Business for further detail.

## 4. Assessment

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



<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	If more than one applies please list below:	
<b>Impact Assessment</b>		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  Not required
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

## 5. Recommendation

5.1 The Strategic Development Committee are asked to **NOTE** the Annual Cycle of Business.

## 6. Next Steps

6.1 There are no next steps required.



### Strategic Development Committee – Annual Cycle of Committee Business

(1<sup>st</sup> January 2025 to the 31<sup>st</sup> December 2025)

The Annual Cycle of Committee Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business. The Annual Cycle of Committee Business will be complemented by a "Non-Routine Committee Business (Forward Plan)" for 'one-off' Adhoc items raised during the course of meetings.

The role of the Committee is set out in CTMUHB's standing orders and the Terms of Reference, both of which are available here: [Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)

The Operational Delivery Committee meets at **least 4 times per annum**.

<b>Committee Chair:</b> Kath Palmer, Vice Chair	<b>Committee Vice Chair</b> Dilys Jouvenat, Independent Member (Third Sector)	<b>Executive Leads for Agenda Planning</b> • Linda Prosser, Executive Director of Strategy & Transformation
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#### CTMUHB Committee Business:

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
<b>Committee Governance Arrangements</b>																
1. Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			R If all actions are complete	R If there are actions in progress / overdue actions
2. Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			R	X
3. Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			R	X
4. Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings				R									R Except for the annual review in November	R Annual Review only
5. Committee Annual Report	Director of Corporate Governance / Board Secretary	Annually				R 2026									X	R
6. Outcome of Annual Committee Self-Assessment	Director of Corporate Governance / Board Secretary	Annually	R 2026												X	R

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
<b>Committee Governance Arrangements CONTD</b>																
7. Terms of Reference Review	Director of Corporate Governance / Board Secretary	Annually				R 2026									X	R
<b>Strategic Risk Management</b>																
8. Board Assurance Framework Report	Director of Corporate Governance / Board Secretary	All Regular Meetings	R			R			R			R			X	R
<b>Our Models of Care</b>																
9. CTM2030 –Strategy Group Updates	Executive Director of Strategy & Transformation	Twice per annum	R						R						R	X
10. Spotlights on Strategy Groups – Deep Dives	Executive Director of Strategy & Transformation	Twice per annum				R						R			X	R
11. Acute Clinical Service Plan Update	Executive Director of Strategy & Transformation	All regular meetings	R			R			R			R			X	R
12. Strategic Digital Transformation Programmes	Director of Digital	All regular meetings	R			R			R			R			X	R
13. Integrated Community Services (Including Primary Care)	Chief Operating Officer  (Supported by Sarah Bradley, Service Director Primary Care & Community & Matt Jenkins RCTBC)	Twice per annum	R						R						X	R
14. Building Healthier Communities together updates which will alternate between: <ul style="list-style-type: none"> <li>Green/decarbonisation initiatives</li> <li>Procurement</li> <li>Foundational Economy</li> <li>Circular Economy</li> <li>Anchor institution</li> <li>Welsh Language</li> <li>Employment</li> <li>Education</li> <li>Partnership development including the voluntary and community sector</li> <li>Housing</li> <li>CTMO (CTM Offer)</li> </ul>	Executive Director of Strategy & Transformation	All Regular Meetings	R			R			R			R			X	R

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
<b>Our Population /Working With Others</b>																
15. Population Health Strategic Delivery Plan	Executive Director of Public Health	Twice Per annum	R						R						X	R
16. Regional Partnership Board Update	Executive Director of Strategy & Transformation (Supported by Sarah Mills)	All Regular Meetings	R			R			R			R			X Could be consent depending on report detail	R
17. Public Services Board Update	Executive Director of Public Health	All Regular Meetings	R			R			R			R			X Could be consent depending on report detail	R
18. Strategic Equality Plan	Executive Director of People	Annually							R						X	R
<b>Our Commitment to Sustaining Our Future</b>																
19. Financial Position Update (underlying position / longer term lens)	Executive Director of Finance	All Regular Meetings	R			R			R			R			X	R
20. Estates strategic plans (aspects of the EFPMS report)	Executive Director of Finance	Annually							R							
21. People/Workforce Plans	Executive Director of People	All Regular Meetings	R			R			R			R			X	R
22. Digital & Data Strategy	Director of Digital Strategy	All Regular Meetings	R			R			R			R			X	R
23. Decarbonisation & Waste Reduction (Include annual report) – Presentations	Executive Director of Strategy & Transformation	Twice Per annum				R				"Extra-ordinary Committee for the sign off of the Annual Carbon emissions"		R			X	R
24. University Health Board Designation	Executive Director of Nursing / Deputy CEO	Annually				Deferred						R			X	R
25. IMTP (including Sign Off	Executive Director of Strategy & Transformation	All regular meetings (excluding July)	R		Extra-ordinary Committee for the sign off the IMTP	R						R			X	R
26. Annual Review of the WBFGA Statement and Objectives	Executive Director of Strategy & Transformation	Annually	R Deferred to April			R									X	R

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
<b>Our Commitment to Sustaining Our Future</b>																
27. Healthy Travel Plan – Annual Update	Executive Director of Public Health	Annually	R												X	R

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### Strategic Development Committee – Non Routine Committee Business Forward Plan

(1<sup>st</sup> January 2025 to the 31<sup>st</sup> December 2025)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
January 2025	On annual Cycle of Business	Committee	People / Workforce Plan - Verbal Update	Provide the Committee with an update on the People / Workforce Plans.	Director of People	Director of People	April 2025	A brief verbal update will be provided at the January 2025 Committee meeting, with a full report scheduled for presentation at the April Committee. This approach was agreed upon to allow sufficient time for a more comprehensive update on the People Plan at the next Committee.
July 2024	Digital and Data Committee Agenda Planning Session	Committee Chair	Spotlight Topic: Digital from the Primary Care Perspective	Provide Members with a deep dive on Digital from a Primary Care Perspective	Director of Digital	Director of Digital	Proposed to Close	Primary & Community Care Session held in December 2024. New Strategic Transformation Programme for Primary & Community Care initiated. Updates on digital and data to be provided through programme.
September 2024	Planning Performance & Finance Committee	Requested via Email	Maesteg Community Hospital Development	Outline Business Case for Maesteg Community Hospital Development	Executive Director of Strategy & Transformation	Executive Director of Strategy & Transformation	April 2025	This item will be discussed at the April 2025 Committee Meeting.
January 2025	Strategic Development Committee	Requested at Committee Meeting	Creating Health Strategic Delivery Plan	To note that further updates on the Creating Health Strategic Delivery Plan will be brought back to the	Director of Public Health	Director of Public Health	Date to be confirmed and to be considered at each agenda planning.	Ongoing

				Committee as it develops.				
January 2025	Strategic Development Committee	Requested Committee Meeting	at Digital and Data Strategy / Strategic Digital Transformation Programmes	to include the request to receive the Digital Delivery Road Map and funding allocations at a future meeting of the Committee.	Director of Digital	Director of Digital	April 2025	This item is currently on the agenda for the April 2025 Committee Meeting.
March 2025	Strategic Development Report	Requested Email	via Integrated Community Care System Plan	Defer report from April Committee to July 2025 Committee	Executive Director of Strategy & Transformation & Integrated Services Director, CTM Regional Partnership Board	Executive Director of Strategy & Transformation & Integrated Services Director, CTM Regional Partnership Board	July 2025	This item was initially scheduled for the April 2025 agenda. However, it was requested to defer the item as it will soon be presented to ELG for approval. It was agreed to postpone the item to the July 2025 Committee Meeting

**COMPLETED ITEMS**

November 2024	Population Health & Partnership Committee Meeting	Committee Meeting	Active Travel - Charter Implementation Plan	To bring the Implementation Plan back to a future meeting of the Committee.	Director of Public Health	Director of Public Health	16 January 2025	Received at January 2025 meeting - <b>Completed</b>
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